IC 12 TITLE 12. HUMAN SERVICES

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IC 12-1 ARTICLE 1. REPEALED

Repealed by P.L.2-1992, SEC.897.

IC 12-2 ARTICLE 2. REPEALED

Repealed by P.L.2-1992, SEC.897.

IC 12-3 ARTICLE 3. REPEALED

Repealed by P.L.2-1992, SEC.897.

IC 12-4 ARTICLE 4. REPEALED

Repealed by P.L.2-1992, SEC.897.

IC 12-5 ARTICLE 5. REPEALED

Repealed by P.L.2-1992, SEC.897.

IC 12-6 ARTICLE 6. REPEALED

Repealed by P.L.2-1992, SEC.897.

IC 12-7 ARTICLE 7. GENERAL PROVISIONS AND DEFINITIONS

Ch. 0.1. Effect of 1992 Recodification
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IC 12-7-0.1 Chapter 0.1. Effect of 1992 Recodification

12-7-0.1-1 P.L.2-1992 intended to be codification and restatement of law; no effect on substantive operation of prior law; treatment of references to prior law
12-7-0.1-2 Status of rules adopted under prior law
12-7-0.1-3 Preservation of background material related to recodification

IC 12-7-0.1-1 P.L.2-1992 intended to be codification and restatement of law; no effect on substantive operation of prior law; treatment of references to prior law

Sec. 1. (a) P.L.2-1992 is intended to be a codification and restatement of applicable or corresponding provisions repealed by P.L.2-1992. P.L.2-1992 is also intended to implement P.L.9-1991 to make conforming changes to carry out the legislative intent of P.L.9-1991. If P.L.2-1992 repeals and replaces a provision in the same form or in a restated form, the substantive operation and effect of that provision continue uninterrupted.

(b) A SECTION of P.L.2-1992 does not affect any:

(1) rights or liabilities accrued;

(2) penalties incurred;

(3) violations committed;

(4) proceedings begun;

(5) bonds, notes, loans, or other forms of indebtedness issued, incurred, or made; or

(6) tax levies made;

before the effective date of that SECTION of P.L.2-1992. Those rights, liabilities, penalties, offenses, proceedings, bonds, notes, loans, other forms of indebtedness, and tax levies continue and shall be imposed and enforced under prior law as if that SECTION of P.L.2-1992 had not been enacted.

(c) A reference in a statute or rule to a statute that is repealed and replaced in the same or a different form in P.L.2-1992 shall be treated after the effective date of the new provision as a reference to the new provision.

As added by P.L.220-2011, SEC.250.

IC 12-7-0.1-2 Status of rules adopted under prior law

Sec. 2. (a) Except as provided in subsection (b), a rule adopted under a provision repealed by P.L.2-1992 is valid and effective until a rule is adopted under IC 4-22-2 that:

(1) supersedes in whole or in part the rule adopted under a provision repealed by P.L.2-1992; or

(2) repeals the rule adopted under a provision repealed by P.L.2-1992.

(b) If a rule adopted under a provision repealed by P.L.2-1992 before the effective date of the SECTION of P.L.2-1992 enacting or amending the statute authorizing the adoption:

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

(2) provides authority to a state agency that has been transferred to another state agency under P.L.2-1992;

the rule shall be interpreted to constitute an authorization to the state agency to which authority was transferred and not the former agency.

As added by P.L.220-2011, SEC.250.

IC 12-7-0.1-3 Preservation of background material related to recodification

Sec. 3. The general assembly may, by concurrent resolution, preserve any of the background materials related to P.L.2-1992.
As added by P.L.220-2011, SEC.250.

IC 12-7-1 Chapter 1. Application

12-7-1-1	Application of definitions
12-7-1-2	References to federal statutes or regulations
12-7-1-3	References to federal statutes or regulations relating to the National Voter Registration Act
12-7-1-4	No effect of P.L.9-1991 on rights, liabilities, penalties, crimes, or proceedings
12-7-1-5	Legalization of actions taken under certain statutes after June 30, 1999, and before December 1, 1999

IC 12-7-1-1 Application of definitions

Sec. 1. Except as otherwise provided, the definitions in this article apply throughout this title.

[1992 Revision Citation: New.]

As added by P.L.2-1992, SEC.1.

IC 12-7-1-2 References to federal statutes or regulations

Sec. 2. Except as otherwise provided in this title, a reference to federal statute or regulation in this title is a reference to the statute or regulation as in effect on January 1, 1992.

[1992 Revision Citation: New.]

As added by P.L.2-1992, SEC.1.

IC 12-7-1-3 References to federal statutes or regulations relating to the National Voter Registration Act

Sec. 3. Except as otherwise provided in this title, a reference in this title to a federal statute or regulation relating to the federal National Voter Registration Act of 1993 (52 U.S.C. 20501) is a reference to the statute or regulation as in effect September 1, 2014.

As added by P.L.122-2000, SEC.15. Amended by P.L.81-2005, SEC.32 and P.L.230-2005, SEC.69; P.L.128-2015, SEC.227.

IC 12-7-1-4 No effect of P.L.9-1991 on rights, liabilities, penalties, crimes, or proceedings

Sec. 4. P.L.9-1991 does not affect:

(1) rights or liabilities accrued;

(2) penalties incurred;

(3) crimes committed; or

(4) proceedings begun;

before January 1, 1992. Those rights, liabilities, penalties, crimes, and proceedings continue and shall be imposed and enforced under prior law as if P.L.9-1991 had not been enacted.

As added by P.L.220-2011, SEC.251.

IC 12-7-1-5 Legalization of actions taken under certain statutes after June 30, 1999, and before December 1, 1999

Sec. 5. Actions taken under IC 12-8-1 (expired), IC 12-8-2 (expired), IC 12-8-6 (expired), and IC 12-8-8 (expired) after June 30, 1999, and before December 1, 1999, are legalized and validated to the extent that those actions would have been legal and valid if P.L.7-2000 had been enacted before July 1, 1999.

As added by P.L.220-2011, SEC.252. Amended by P.L.160-2012, SEC.7.

IC 12-7-2 Chapter 2. Definitions

12-7-2-0.3 "9-8-8 crisis response center"
12-7-2-0.4 "9-8-8 suicide and crisis lifeline"
12-7-2-0.5 ABLE account
12-7-2-1 Repealed
12-7-2-1.3 "Activities of daily living"
12-7-2-1.4 "Addiction treatment team"
12-7-2-1.5 "Administrator"
12-7-2-1.8 "Adult entertainment establishment"
12-7-2-2 "Adult protective services unit"
12-7-2-3 "Advance"
12-7-2-3.1 "Advanced practice registered nurse"
12-7-2-3.3 "Advisory committee"
12-7-2-4 "Advocacy"
12-7-2-5 "Advocate"
12-7-2-6 Repealed
12-7-2-7 "Affected agency"
12-7-2-8 "Aged"
12-7-2-9 "Agency"
12-7-2-10 "Alcohol abuse"
12-7-2-11 "Alcohol abuser"
12-7-2-12 "Alcohol and drug services program"
12-7-2-13 "Alcoholic"
12-7-2-14 "Alcoholism"
12-7-2-14.3 Alzheimer's and dementia special care
12-7-2-14.7 Ancillary services
12-7-2-15 "Applicant"
12-7-2-15.5 "Appropriate and medically necessary"
12-7-2-16 "Approved postsecondary educational institution"
12-7-2-16.4 "Area agency"
12-7-2-17 "Asset disregard"
12-7-2-18 "Assistance"
12-7-2-18.1 "Assisted living services"
12-7-2-18.3 "Attendant care services"
12-7-2-18.5 Authority
12-7-2-18.7 "Automated teller machine"
12-7-2-19 "Autism"
12-7-2-20 Repealed
12-7-2-20.5 "Basic necessities"
12-7-2-20.7 "Basic services"
12-7-2-20.8 Battery
12-7-2-21 "Blind"
12-7-2-22 "Board"
12-7-2-23 "Body"
12-7-2-23.5 "Broker"
12-7-2-24 "Bureau"
12-7-2-24.5 "Buy-in program"
12-7-2-24.6 "Caregiver"
12-7-2-24.7 Repealed
12-7-2-24.8 "Caretaker"
12-7-2-24.9 Expired
12-7-2-25 "Case management"
12-7-2-25.2 "CCDF"
12-7-2-26 "Center"
12-7-2-26.1 "Center for independent living"
12-7-2-26.3 "Certified community behavioral health clinic"
12-7-2-26.5 "Chemical test"
12-7-2-27 "Chief magistrate"
12-7-2-28 "Child"
12-7-2-28.1 Repealed

12-7-2-28.2	"Child care"
12-7-2-28.4	"Child care center"
12-7-2-28.5	"Child care employee"
12-7-2-28.6	"Child care home"
12-7-2-28.8	"Child care ministry"
12-7-2-28.9	"Child care program"
12-7-2-29	"Child caring institution"
12-7-2-30	"Child in need of services"
12-7-2-31	Repealed
12-7-2-31.4	"Child of a child care employee"
12-7-2-31.5	Repealed
12-7-2-31.6	Repealed
12-7-2-32	"Child welfare services"
12-7-2-32.5	"Children's hospital"
12-7-2-33	Repealed
12-7-2-33.3	"Chronic pain"
12-7-2-33.4	"Chronic pain management"
12-7-2-33.5	"Chronically medically dependent"
12-7-2-33.6	"Coalition"
12-7-2-33.7	"Class I child care home"
12-7-2-33.8	"Class II child care home"
12-7-2-33.9	"Clean claim"
12-7-2-34	"Commission"
12-7-2-34.2	"Commissioner"
12-7-2-35	Repealed
12-7-2-36	"Community action agency"
12-7-2-37	"Community and home care services"
12-7-2-38	"Community mental health center"
12-7-2-39	"Community intellectual disability and other developmental disabilities centers"
12-7-2-40	"Community based residential program"
12-7-2-40.2	"Community spouse"
12-7-2-40.4	"Comprehensive risk contract"
12-7-2-40.5	"Compendia"
12-7-2-40.6	"Continuum of care"
12-7-2-40.7	"Consumer control"
12-7-2-41	"Contracting county"
12-7-2-41.2	"Contracting state"
12-7-2-42	"Contribution"
12-7-2-43	"Control board"
12-7-2-43.5	"Cooperate"
12-7-2-44	"Council"
12-7-2-44.5	"Counseling"
12-7-2-44.6	"Countable asset"
12-7-2-44.7	"Countable income"
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12-7-2-45	"County office"
12-7-2-46	"County director"
12-7-2-46.2	"County home"
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12-7-2-47	Repealed
12-7-2-47.5	"Covered entity"
12-7-2-48	"Covered medical services"
12-7-2-48.5	"Covered outpatient drug"
12-7-2-48.7	"Covered population"
12-7-2-49	Repealed
12-7-2-50	Repealed
12-7-2-51	"Creditor"
12-7-2-51.4	Repealed
12-7-2-51.5	Repealed
12-7-2-51.6	"Crisis receiving and stabilization services"

12-7-2-51.7	"Criteria"
12-7-2-51.8	"Cross-indicated drug"
12-7-2-51.9	"Cross-disability"
12-7-2-52	"Custodial authority of a building"
12-7-2-52.2	"Crowd out"
12-7-2-53	"Dangerous"
12-7-2-53.2	"Dangerous felony"
12-7-2-54	Repealed
12-7-2-55	Repealed
12-7-2-55.1	Repealed
12-7-2-55.8	"Decertify"
12-7-2-56	Repealed
12-7-2-56.5	Repealed
12-7-2-57	"Delinquent child"
12-7-2-57.5	"Department"
12-7-2-58	"Dependent child"
12-7-2-58.5	"Designated beneficiary"
12-7-2-59	"Designee"
12-7-2-60	"Destitute child"
12-7-2-61	"Developmental disability"
12-7-2-62	Repealed
12-7-2-63	Repealed
12-7-2-63.5	"Direct support professional"
12-7-2-64	"Director"
12-7-2-65	Repealed
12-7-2-66	Repealed
12-7-2-67	"Discharge"
12-7-2-67.5	"Dispense"
12-7-2-68	"Distressed township"
12-7-2-69	"Division"
12-7-2-69.5	"Domestic violence"
12-7-2-69.7	"Doula"
12-7-2-70	Repealed
12-7-2-71	"Drug"
12-7-2-72	"Drug abuse"
12-7-2-73	"Drug abuser"
12-7-2-73.2	"Drug-disease contraindication"
12-7-2-73.4	"Drug-drug interaction"
12-7-2-73.5	Repealed
12-7-2-73.6	"Drug utilitization review or DUR"
12-7-2-74	"Early intervention services"
12-7-2-74.3	"EBT card"
12-7-2-74.5	"EBT program"
12-7-2-75	Repealed
12-7-2-75.7	Repealed
12-7-2-76	"Eligible individual"
12-7-2-76.1	"Emergency medical services"
12-7-2-76.2	Repealed
12-7-2-76.3	Repealed
12-7-2-76.5	"Emergency"
12-7-2-76.6	"Emergency medical condition"
12-7-2-76.7	Repealed
12-7-2-76.8	"Employed; employee; employment; employs"
12-7-2-76.9	"Emergency services"
12-7-2-77	Endangered adult
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12-7-2-77.2	"Enforcement action"
12-7-2-77.5	"Estate"
12-7-2-78	Repealed
12-7-2-78.5	"Essential person"
12-7-2-79	"Executive authority"

12-7-2-80	Repealed
12-7-2-81	"Expenses and obligations"
12-7-2-82	"Facility"
12-7-2-82.2	"Family or household member"
12-7-2-82.3	Repealed
12-7-2-82.4	Repealed
12-7-2-82.5	Repealed
12-7-2-82.7	"Federal act"
12-7-2-83	"Federal department"
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12-7-2-85	"Federal income poverty level"
12-7-2-85.1	Repealed
12-7-2-85.2	Repealed
12-7-2-85.3	"Financial institution"
12-7-2-85.4	"Federal public benefit"
12-7-2-85.5	Repealed
12-7-2-86	"Fiscal body"
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12-7-2-87.8	"Food retailer"
12-7-2-88	"Forcible felony"
12-7-2-89	"Foster care"
12-7-2-90	Repealed
12-7-2-90.5	"Functional eligibility assessment"
12-7-2-90.7	"Functional eligibility determination"
12-7-2-91	"Fund"
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12-7-2-92	"Governmental entity"
12-7-2-93	"Governor"
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12-7-2-94	"Grantee agency"
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12-7-2-98	"Group"
12-7-2-98.2	"Group size"
12-7-2-98.5	Repealed
12-7-2-98.6	"Guidelines"
12-7-2-99	"A person with a disability"
12-7-2-100	Repealed
12-7-2-101	"Harmful substance"
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12-7-2-103	"Health facility"
12-7-2-103.3	"Health maintenance organization"
12-7-2-103.5	"Health related services"
12-7-2-104	Repealed
12-7-2-104.5	"Holocaust victim's settlement payment"
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12-7-2-106	Repealed
12-7-2-107	Repealed
12-7-2-107.7	"Home and community based services waiver"
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12-7-2-109	"Home health services"
12-7-2-109.5	"Hospice"
12-7-2-109.6	"Hospice program"
12-7-2-109.7	"Hospice program patient"
12-7-2-109.8	"Hospice services"
12-7-2-110	"Hospital"
12-7-2-110.5	"Household"
12-7-2-110.7	"Housing with services establishment"
12-7-2-111	"Immediate family"
12-7-2-112	"Incapacitated"

12-7-2-113	"Incapacitated by alcohol"
12-7-2-114	"Incapacitated individual"
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12-7-2-116	"Indigent adult"
12-7-2-117	Repealed
12-7-2-117.1	"Individual in need of self-directed in-home care"
12-7-2-117.2	Repealed
12-7-2-117.3	"Individual with a disability"; "individual with a significant disability"
12-7-2-117.4	Repealed
12-7-2-117.6	"Individual with a mental illness"
12-7-2-117.8	"Infants and toddlers with disabilities"
12-7-2-118	Repealed
12-7-2-118.3	Repealed
12-7-2-118.5	Repealed
12-7-2-118.8	"Institution"
12-7-2-119	Repealed
12-7-2-119.5	"Institutional provider"
12-7-2-120	"Insurer"
12-7-2-120.5	"Interim period"
12-7-2-121	Repealed
12-7-2-121.5	"Intervention"
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12-7-2-122.3	"Knew or know"
12-7-2-122.4	"Legal assistance developer"
12-7-2-122.5	"Legal representative"
12-7-2-122.6	"Level of services"
12-7-2-122.9	"Licensed health professional"
12-7-2-123	Repealed
12-7-2-123.2	"Licensee"
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12-7-2-124.6	Repealed
12-7-2-124.7	"Local domestic violence fatality review team"
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12-7-2-125	"Long term care"
12-7-2-125.5	"Long term care facility"
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12-7-2-126.3	Repealed
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12-7-2-127.5	"Medicaid inpatient utilization rate"
12-7-2-128	"Medicaid program"
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12-7-2-129	"Member"
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12-7-2-129.5	Repealed
12-7-2-130	"Mental illness" or "mentally ill"
12-7-2-131	Repealed
12-7-2-131.3	"Missing endangered adult"
12-7-2-131.4	"Mobile crisis team"
12-7-2-131.5	"Monitor"
12-7-2-131.6	"Mobile integrated healthcare"
12-7-2-131.8	"National criminal history background check"
12-7-2-131.9	Repealed
12-7-2-132	Repealed
12-7-2-132.1	"Nonemergency medical transportation"
12-7-2-132.2	"Noninstitutional provider"
12-7-2-132.5	Repealed

12-7-2-133 "Nursing facility"
12-7-2-133.5 Repealed
12-7-2-134 "Office"
12-7-2-134 "Office"
12-7-2-135 "Office of the secretary"
12-7-2-135.3 "Ombudsman"
12-7-2-135.4 "Operator"
12-7-2-135.5 "Overutilization or under utilization"
12-7-2-135.6 "Opioid treatment program"
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12-7-2-136 "Patient"
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12-7-2-136.8 "Peer"
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12-7-2-139.3 Repealed
12-7-2-139.5 "Psilocybin"
12-7-2-140 Repealed
12-7-2-140.5 "Plan"
12-7-2-141 "Planning authority"
12-7-2-141.2 Repealed
12-7-2-142 "Political subdivision"
12-7-2-142.5 "Point of sale terminal"
12-7-2-142.7 Repealed
12-7-2-142.8 "Post-stabilization care services"
12-7-2-143 Repealed
12-7-2-143.1 "Potential eligible provider or existing eligible provider"
12-7-2-143.5 "Preschool"
12-7-2-144 "Preschool child care program"
12-7-2-144.3 "Preventative care services"
12-7-2-144.7 "Primary business"
12-7-2-144.9 Repealed
12-7-2-145 "Private psychiatric institution"
12-7-2-146 "Program"
12-7-2-147 "Property"
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12-7-2-148 "Protective services"
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12-7-2-149.1 "Provider"
12-7-2-150 "Psychiatric disorder"
12-7-2-151 "Psychiatric hospital"
12-7-2-152 Repealed
12-7-2-153 "Public welfare"
12-7-2-154 Repealed
12-7-2-154.4 "Qualified ABLE program"
12-7-2-154.6 "Qualified disability expense"
12-7-2-154.8 "Qualified entity"
12-7-2-155 "Qualified long term care policy"
12-7-2-155.3 "Qualified Medicare beneficiary"
12-7-2-155.4 "Qualified provider"
12-7-2-155.5 "Qualifying individual"
12-7-2-156 "Reason to believe"
12-7-2-157 "Reasonable means of communication"
12-7-2-158 "Recipient"
12-7-2-158.2 "Recovery residence"

12-7-2-158.5 "Reentry court program"
12-7-2-159 "Region"
12-7-2-160 "Rehabilitation"
12-7-2-161 "Rehabilitation center"
12-7-2-162 "Rehabilitation engineering"
12-7-2-162.5 "Related"
12-7-2-163 Repealed
12-7-2-163.5 "Request for proposals"
12-7-2-163.8 "Research institution"
12-7-2-164 "Resident"
12-7-2-165 "Residential facility"
12-7-2-166 "Residential facility for individuals with a developmental disability"
12-7-2-167 Repealed
12-7-2-168 Repealed
12-7-2-169 "Responsible party"
12-7-2-169.3 "Retailer"
12-7-2-169.5 "Retrospective DUR"
12-7-2-169.7 "Safe sleeping practices"
12-7-2-169.9 "School"
12-7-2-170 "School age child care program"
12-7-2-170.5 "School based nurse"
12-7-2-171 "School corporation"
12-7-2-171.5 "School property"
12-7-2-172 "Secretary"
12-7-2-172.5 Repealed
12-7-2-173 Repealed
12-7-2-174 Repealed
12-7-2-174.5 "Self-directed in-home health care"
12-7-2-174.8 Repealed
12-7-2-175 "Service provider"
12-7-2-176 "Services"
12-7-2-177 "Shelter"
12-7-2-178 Repealed
12-7-2-178.1 Repealed
12-7-2-178.5 "Single source drug"
12-7-2-178.8 Repealed
12-7-2-178.9 "SNAP"
12-7-2-179 "Social Services Block Grant"
12-7-2-180 "Solicitation"
12-7-2-180.1 "Special needs"
12-7-2-180.2 Repealed
12-7-2-180.3 "Special skilled services"
12-7-2-180.4 "Specified low-income Medicare beneficiary"
12-7-2-180.5 "Standards"
12-7-2-180.6 "Specialist"
12-7-2-181 Repealed
12-7-2-182 Repealed
12-7-2-183 Repealed
12-7-2-183.5 "State domestic violence fatality review coordinator"
12-7-2-184 "State institution"
12-7-2-184.3 Repealed
12-7-2-184.5 "State of Indiana general educational development (GED) diploma"
12-7-2-185 "State ombudsman"
12-7-2-185.5 "State or local public benefit"
12-7-2-186 "State plan"
12-7-2-186.2 Repealed
12-7-2-186.5 Repealed
12-7-2-187 Repealed
12-7-2-188 "Superintendent"
12-7-2-188.3 "Supervised group living facility"
12-7-2-188.5 "Supervised group living facility for individuals with a developmental

	disability"
12-7-2-188.7	Repealed
12-7-2-189	"Support"
12-7-2-189.3	"Supportive services"
12-7-2-189.5	"SURS"
12-7-2-189.7	"TANF"
12-7-2-189.8	"TANF program"
12-7-2-190	Repealed
12-7-2-190.1	Expired
12-7-2-190.2	"Task force"
12-7-2-190.3	"Telehealth services"
12-7-2-190.4	Repealed
12-7-2-190.5	"Therapeutic appropriateness"
12-7-2-190.6	"Therapeutic classification"; "therapeutic category"
12-7-2-190.7	"Therapeutic duplication"
12-7-2-190.8	Repealed
12-7-2-190.9	"Title IV-A"
12-7-2-191	"Title IV-A Agency"
12-7-2-192	Repealed
12-7-2-192.3	"Total number of households containing township assistance recipients"
12-7-2-192.4	"Total number of recipients"
12-7-2-192.5	"Total number of requests for assistance"
12-7-2-192.7	Repealed
12-7-2-193	"Treatment by the department"
12-7-2-194	"Treatment team"
12-7-2-194.5	"Trustees"
12-7-2-195	"Tuberculosis"
12-7-2-196	"Unit"
12-7-2-196.5	Repealed
12-7-2-197	"Vending machines"
12-7-2-197.3	"Veteran at risk"
12-7-2-197.4	"Veteran at risk alert"
12-7-2-197.5	"Veteran crisis line"
12-7-2-198	"Visually impaired"
12-7-2-199	"Vocational rehabilitation services"
12-7-2-199.2	"Volunteer"
12-7-2-199.3	Repealed
12-7-2-199.5	"Voucher payment"
12-7-2-199.8	Repealed
12-7-2-199.9	"Waiver training"
12-7-2-200	"Warrant"
12-7-2-200.4	"Waste"
12-7-2-200.5	"Wasted resources"
12-7-2-201	Repealed

IC 12-7-2-0.3 "9-8-8 crisis response center"

Sec. 0.3. "9-8-8 crisis response center", for purposes of IC 12-21-8, has the meaning set forth in IC 12-21-8-1.

As added by P.L.207-2021, SEC.1. Amended by P.L.162-2023, SEC.1.

IC 12-7-2-0.4 "9-8-8 suicide and crisis lifeline"

Sec. 0.4. "9-8-8 suicide and crisis lifeline", for purposes of IC 12-21-8, has the meaning set forth in IC 12-21-8-1.2.

As added by P.L.162-2023, SEC.2.

IC 12-7-2-0.5 ABLE account

Sec. 0.5. "ABLE account", for purposes of IC 12-11-14, has the meaning set forth in IC 12-11-14-1.

As added by P.L.12-2016, SEC.1.

IC 12-7-2-1 Repealed

[Pre-1992 Revision Citation: 16-14-1-1(11).]

As added by P.L.2-1992, SEC.1. Amended by P.L.74-1992, SEC.1; P.L.257-1997(ss), SEC.1. Repealed by P.L.145-2006, SEC.376.

IC 12-7-2-1.3 "Activities of daily living"

Sec. 1.3. "Activities of daily living", for purposes of IC 12-10-10 and IC 12-10-11.5, has the meaning set forth in IC 12-10-10-1.5.

As added by P.L.150-1995, SEC.1. Amended by P.L.274-2003, SEC.1.

IC 12-7-2-1.4 "Addiction treatment team"

Sec. 1.4. "Addiction treatment team", for purposes of IC 12-23-19.5, has the meaning set forth in IC 12-23-19.5-1.

As added by P.L.203-2017, SEC.1.

IC 12-7-2-1.5 "Administrator"

Sec. 1.5. "Administrator", for purposes of:

(1) IC 12-10-15, has the meaning set forth in IC 12-10-15-1.5; and

(2) IC 12-24-17, has the meaning set forth in IC 12-24-17-1.

As added by P.L.74-1992, SEC.2. Amended by P.L.184-2003, SEC.2.

IC 12-7-2-1.8 "Adult entertainment establishment"

Sec. 1.8. "Adult entertainment establishment", for purposes of IC 12-13-14-4.5, means a place that provides adult oriented entertainment in which performers disrobe or perform in an unclothed state for entertainment.

As added by P.L.3-2012, SEC.1.

IC 12-7-2-2 "Adult protective services unit"

Sec. 2. "Adult protective services unit", for purposes of IC 12-10-3, has the meaning set forth in IC 12-10-3-1.

[Pre-1992 Revision Citation: 4-28-5-1.]

As added by P.L.2-1992, SEC.1.

IC 12-7-2-3 "Advance"

Sec. 3. "Advance", for purposes of IC 12-20-25-41, has the meaning set forth in IC 12-20-25-41.

[Pre-1992 Revision Citation: 12-2-14-36(a).]

As added by P.L.2-1992, SEC.1.

IC 12-7-2-3.1 "Advanced practice registered nurse"

Sec. 3.1. "Advanced practice registered nurse", for purposes of IC 12-15-5-14, has the meaning set forth in IC 12-15-5-14(a).

As added by P.L.87-2016, SEC.1. Amended by P.L.129-2018, SEC.4.

IC 12-7-2-3.3 "Advisory committee"

Sec. 3.3. "Advisory committee", for purposes of IC 12-15-35-51, has the meaning set forth in IC 12-15-35-51.

As added by P.L.36-2009, SEC.1.

IC 12-7-2-4 "Advocacy"

Sec. 4. "Advocacy", for purposes of IC 12-28-1, has the meaning set forth in IC 12-28-1-2.

[Pre-1992 Revision Citation: 16-13-19-2.]

As added by P.L.2-1992, SEC.1.

IC 12-7-2-5 "Advocate"

Sec. 5. "Advocate", for purposes of IC 12-26, refers to a person who:

(1) is a court appointed special advocate (as defined in IC 31-9-2-28); or

(2) is a guardian ad litem (as defined in IC 31-9-2-50).

[Pre-1992 Revision Citations: subdivision (1) formerly 16-14-9.1-1.2; subdivision (2) formerly 16-14-9.1-1.3.]

As added by P.L.2-1992, SEC.1. Amended by P.L.1-1997, SEC.48.

IC 12-7-2-6 Repealed

[1992 Revision Citation: New.]

As added by P.L.2-1992, SEC.1. Repealed by P.L.210-2015, SEC.2.

IC 12-7-2-7 "Affected agency"

Sec. 7. "Affected agency", for purposes of IC 12-16-1, has the meaning set forth in IC 12-16-1-1.

[Pre-1992 Revision Citation: 12-5-7-1.]

As added by P.L.2-1992, SEC.1.

IC 12-7-2-8 "Aged"

Sec. 8. "Aged", for purposes of IC 12-10-1 and IC 12-10-2, means an individual who is at least sixty (60) years of age.

[Pre-1992 Revision Citations: 4-28-3-1; 4-28-4-1.]

As added by P.L.2-1992, SEC.1.

IC 12-7-2-9 "Agency"

Sec. 9. "Agency" means the following:

(1) For purposes of IC 12-12.7-2, the meaning set forth in IC 12-12.7-2-1.

(2) For purposes of IC 12-32-1, the meaning set forth in IC 12-32-1-1.

[Pre-1992 Revision Citations: subdivision (1) formerly 12-1-22-1; subdivision (2) formerly 12-3-30-2.]

As added by P.L.2-1992, SEC.1. Amended by P.L.21-1992, SEC.3; P.L.93-2006, SEC.3; P.L.171-2011, SEC.9; P.L.32-2021, SEC.21.

IC 12-7-2-10 "Alcohol abuse"

Sec. 10. "Alcohol abuse", for purposes of IC 12-23, means repeated episodes of intoxication or drinking which impair health or interfere with an individual's effectiveness on the job, at home, in the community, or operating a motor vehicle.

[Pre-1992 Revision Citation: 16-13-6.1-2.]

As added by P.L.2-1992, SEC.1.

IC 12-7-2-11 "Alcohol abuser"

Sec. 11. "Alcohol abuser", for purposes of IC 12-23, means an individual who has had repeated episodes of intoxication or drinking which impair the individual's health or interfere with the individual's effectiveness on the job, at home, in the community, or in operating a motor vehicle.

[Pre-1992 Revision Citations: 16-13-1-9.3; 16-13-6.1-2.]

As added by P.L.2-1992, SEC.1.

IC 12-7-2-12 "Alcohol and drug services program"

Sec. 12. "Alcohol and drug services program", for purposes of IC 12-23, means a service for a person:

(1) arrested for, charged with, or convicted of a misdemeanor or felony;

(2) against whom a:
(A) complaint for an infraction is filed; or
(B) judgment for an infraction is entered; or
(3) who is referred to a program under IC 12-23-14-5;
which provides intervention, education, referral, treatment, or rehabilitation, under the operation of a court or under private contract.
[Pre-1992 Revision Citation: 16-13-6.1-2.]
As added by P.L.2-1992, SEC.1. Amended by P.L.168-2002, SEC.1; P.L.80-2003, SEC.1; P.L.187-2011, SEC.2.

IC 12-7-2-13 "Alcoholic"
Sec. 13. "Alcoholic", for purposes of IC 12-23, means an individual who chronically and habitually uses alcoholic beverages to the extent that the individual:
(1) loses the power of self control with respect to the use of alcoholic beverages; and
(2) becomes a menace to the public morals, health, safety, or welfare of the members of society in general.
[Pre-1992 Revision Citation: 16-13-6.1-2.]
As added by P.L.2-1992, SEC.1.

IC 12-7-2-14 "Alcoholism"
Sec. 14. "Alcoholism", for purposes of IC 12-23, means the abnormal condition which the effect of alcohol produces in an alcoholic.
[Pre-1992 Revision Citation: 16-13-6.1-2.]
As added by P.L.2-1992, SEC.1.

IC 12-7-2-14.3 Alzheimer's and dementia special care
Sec. 14.3. "Alzheimer's and dementia special care", for purposes of IC 12-10-5.5, has the meaning set forth in IC 12-10-5.5-1.
As added by P.L.106-1997, SEC.1.

IC 12-7-2-14.7 Ancillary services
Sec. 14.7. "Ancillary services", for purposes of IC 12-10-17.1, has the meaning set forth in IC 12-10-17.1-2.
As added by P.L.255-2001, SEC.1. Amended by P.L.141-2006, SEC.11.

IC 12-7-2-15 "Applicant"
Sec. 15. "Applicant" means the following:
(1) For purposes of the following statutes, a person who has applied for assistance for the applicant or another person under any of the following statutes:
(A) IC 12-10-6.
(B) IC 12-13.
(C) IC 12-14.
(D) IC 12-15.
(E) IC 12-19.
(2) For purposes of IC 12-17-12, the meaning set forth in IC 12-17-12-1.
(3) For purposes of IC 12-17-13, the meaning set forth in IC 12-17-13-1.
(4) For the purposes of IC 12-17.2, a person who seeks a license to operate a child care center or child care home.
(5) For purposes of IC 31-27, a person who seeks a license to operate a child caring institution, foster family home, group home, or child placing agency.
[Pre-1992 Revision Citations: subdivision (1) formerly 12-1-1-1(h); subdivision (2) formerly 12-3-29-1; subdivision (3) formerly 4-28-6.2-1.]
As added by P.L.2-1992, SEC.1. Amended by P.L.20-1992, SEC.4; P.L.81-1992, SEC.4;

P.L.1-1993, SEC.68; P.L.61-1993, SEC.2; P.L.272-1999, SEC.6; P.L.145-2006, SEC.32; P.L.32-2021, SEC.22.

IC 12-7-2-15.5 "Appropriate and medically necessary"

Sec. 15.5. "Appropriate and medically necessary", for purposes of IC 12-15-35, has the meaning set forth in IC 12-15-35-1.

As added by P.L.75-1992, SEC.1.

IC 12-7-2-16 "Approved postsecondary educational institution"

Sec. 16. "Approved postsecondary educational institution" has the meaning set forth in IC 21-7-13-6(a).

[Pre-1992 Revision Citation: 12-2-8-5.]

As added by P.L.2-1992, SEC.1. Amended by P.L.2-2007, SEC.153.

IC 12-7-2-16.4 "Area agency"

Sec. 16.4. "Area agency", for purposes of IC 12-10-5.7, has the meaning set forth in IC 12-10-5.7-1.

As added by P.L.146-2023, SEC.1.

IC 12-7-2-17 "Asset disregard"

Sec. 17. "Asset disregard", for purposes of IC 12-15-39.6, has the meaning set forth in IC 12-15-39.6-10.

[Pre-1992 Revision Citation: 4-28-23-8(a) part.]

As added by P.L.2-1992, SEC.1. Amended by P.L.24-1997, SEC.5.

IC 12-7-2-18 "Assistance"

Sec. 18. "Assistance", for purposes of the following statutes, means money or services regardless of the source, paid or furnished under any of the following statutes:

(1) IC 12-10-6.
(2) IC 12-13.
(3) IC 12-14.
(4) IC 12-15.
(5) IC 12-19.

[Pre-1992 Revision Citation: 12-1-1-1(j).]

As added by P.L.2-1992, SEC.1. Amended by P.L.272-1999, SEC.7; P.L.145-2006, SEC.33; P.L.32-2021, SEC.23.

IC 12-7-2-18.1 "Assisted living services"

Sec. 18.1. "Assisted living services", for purposes of IC 12-8-1.6, has the meaning set forth in IC 12-8-1.6-1.

As added by P.L.149-2023, SEC.4. Amended by P.L.174-2025, SEC.2.

IC 12-7-2-18.3 "Attendant care services"

Sec. 18.3. "Attendant care services", for purposes of IC 12-10-17.1, has the meaning set forth in IC 12-10-17.1-3.

As added by P.L.255-2001, SEC.2. Amended by P.L.141-2006, SEC.12.

IC 12-7-2-18.5 Authority

Sec. 18.5. "Authority", for purposes of IC 12-11-14, has the meaning set forth in IC 12-11-14-2.

As added by P.L.12-2016, SEC.2.

IC 12-7-2-18.7 "Automated teller machine"

Sec. 18.7. "Automated teller machine", for purposes of IC 12-13-14, has the meaning set forth in IC 12-13-14-1.
As added by P.L.257-1997(ss), SEC.2.

IC 12-7-2-19 "Autism"

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 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.

[Pre-1992 Revision Citation: 4-28-24-1.]
As added by P.L.2-1992, SEC.1. Amended by P.L.99-2007, SEC.41; P.L.188-2013, SEC.3; P.L.210-2015, SEC.3.

IC 12-7-2-20 Repealed

[Pre-1992 Revision Citations: 4-28-20-8; 4-28-21-14 part; 16-13-22-8.]
As added by P.L.2-1992, SEC.1. Amended by P.L.151-1995, SEC.1; P.L.107-1997, SEC.1; P.L.272-1999, SEC.8. Repealed by P.L.99-2007, SEC.224.

IC 12-7-2-20.5 "Basic necessities"

Sec. 20.5. "Basic necessities", for purposes of IC 12-20, includes those services or items essential to meet the minimum standards of health, safety, and decency, including the following:

(1) Medical care described in IC 12-20-16-2.
(2) Clothing and footwear.
(3) Food.
(4) Shelter.
(5) Transportation to seek and accept employment on a reasonable basis.
(6) Household essentials.
(7) Essential utility services.
(8) Other services or items the township trustee determines are necessities.

As added by P.L.51-1996, SEC.2.

IC 12-7-2-20.7 "Basic services"

Sec. 20.7. "Basic services", for purposes of IC 12-10-17.1, has the meaning set forth in IC 12-10-17.1-4.
As added by P.L.255-2001, SEC.3. Amended by P.L.141-2006, SEC.13.

IC 12-7-2-20.8 Battery

Sec. 20.8. "Battery", for purposes of IC 12-10-3, includes battery (IC 35-42-2-1), domestic battery (IC 35-42-2-1.3), and aggravated battery (IC 35-42-2-1.5).
As added by P.L.65-2016, SEC.5.

IC 12-7-2-21 "Blind"

Sec. 21. "Blind" means the following:

(1) For purposes of the following statutes, the term refers to an individual who has vision in the better eye with correcting glasses of 20/200 or less, or a disqualifying visual field defect as determined upon examination by an ophthalmologist or optometrist who has been designated to make such examinations by the county office and approved by the division of family resources or by the division in the manner provided in any of the following statutes:
(A) IC 12-10-6.
(B) IC 12-13.

(C) IC 12-14.
(D) IC 12-15.
(E) IC 12-19.

(2) For purposes of the following statutes, the term refers to an individual who has a central visual acuity of 20/200 or less in the individual's better eye with the best correction or a field of vision that is not greater than twenty (20) degrees at its widest diameter:

(A) IC 12-12-1.
(B) IC 12-12-3.
(C) IC 12-12-5.
(D) IC 12-12-6.

[Pre-1992 Revision Citations: subdivision (1) formerly 12-1-1-1(m); subdivision (2) formerly 4-28-10-1.]

As added by P.L.2-1992, SEC.1. Amended by P.L.4-1993, SEC.17; P.L.5-1993, SEC.30; P.L.49-1997, SEC.41; P.L.272-1999, SEC.9; P.L.145-2006, SEC.34; P.L.32-2021, SEC.24.

IC 12-7-2-22 "Board"

Sec. 22. "Board" has the following meaning:

(1) For purposes of IC 12-8-6.5-14, the meaning set forth in IC 12-8-6.5-14(a).
(2) For purposes of IC 12-8-6.5-14.1, the meaning set forth in IC 12-8-6.5-14.1(a).
(3) For purposes of IC 12-8-6.5-14.3, the meaning set forth in IC 12-8-6.5-14.3(a).
(4) For purposes of IC 12-8-6.5-15, the meaning set forth in IC 12-8-6.5-15(a).
(5) For purposes of IC 12-10-10 and IC 12-10-11, the community and home options to institutional care for the elderly and disabled board established by IC 12-10-11-1.
(6) For purposes of IC 12-11-14, the meaning set forth in IC 12-11-14-3.
(7) For purposes of IC 12-15-35, the meaning set forth in IC 12-15-35-2.

[Pre-1992 Revision Citations: subdivision (1) formerly 4-28-17-1; subdivision (2) formerly 4-28-6.1-1; subdivision (3) formerly 16-13-1-5.]

As added by P.L.2-1992, SEC.1. Amended by P.L.75-1992, SEC.2; P.L.20-1992, SEC.5; P.L.81-1992, SEC.5; P.L.1-1993, SEC.69; P.L.40-1994, SEC.6; P.L.104-1996, SEC.1; P.L.23-1996, SEC.10; P.L.24-1997, SEC.6; P.L.272-1999, SEC.10; P.L.145-2006, SEC.35; P.L.145-2014, SEC.1; P.L.12-2016, SEC.3; P.L.86-2018, SEC.152; P.L.180-2022(ss), SEC.10; P.L.1-2025, SEC.165; P.L.174-2025, SEC.3.

IC 12-7-2-23 "Body"

Sec. 23. "Body", for purposes of IC 12-8-2.5, has the meaning set forth in IC 12-8-2.5-1.

[Pre-1992 Revision Citation: 12-6-3-2.]

As added by P.L.2-1992, SEC.1. Amended by P.L.160-2012, SEC.8.

IC 12-7-2-23.5 "Broker"

Sec. 23.5. "Broker", for purposes of IC 12-15-30.5, has the meaning set forth in IC 12-15-30.5-1.

As added by P.L.116-2019, SEC.1.

IC 12-7-2-24 "Bureau"

Sec. 24. "Bureau" means the following:

(1) For purposes of IC 12-10, the bureau of aging and in-home services established by IC 12-10-1-1.
(2) For purposes of IC 12-11, the bureau of disabilities services established by IC 12-11-1.1-1.
(3) For purposes of IC 12-12, the rehabilitation services bureau of the division of disability and rehabilitative services established by IC 12-12-1-1.

[1992 Revision Citation: subdivision (1) New; subdivision (2) New; Pre-1992 Revision Citation:

subdivision (3) formerly 12-1-6.1-1(e); subdivision (4) formerly 16-7-3.6-1(a); subdivision (5) formerly 16-13-6.1-2.]

As added by P.L.2-1992, SEC.1. Amended by P.L.4-1993, SEC.18; P.L.5-1993, SEC.31; P.L.1-1994, SEC.47; P.L.40-1994, SEC.7; P.L.272-1999, SEC.11; P.L.243-2003, SEC.1; P.L.141-2006, SEC.14; P.L.145-2006, SEC.36; P.L.1-2007, SEC.104; P.L.74-2022, SEC.1; P.L.241-2023, SEC.3.

IC 12-7-2-24.5 "Buy-in program"

Sec. 24.5. "Buy-in program", as used in IC 12-15-41, has the meaning set forth in IC 12-15-41-1.

As added by P.L.287-2001, SEC.2.

IC 12-7-2-24.6 "Caregiver"

Sec. 24.6. "Caregiver", for purposes of IC 12-17.2, means an individual who is assigned by a provider the responsibility for supervising a specific child in the care of the provider.

As added by P.L.18-2003, SEC.1.

IC 12-7-2-24.7 Repealed

As added by P.L.283-2001, SEC.8. Repealed by P.L.255-2003, SEC.55.

IC 12-7-2-24.8 "Caretaker"

Sec. 24.8. "Caretaker", for purposes of IC 12-10.5, has the meaning set forth in IC 12-10.5-1-1.

As added by P.L.274-2003, SEC.2.

IC 12-7-2-24.9 Expired

As added by P.L.180-2005, SEC.1. Amended by P.L.162-2021, SEC.1. Expired 1-1-2023 by P.L.162-2021, SEC.1.

IC 12-7-2-25 "Case management"

Sec. 25. "Case management", for purposes of IC 12-10-1 and IC 12-10-10, has the meaning set forth in IC 12-10-10-1.

[Pre-1992 Revision Citation: 4-28-6.1-2.]

As added by P.L.2-1992, SEC.1. Amended by P.L.40-1994, SEC.8; P.L.150-1995, SEC.2; P.L.143-2011, SEC.3; P.L.5-2015, SEC.34; P.L.86-2018, SEC.153.

IC 12-7-2-25.2 "CCDF"

Sec. 25.2. "CCDF", for purposes of IC 12-17.2-7.2, has the meaning set forth in IC 12-17.2-7.2-0.4.

As added by P.L.92-2024, SEC.2.

IC 12-7-2-26 "Center"

Sec. 26. "Center", for purposes of IC 12-26, means a community mental health center.

[Pre-1992 Revision Citation: 16-14-9.1-1(h).]

As added by P.L.2-1992, SEC.1.

IC 12-7-2-26.1 "Center for independent living"

Sec. 26.1. "Center for independent living", for purposes of IC 12-12-8, has the meaning set forth in IC 12-12-8-1.

As added by P.L.151-1995, SEC.2. Amended by P.L.272-1999, SEC.12.

IC 12-7-2-26.3 "Certified community behavioral health clinic"

Sec. 26.3. "Certified community behavioral health clinic", for purposes of

IC 12-15-1.3-25, has the meaning set forth in IC 12-15-1.3-25.
As added by P.L.162-2023, SEC.3.

IC 12-7-2-26.5 "Chemical test"

Sec. 26.5. "Chemical test", for purposes of IC 12-23-14, means an analysis of an individual's:

(1) blood;
(2) breath;
(3) hair;
(4) sweat;
(5) saliva;
(6) urine; or
(7) other bodily substance;

to determine the presence of alcohol or a controlled substance (as defined in IC 35-48-1.1-7).
As added by P.L.168-2002, SEC.2. Amended by P.L.108-2010, SEC.3; P.L.186-2025, SEC.95.

IC 12-7-2-27 "Chief magistrate"

Sec. 27. "Chief magistrate", for purposes of IC 12-28-3, has the meaning set forth in IC 12-28-3-3.

[Pre-1992 Revision Citation: 16-13-9-2.]
As added by P.L.2-1992, SEC.1.

IC 12-7-2-28 "Child"

Sec. 28. "Child" means the following:

(1) For purposes of IC 12-17.2, an individual who is less than eighteen (18) years of age.
(2) For purposes of IC 12-26, the meaning set forth in IC 31-9-2-13(d).

[Pre-1992 Revision Citation: 16-14-9.1-11.5.]
As added by P.L.2-1992, SEC.1. Amended by P.L.20-1992, SEC.6 and P.L.81-1992, SEC.6; P.L.1-1993, SEC.70; P.L.1-1997, SEC.49; P.L.34-2001, SEC.1; P.L.70-2004, SEC.2; P.L.145-2006, SEC.37.

IC 12-7-2-28.1 Repealed
As added by P.L.74-1994, SEC.1. Repealed by P.L.145-2006, SEC.376.

IC 12-7-2-28.2 "Child care"

Sec. 28.2. "Child care", for purposes of IC 12-17.2, means a service that provides for the care, health, safety, and supervision of a child's social, emotional, and educational growth.
As added by P.L.20-1992, SEC.7 and P.L.81-1992, SEC.7. Amended by P.L.1-1993, SEC.71; P.L.145-2006, SEC.38.

IC 12-7-2-28.4 "Child care center"

Sec. 28.4. "Child care center", for purposes of IC 12-17.2, means a nonresidential building where at least one (1) child receives child care from a provider:

(1) while unattended by a parent, legal guardian, or custodian;
(2) for regular compensation; and
(3) for more than four (4) hours but less than twenty-four (24) hours in each of ten (10) consecutive days per year, excluding intervening Saturdays, Sundays, and holidays.

As added by P.L.20-1992, SEC.8; P.L.81-1992, SEC.8. Amended by P.L.1-1993, SEC.72; P.L.136-1993, SEC.1; P.L.1-1994, SEC.48; P.L.247-2001, SEC.4.

IC 12-7-2-28.5 "Child care employee"

Sec. 28.5. "Child care employee", for purposes of IC 12-17.2-7.2, has the meaning set forth in IC 12-17.2-7.2-0.5.
As added by P.L.92-2024, SEC.3.

IC 12-7-2-28.6 "Child care home"

Sec. 28.6. (a) Except as provided in subsection (c), "child care home", for purposes of IC 12-17.2, means a residential structure in which at least eight (8) children, or at least four (4) children under twelve (12) months of age, (not including the children for whom the provider is a parent, stepparent, guardian, custodian, or other relative) at any time receive child care from a provider:

(1) while unattended by a parent, legal guardian, or custodian;

(2) for regular compensation; and

(3) for more than six (6) hours per day but less than twenty-four (24) hours per day for ten (10) consecutive days, not including Saturdays, Sundays, and holidays.

(b) The term includes:

(1) a class I child care home; and

(2) a class II child care home.

(c) A child who is:

(1) a relative of a provider;

(2) under the custody or guardianship of a provider; or

(3) at least fourteen (14) years of age and does not require child care;

is not a child described under subsection (a).
As added by P.L.20-1992, SEC.9 and P.L.81-1992, SEC.9. Amended by P.L.1-1993, SEC.73; P.L.136-1993, SEC.2; P.L.124-2007, SEC.1; P.L.134-2024, SEC.1.

IC 12-7-2-28.8 "Child care ministry"

Sec. 28.8. "Child care ministry", for purposes of IC 12-17.2, means child care operated by a church or religious ministry that is a religious organization exempt from federal income taxation under Section 501 of the Internal Revenue Code.
As added by P.L.20-1992, SEC.10 and P.L.81-1992, SEC.10. Amended by P.L.1-1993, SEC.74.

IC 12-7-2-28.9 "Child care program"

Sec. 28.9. "Child care program", for purposes of IC 12-17.2-3.5, has the meaning set forth in IC 12-17.2-3.5-1.2.
As added by P.L.18-2003, SEC.2.

IC 12-7-2-29 "Child caring institution"

Sec. 29. "Child caring institution", for purposes of section 82(3) of this chapter and IC 12-26, means an institution that:

(1) operates under a license issued under IC 31-27;

(2) provides for delivery of mental health services that are appropriate to the needs of the individual; and

(3) complies with the rules adopted under IC 4-22-2 by the department of child services.

[Pre-1992 Revision Citations: subdivision (1) formerly 12-3-2-4; subdivision (2) formerly 16-14-9.1-1(i)(1), (i)(2).]
As added by P.L.2-1992, SEC.1. Amended by P.L.20-1992, SEC.11; P.L.81-1992, SEC.11; P.L.1-1993, SEC.75; P.L.61-1993, SEC.3; P.L.145-2006, SEC.39.

IC 12-7-2-30 "Child in need of services"

Sec. 30. "Child in need of services", for purposes of the following statutes, has the meaning set forth in IC 31-34-1-1 through IC 31-34-1-9:

(1) IC 12-13.
(2) IC 12-14.
(3) IC 12-15.
(4) IC 12-19.

[Pre-1992 Revision Citation: 12-1-1-2(a).]

As added by P.L.2-1992, SEC.1. Amended by P.L.1-1997, SEC.50; P.L.145-2006, SEC.40.

IC 12-7-2-31 Repealed

[Pre-1992 Revision Citation: 12-3-2-5.]

As added by P.L.2-1992, SEC.1. Amended by P.L.20-1992, SEC.12; P.L.81-1992, SEC.12; P.L.1-1993, SEC.76. Repealed by P.L.145-2006, SEC.376.

IC 12-7-2-31.4 "Child of a child care employee"

Sec. 31.4. "Child of a child care employee", for purposes of IC 12-17.2-7.2, has the meaning set forth in IC 12-17.2-7.2-0.6.

As added by P.L.92-2024, SEC.4.

IC 12-7-2-31.5 Repealed

As added by P.L.105-1996, SEC.1. Repealed by P.L.234-2005, SEC.192.

IC 12-7-2-31.6 Repealed

As added by P.L.105-1996, SEC.2. Repealed by P.L.234-2005, SEC.192.

IC 12-7-2-32 "Child welfare services"

Sec. 32. "Child welfare services", for purposes of the following statutes, has the meaning set forth in IC 31-9-2-19.5:

(1) IC 12-13.
(2) IC 12-14.
(3) IC 12-15.

[Pre-1992 Revision Citation: 12-1-1-1(l).]

As added by P.L.2-1992, SEC.1. Amended by P.L.145-2006, SEC.41; P.L.146-2008, SEC.375.

IC 12-7-2-32.5 "Children's hospital"

Sec. 32.5. "Children's hospital", for purposes of IC 12-15-15-1.2, has the meaning set forth in IC 12-15-15-1.2(a).

As added by P.L.132-2021, SEC.1. Amended by P.L.76-2023, SEC.1.

IC 12-7-2-33 Repealed

[Pre-1992 Revision Citation: 12-3-2-4.]

As added by P.L.2-1992, SEC.1. Repealed by P.L.61-1993, SEC.67.

IC 12-7-2-33.3 "Chronic pain"

Sec. 33.3. "Chronic pain" means pain that:

(1) persists beyond the usual course of an acute disease or healing of an injury; or
(2) may be associated with an acute or chronic pathologic process that causes continuous or intermittent pain for a period of months or years.

As added by P.L.149-2019, SEC.2.

IC 12-7-2-33.4 "Chronic pain management"

Sec. 33.4. "Chronic pain management", for purposes of IC 12-15-5, means evidence based health care products and services intended to relieve chronic pain that has lasted for at least three (3) months. The term includes:

(1) prescription drugs;
(2) physical therapy;
(3) occupational therapy;
(4) chiropractic care; and
(5) osteopathic manipulative treatment.

As added by P.L.149-2019, SEC.3.

IC 12-7-2-33.5 "Chronically medically dependent"

Sec. 33.5. "Chronically medically dependent" for purposes of IC 12-15-36, has the meaning set forth in IC 12-15-36-2.

As added by P.L.76-1992, SEC.1.

IC 12-7-2-33.6 "Coalition"

Sec. 33.6. (a) "Coalition", for purposes of IC 12-18-8, has the meaning set forth in IC 12-18-8-1.

(b) "Coalition", for purposes of IC 12-18-9, has the meaning set forth in IC 12-18-9-1.

As added by P.L.181-2003, SEC.1. Amended by P.L.258-2017, SEC.1.

IC 12-7-2-33.7 "Class I child care home"

Sec. 33.7. (a) As used in this chapter, "class I child care home" means a child care home that serves any combination of full-time and part-time children, not to exceed at any one (1) time twelve (12) children plus three (3) children who are enrolled in at least full-day kindergarten.

(b) A child:

(1) for whom a provider of care in the child care home is a parent, stepparent, guardian, custodian, or other relative and who is at least seven (7) years of age; or
(2) who is at least fourteen (14) years of age and does not require child care;

shall not be counted in determining whether the child care home is within the limit set forth in subsection (a).

As added by P.L.136-1993, SEC.3. Amended by P.L.106-1996, SEC.1; P.L.247-2001, SEC.5; P.L.124-2007, SEC.2; P.L.197-2011, SEC.38; P.L.74-2022, SEC.2.

IC 12-7-2-33.8 "Class II child care home"

Sec. 33.8. (a) As used in this chapter, "class II child care home" means a child care home that serves more than twelve (12) children but not more than any combination of sixteen (16) full-time and part-time children at any one (1) time.

(b) A child:

(1) for whom a provider of care in the child care home is a parent, stepparent, guardian, custodian, or other relative and who is at least seven (7) years of age; or
(2) who is at least fourteen (14) years of age and does not require child care;

shall not be counted in determining whether the child care home is within the limit set forth in subsection (a).

As added by P.L.136-1993, SEC.4. Amended by P.L.124-2007, SEC.3.

IC 12-7-2-33.9 "Clean claim"

Sec. 33.9. (a) "Clean claim", for purposes of IC 12-15-13, except for IC 12-15-13-1 and IC 12-15-13-1.5, has the meaning set forth in IC 12-15-13-0.5.

(b) "Clean claim", for purposes of IC 12-15-12.7, IC 12-15-13-1, and IC 12-15-13-1.5, has the meaning set forth in IC 12-15-13-0.6.

As added by P.L.107-1996, SEC.1 and P.L.257-1996, SEC.1. Amended by P.L.174-2025, SEC.4.

IC 12-7-2-34 "Commission"

Sec. 34. "Commission" means the following:

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

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

(3) For purposes of IC 12-13-14, the meaning set forth in IC 12-13-14-1.

(4) For purposes of IC 12-15-30.5, the meaning set forth in IC 12-15-30.5-2.

(5) For purposes of IC 12-15-33, the meaning set forth in IC 12-15-33-1.

(6) For purposes of IC 12-21-7.1, the meaning set forth in IC 12-21-7.1-1.

(7) For purposes of IC 12-28-1, the meaning set forth in IC 12-28-1-3.

[Pre-1992 Revision Citations: subdivision (1) formerly 12-6-1-2; subdivision (2) formerly 4-28-4-2; subdivision (3) New; subdivision (4) New; subdivision (5) formerly 4-28-9-1; subdivision (6) formerly 16-13-19-2.]

As added by P.L.2-1992, SEC.1. Amended by P.L.42-1995, SEC.4; P.L.2-1997, SEC.29; P.L.12-2006, SEC.1; P.L.181-2006, SEC.50; P.L.1-2007, SEC.105; P.L.6-2012, SEC.80; P.L.53-2014, SEC.96; P.L.85-2017, SEC.44; P.L.116-2019, SEC.2; P.L.75-2020, SEC.1; P.L.162-2023, SEC.4; P.L.42-2024, SEC.75.

IC 12-7-2-34.2 "Commissioner"

Sec. 34.2. "Commissioner", for purposes of IC 12-12-8, has the meaning set forth in IC 12-12-8-1.5.

As added by P.L.217-2005, SEC.1.

IC 12-7-2-35 Repealed

[1992 Revision Citation: subdivision (1) New; Pre-1992 Revision Citation: subdivision (2) formerly 12-1-6.1-1(c).]

As added by P.L.2-1992, SEC.1. Amended by P.L.2-1995, SEC.44; P.L.42-1995, SEC.5; P.L.107-2005, SEC.1; P.L.1-2007, SEC.106; P.L.229-2011, SEC.105; P.L.205-2013, SEC.172; P.L.2-2014, SEC.56; P.L.53-2014, SEC.97; P.L.87-2016, SEC.2; P.L.85-2017, SEC.45; P.L.184-2017, SEC.1. Repealed by P.L.42-2024, SEC.76.

IC 12-7-2-36 "Community action agency"

Sec. 36. "Community action agency", for purposes of IC 12-14-23, has the meaning set forth in IC 12-14-23-2.

[Pre-1992 Revision Citation: 12-1-21-2.]

As added by P.L.2-1992, SEC.1.

IC 12-7-2-37 "Community and home care services"

Sec. 37. "Community and home care services", for purposes of IC 12-10-10, has the meaning set forth in IC 12-10-10-2.

[Pre-1992 Revision Citation: 4-28-6.1-3.]

As added by P.L.2-1992, SEC.1.

IC 12-7-2-38 "Community mental health center"

Sec. 38. "Community mental health center" means a program of services that meets the following conditions:

(1) Is approved by the division of mental health and addiction.

(2) Is organized for the purpose of providing multiple services for persons with mental illness or a chronic addictive disorder.

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

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

(B) An agency of the state.

(C) An agency of the United States.

(D) A political subdivision of another state.

(E) A hospital owned or operated by a unit of government described in clauses (A)

through (D).

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

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

(H) A nonprofit corporation incorporated in another state.

(I) A university or college.

[Pre-1992 Revision Citation: 16-16-1-1.]

As added by P.L.2-1992, SEC.1. Amended by P.L.23-1993, SEC.35; P.L.40-1994, SEC.9; P.L.215-2001, SEC.24.

IC 12-7-2-39 "Community intellectual disability and other developmental disabilities centers"

Sec. 39. "Community intellectual disability and other developmental disabilities centers", for purposes of IC 12-29 (except as provided in IC 12-29-3-6), means a program of services that meets the following conditions:

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

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

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

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

(B) An agency of the state.

(C) An agency of the United States.

(D) A political subdivision of another state.

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

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

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

(H) A nonprofit corporation incorporated in another state.

(I) A university or college.

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

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

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

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

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

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

[Pre-1992 Revision Citations: 4-28-10-27(a); 16-16-1-1; 16-16-2-1.]

As added by P.L.2-1992, SEC.1. Amended by P.L.23-1993, SEC.36; P.L.4-1993, SEC.19; P.L.5-1993, SEC.32; P.L.1-1994, SEC.49; P.L.24-1997, SEC.7; P.L.64-2002, SEC.2; P.L.141-2006, SEC.15; P.L.117-2015, SEC.10.

IC 12-7-2-40 "Community based residential program"

Sec. 40. "Community based residential program", for purposes of IC 12-22-2, refers to the programs described in IC 12-22-2-3.5.

[Pre-1992 Revision Citation: 16-13-22-1.]

As added by P.L.2-1992, SEC.1. Amended by P.L.272-1999, SEC.13; P.L.143-2011, SEC.4.

IC 12-7-2-40.2 "Community spouse"

Sec. 40.2. "Community spouse", for purposes of IC 12-15-2, means an individual who:

(1) is the spouse of an individual who resides in a nursing facility or another medical institution; and

(2) does not reside in a nursing facility or another medical institution.

As added by P.L.246-2005, SEC.98.

IC 12-7-2-40.4 "Comprehensive risk contract"

Sec. 40.4. "Comprehensive risk contract" has the meaning set forth in 42 CFR 438.2.

As added by P.L.152-2017, SEC.1.

IC 12-7-2-40.5 "Compendia"

Sec. 40.5. "Compendia", for purposes of IC 12-15-35 and IC 12-15-35.5, has the meaning set forth in IC 12-15-35-3.

As added by P.L.75-1992, SEC.3. Amended by P.L.107-2002, SEC.4.

IC 12-7-2-40.6 "Continuum of care"

Sec. 40.6. (a) "Continuum of care" means a range of services:

(1) defined by the division in rules adopted under IC 4-22-2 to provide a comprehensive continuum of care by a community mental health center or other provider; and

(2) based on recovery focused models of care and that are intended to meet the individual treatment needs of the behavioral health consumer.

(b) The continuum of care may include the following services:

(1) Wellness programs.

(2) Engagement services.

(3) Outpatient and inpatient services.

(4) Rehabilitative and habilitative services.

(5) Residential care and supported housing.

(6) Acute intensive services.

All services must support prevention and treatment of mental health and addiction for all populations.

As added by P.L.40-1994, SEC.10. Amended by P.L.143-2011, SEC.5.

IC 12-7-2-40.7 "Consumer control"

Sec. 40.7. "Consumer control", for purposes of IC 12-12-8, has the meaning set forth in IC 12-12-8-2.

As added by P.L.151-1995, SEC.3. Amended by P.L.272-1999, SEC.14.

IC 12-7-2-41 "Contracting county"

Sec. 41. "Contracting county", for purposes of IC 12-30-7, has the meaning set forth in IC 12-30-7-2.

[Pre-1992 Revision Citation: 12-4-6-9.]

As added by P.L.2-1992, SEC.1.

IC 12-7-2-41.2 "Contracting state"

Sec. 41.2. "Contracting state", for purposes of IC 12-11-14, has the meaning set forth in IC 12-11-14-4.

As added by P.L.85-2017, SEC.46.

IC 12-7-2-42 "Contribution"

Sec. 42. "Contribution", for purposes of IC 12-17-12, has the meaning set forth in IC 12-17-12-2.

[Pre-1992 Revision Citation: 12-3-29-3.]

As added by P.L.2-1992, SEC.1.

IC 12-7-2-43 "Control board"

Sec. 43. "Control board", for purposes of IC 12-20-25, has the meaning set forth in IC 12-20-25-2.

[Pre-1992 Revision Citation: 12-2-14-24.]

As added by P.L.2-1992, SEC.1.

IC 12-7-2-43.5 "Cooperate"

Sec. 43.5. (a) "Cooperate", for purposes of IC 12-14-2-24, IC 12-14-7-2, and IC 12-14-7-3, includes, with regard to nonparent custodians or guardians, the following:

(1) To appear at appointments, in person or by telephone, with a prosecuting attorney related to:

(A) establishing:

(i) paternity; or

(ii) an order for child support; or

(B) enforcing an order for child support.

(2) To return telephone calls and respond to correspondence when requested by a prosecuting attorney.

(3) To supply information, to the extent known by the nonparent custodian or guardian, for a prosecuting attorney to proceed with appropriate actions to:

(A) establish paternity of a dependent child;

(B) locate parents; or

(C) establish a child support order with respect to a child.

(4) To appear at hearings regarding:

(A) establishment of paternity of a child or a child support order; or

(B) enforcement of a child support order;

if attendance is necessary as determined by the prosecuting attorney.

(b) Information under subsection (a)(3) includes:

(1) identification of potential fathers of a dependent child, if known and paternity has not been established; and

(2) the following information, if known, regarding any parent or potential parent of a dependent child:

(A) The full legal name and nicknames.

(B) The Social Security number.

(C) The current or last known address and phone number.

(D) The current or last known employer, including the name and address of the employer.

(E) If a student, the current or last known school.

(F) The criminal record, including where and when the parent or potential parent was incarcerated.

(G) The date of birth or age.

(H) The race.

(I) Any known group or organizational affiliations.

(J) The names and addresses of close friends or relatives.

(K) Any other information that the prosecuting attorney requests to help locate or identify a parent of a dependent child.

(L) A recent photograph.

As added by P.L.80-2010, SEC.15.

IC 12-7-2-44 "Council"

Sec. 44. "Council" means the following:

(1) For purposes of IC 12-9-4, the meaning set forth in IC 12-9-4-1.

(2) For purposes of IC 12-12-8, the meaning set forth in IC 12-12-8-2.5.

(3) For purposes of IC 12-13-4, the meaning set forth in IC 12-13-4-1.

(4) For purposes of IC 12-12.7-2, the meaning set forth in IC 12-12.7-2-2.

(5) For purposes of IC 12-21-4, the meaning set forth in IC 12-21-4-1.

[1992 Revision Citations: subdivision (1) New; subdivision (2) New; Pre-1992 Revision Citation: subdivision (3) formerly 12-3-30-3; subdivision (4) formerly 12-3-25-3(a); subdivision (5) formerly 12-3-26-1; subdivision (6) New; subdivision (7) New; subdivision (8) formerly 4-28-21-1 part.]

As added by P.L.2-1992, SEC.1. Amended by P.L.21-1992, SEC.4; P.L.40-1994, SEC.11; P.L.91-1996, SEC.2; P.L.287-2001, SEC.3; P.L.217-2005, SEC.2; P.L.93-2006, SEC.4; P.L.130-2009, SEC.15; P.L.197-2011, SEC.39; P.L.229-2011, SEC.106; P.L.6-2012, SEC.81.

IC 12-7-2-44.5 "Counseling"

Sec. 44.5. "Counseling", for purposes of IC 12-15-35, has the meaning set forth in IC 12-15-35-4.

As added by P.L.75-1992, SEC.4.

IC 12-7-2-44.6 "Countable asset"

Sec. 44.6. "Countable asset" means the following:

(1) For purposes of IC 12-10-10, property that is included in determining assets in the same manner as determining an individual's eligibility for the Medicaid aged and disabled waiver.

(2) For purposes of IC 12-20, noncash property that is not necessary for the health, safety, or decent living standard of a household that:

(A) is owned wholly or in part by the applicant or a member of the applicant's household;

(B) the applicant or the household member has the legal right to sell or liquidate; and

(C) includes:

(i) real property other than property that is used for the production of income or that is the primary residence of the household;

(ii) savings and checking accounts, certificates of deposit, bonds, stocks, and other intangibles that have a net cash value; and

(iii) boats, other vehicles, or any other personal property used solely for recreational or entertainment purposes.

As added by P.L.51-1996, SEC.3. Amended by P.L.145-2014, SEC.2; P.L.87-2017, SEC.1.

IC 12-7-2-44.7 "Countable income"

Sec. 44.7. "Countable income", for purposes of IC 12-20, means a monetary amount either paid to an applicant or a member of an applicant's household not more than thirty (30) days before the date of application for township assistance, or accrued and legally available for withdrawal by an applicant or a member of an applicant's household at the time of application or not more than thirty (30) days after the date of application for township assistance. The term includes the following:

(1) Gross wages before mandatory deductions.

(2) Social Security benefits, including Supplemental Security Income.

(3) Aid to Families with Dependent Children.

(4) Unemployment compensation.

(5) Worker's compensation (except compensation that is restricted for the payment of medical expenses).

(6) Vacation pay.

(7) Sick benefits.

(8) Strike benefits.

(9) Private or public pensions.

(10) Taxable income from self-employment.

(11) Bartered goods and services provided by another individual for the payment of nonessential needs on behalf of an applicant or an applicant's household if monetary compensation or the provision of basic necessities would have been reasonably available from that individual.

(12) Child support.

(13) Gifts of cash, goods, or services.

(14) Other sources of revenue or services that the township trustee may reasonably determine to be countable income.

As added by P.L.51-1996, SEC.4. Amended by P.L.73-2005, SEC.5.

IC 12-7-2-44.9 "Countable resources"

Sec. 44.9. "Countable resources", for purposes of IC 12-15-41, has the meaning set forth in IC 12-15-41-2.

As added by P.L.287-2001, SEC.4.

IC 12-7-2-45 "County office"

Sec. 45. "County office" refers to a county office of the division of family resources.

[Pre-1992 Revision Citation: 12-1-1-1(d).]

As added by P.L.2-1992, SEC.1. Amended by P.L.4-1993, SEC.20; P.L.5-1993, SEC.33; P.L.146-2008, SEC.376; P.L.44-2009, SEC.9.

IC 12-7-2-46 "County director"

Sec. 46. "County director" refers to a director of a county office of the division of family resources.

[Pre-1992 Revision Citation: 12-1-1-1(e).]

As added by P.L.2-1992, SEC.1. Amended by P.L.4-1993, SEC.21; P.L.5-1993, SEC.34; P.L.145-2006, SEC.42; P.L.146-2008, SEC.377; P.L.44-2009, SEC.10.

IC 12-7-2-46.2 "County home"

Sec. 46.2. "County home", for purposes of IC 12-20, means a residential facility owned, staffed, maintained, and operated by a county government for eligible county residents who are able to perform activities of daily living with little or no assistance, including the following activities:

(1) Bathing.

(2) Dressing.

(3) Grooming.

(4) Walking.

(5) Using the toilet.

(6) Eating.

As added by P.L.51-1996, SEC.5.

IC 12-7-2-46.5 "Court"

Sec. 46.5. "Court", for purposes of IC 12-17.2, means a circuit or superior court.

As added by P.L.20-1992, SEC.13 and P.L.81-1992, SEC.13. Amended by P.L.1-1993, SEC.78; P.L.145-2006, SEC.43.

IC 12-7-2-47 Repealed

[Pre-1992 Revision Citation: 4-28-22-1.]

As added by P.L.2-1992, SEC.1. Repealed by P.L.272-1999, SEC.66.

IC 12-7-2-47.5 "Covered entity"

Sec. 47.5. "Covered entity", for purposes of IC 12-15-23.5, has the meaning set forth in

IC 12-15-23.5-1.
As added by P.L.187-2007, SEC.1.

IC 12-7-2-48 "Covered medical services"

Sec. 48. "Covered medical services", for purposes of IC 12-16-1, has the meaning set forth in IC 12-16-1-2.

[Pre-1992 Revision Citation: 12-5-7-1.]

As added by P.L.2-1992, SEC.1.

IC 12-7-2-48.5 "Covered outpatient drug"

Sec. 48.5. "Covered outpatient drug", for purposes of IC 12-15-35, has the meaning set forth in IC 12-15-35-4.5.

As added by P.L.107-2002, SEC.5.

IC 12-7-2-48.7 "Covered population"

Sec. 48.7. "Covered population", for purposes of IC 12-15-12.7 and IC 12-15-13-1.8, has the meaning set forth in IC 12-15-13-1.8(a).

As added by P.L.131-2024, SEC.1 and P.L.136-2024, SEC.37 and P.L.17-2024, SEC.1. Amended by P.L.174-2025, SEC.5.

IC 12-7-2-49 Repealed

[Pre-1992 Revision Citation: 12-1-23-1.]

As added by P.L.2-1992, SEC.1. Repealed by P.L.272-1999, SEC.66.

IC 12-7-2-50 Repealed

[Pre-1992 Revision Citation: 12-1-23-2.]

As added by P.L.2-1992, SEC.1. Repealed by P.L.272-1999, SEC.66.

IC 12-7-2-51 "Creditor"

Sec. 51. "Creditor", for purposes of IC 12-20-25, has the meaning set forth in IC 12-20-25-3.

[Pre-1992 Revision Citation: 12-2-14-2.]

As added by P.L.2-1992, SEC.1.

IC 12-7-2-51.4 Repealed

As added by P.L.1-1993, SEC.80. Repealed by P.L.145-2006, SEC.376.

IC 12-7-2-51.5 Repealed

As added by P.L.20-1992, SEC.14; P.L.75-1992, SEC.5; P.L.81-1992, SEC.14. Repealed by P.L.1-1993, SEC.79; P.L.61-1993, SEC.67; P.L.136-1993, SEC.24.

IC 12-7-2-51.6 "Crisis receiving and stabilization services"

Sec. 51.6. "Crisis receiving and stabilization services", for purposes of IC 12-21-8, has the meaning set forth in IC 12-21-8-2.

As added by P.L.207-2021, SEC.2.

IC 12-7-2-51.7 "Criteria"

Sec. 51.7. "Criteria", for purposes of IC 12-15-35, has the meaning set forth in IC 12-15-35-5.

As added by P.L.1-1993, SEC.81.

IC 12-7-2-51.8 "Cross-indicated drug"

Sec. 51.8. "Cross-indicated drug", for purposes of IC 12-15-35.5, has the meaning set

forth in IC 12-15-35.5-2.
As added by P.L.6-2002, SEC.1 and P.L.107-2002, SEC.6.

IC 12-7-2-51.9 "Cross-disability"

Sec. 51.9. "Cross-disability", for purposes of IC 12-12-8, has the meaning set forth in IC 12-12-8-3.
As added by P.L.151-1995, SEC.4. Amended by P.L.272-1999, SEC.15.

IC 12-7-2-52 "Custodial authority of a building"

Sec. 52. "Custodial authority of a building", for purposes of the following statutes, means the person authorized to contract for the provision of vending services in the building:

(1) IC 12-12-5.

(2) IC 12-12-6.

[Pre-1992 Revision Citation: 4-28-10-2.]
As added by P.L.2-1992, SEC.1.

IC 12-7-2-52.2 "Crowd out"

Sec. 52.2. "Crowd out", for purposes of IC 12-17.6, has the meaning set forth in IC 12-17.6-1-2.
As added by P.L.273-1999, SEC.163. Amended by P.L.283-2001, SEC.9; P.L.255-2003, SEC.8.

IC 12-7-2-53 "Dangerous"

Sec. 53. (a) Except as provided in subsection (b), "dangerous", for purposes of IC 12-26, means a condition in which an individual as a result of mental illness, presents a substantial risk that the individual will harm the individual or others.

(b) "Dangerous", for purposes of IC 12-26-5, means a condition in which an individual presents a substantial risk that the individual will harm the individual or others.

[Pre-1992 Revision Citation: 16-14-9.1-1(c).]
As added by P.L.2-1992, SEC.1. Amended by P.L.205-2023, SEC.2.

IC 12-7-2-53.2 "Dangerous felony"

Sec. 53.2. "Dangerous felony", for purposes of IC 12-17.2, means one (1) or more of the following felonies:

(1) Murder (IC 35-42-1-1).

(2) Attempted murder (IC 35-41-5-1).

(3) Voluntary manslaughter (IC 35-42-1-3).

(4) Involuntary manslaughter (IC 35-42-1-4).

(5) Reckless homicide (IC 35-42-1-5).

(6) Aggravated battery (IC 35-42-2-1.5).

(7) Kidnapping (IC 35-42-3-2).

(8) Rape (IC 35-42-4-1).

(9) Criminal deviate conduct (IC 35-42-4-2) (before its repeal).

(10) Child molesting (IC 35-42-4-3).

(11) Sexual misconduct with a minor as a Class A felony (for a crime committed before July 1, 2014) or a Level 1 felony (for a crime committed after June 30, 2014) under IC 35-42-4-9(a)(2) or a Class B felony (for a crime committed before July 1, 2014) or a Level 2 felony (for a crime committed after June 30, 2014) under IC 35-42-4-9(b)(2).

(12) Robbery as a Class A or Class B felony (for a crime committed before July 1, 2014) or a Level 2 or Level 3 felony (for a crime committed after June 30, 2014) (IC 35-42-5-1).

(13) Burglary as a Class A or Class B felony (for a crime committed before July 1, 2014) or a Level 2 or Level 3 felony (for a crime committed after June 30, 2014) (IC

35-43-2-1).
(14) Battery as a felony (IC 35-42-2-1).
(15) Domestic battery (IC 35-42-2-1.3).
(16) Strangulation (IC 35-42-2-9).
(17) Criminal confinement (IC 35-42-3-3).
(18) Sexual battery (IC 35-42-4-8).

As added by P.L.287-2013, SEC.2. Amended by P.L.168-2014, SEC.27; P.L.142-2020, SEC.16.

IC 12-7-2-54 Repealed

[Pre-1992 Revision Citation: 12-3-2-3.]

As added by P.L.2-1992, SEC.1. Repealed by P.L.20-1992, SEC.47.

IC 12-7-2-55 Repealed

[Pre-1992 Revision Citation: 12-3-2-3.1.]

As added by P.L.2-1992, SEC.1. Repealed by P.L.20-1992, SEC.47.

IC 12-7-2-55.1 Repealed

As added by P.L.282-2001, SEC.1. Repealed by P.L.28-2012, SEC.1.

IC 12-7-2-55.8 "Decertify"

Sec. 55.8. "Decertify", for purposes of IC 12-17.2-3.5, means to remove, for any period of less than two (2) years, a provider's eligibility to receive a voucher payment.

As added by P.L.225-2013, SEC.1.

IC 12-7-2-56 Repealed

[Pre-1992 Revision Citation: 12-3-2-12.8.]

As added by P.L.2-1992, SEC.1. Repealed by P.L.20-1992, SEC.47.

IC 12-7-2-56.5 Repealed

As added by P.L.2-1996, SEC.230. Amended by P.L.23-1996, SEC.11. Repealed by P.L.1-2010, SEC.156.

IC 12-7-2-57 "Delinquent child"

Sec. 57. "Delinquent child", for purposes of the following statutes, has the meaning set forth in IC 31-37-1 and IC 31-37-2:

(1) IC 12-13.
(2) IC 12-14.
(3) IC 12-15.
(4) IC 12-19.

[Pre-1992 Revision Citation: 12-1-1-2(b).]

As added by P.L.2-1992, SEC.1. Amended by P.L.1-1997, SEC.51; P.L.145-2006, SEC.44.

IC 12-7-2-57.5 "Department"

Sec. 57.5. "Department", for purposes of IC 12-13-14, has the meaning set forth in IC 12-13-14-1.

As added by P.L.2-1997, SEC.30. Amended by P.L.90-2002, SEC.338; P.L.234-2005, SEC.12; P.L.146-2008, SEC.378.

IC 12-7-2-58 "Dependent child"

Sec. 58. (a) "Dependent child", for purposes of the statutes listed in subsection (b), means a needy individual who satisfies either of the following conditions:

(1) The individual is less than sixteen (16) years of age.

(2) The individual is less than eighteen (18) years of age and the county office that has jurisdiction of the individual finds all of the following:

(A) The individual regularly attends school.

(B) The individual has been deprived of parental support or care because of a parent's:

(i) death;

(ii) continued absence from the home; or

(iii) physical or mental incapacity.

(C) The individual's parent or other relative who is legally responsible for the child's support is not able to provide adequately for the individual without public assistance.

(D) The individual is living in the home of at least one (1) of the following relatives:

(i) The individual's parent.

(ii) The individual's sibling.

(iii) The individual's grandparent.

(iv) The individual's stepparent.

(v) The individual's stepbrother or stepsister.

(vi) The individual's aunt or uncle.

(b) This section applies to the following statutes:

(1) IC 12-13.

(2) IC 12-14.

(3) IC 12-15.

(4) IC 12-19.

[Pre-1992 Revision Citation: 12-1-1-1(k).]

As added by P.L.2-1992, SEC.1. Amended by P.L.4-1993, SEC.22; P.L.5-1993, SEC.35; P.L.145-2006, SEC.45.

IC 12-7-2-58.5 "Designated beneficiary"

Sec. 58.5. "Designated beneficiary", for purposes of IC 12-11-14, has the meaning set forth in IC 12-11-14-5.

As added by P.L.12-2016, SEC.4.

IC 12-7-2-59 "Designee"

Sec. 59. (a) Except as provided in subsection (b), "designee" means an office director, division director, or other employee of the office of the secretary with expertise or knowledge concerning the area for which the individual is being designated.

(b) The definition set forth in subsection (a) does not apply to the following:

(1) Designations for purposes of administrative proceedings under IC 4-21.5.

(2) IC 12-11-1.1-10.

(3) IC 12-15-11-2.5.

(4) IC 12-15-13-3.5.

(5) IC 12-15-13-4.

(6) Designations of superintendents under IC 12-21-2-3 or IC 12-24-2-2.

(7) IC 12-30-2-15.

[Pre-1992 Revision Citation: 12-1-22-5.1(a).]

As added by P.L.2-1992, SEC.1. Amended by P.L.35-2016, SEC.4.

IC 12-7-2-60 "Destitute child"

Sec. 60. (a) "Destitute child", for purposes of the statutes listed in subsection (b), means an individual:

(1) who is needy;

(2) who is not a public ward;

(3) who is less than eighteen (18) years of age;

(4) who has been deprived of parental support or care because of a parent's:

(A) death;
(B) continued absence from the home; or
(C) physical or mental incapacity; and
(5) whose relatives liable for the individual's support are not able to provide adequate care or support for the individual without public assistance; and
(6) who is in need of foster care, under circumstances that do not require the individual to be made a public ward.
(b) This section applies to the following statutes:
(1) IC 12-13.
(2) IC 12-14.
(3) IC 12-15.
(4) IC 12-19.
[Pre-1992 Revision Citation: 12-1-10-10(a).]
As added by P.L.2-1992, SEC.1. Amended by P.L.145-2006, SEC.46.

IC 12-7-2-61 "Developmental disability"
Sec. 61. (a) Except as provided in subsection (b), "developmental disability" means a severe, chronic disability of an individual that meets all of the following conditions:
(1) Is attributable to:
(A) intellectual disability, cerebral palsy, epilepsy, or autism; or
(B) any other condition (other than a sole diagnosis of mental illness) found to be closely related to intellectual disability, because this condition results in similar impairment of general intellectual functioning or adaptive behavior or requires treatment or services similar to those required for a person with an intellectual disability.
(2) Is manifested before the individual is twenty-two (22) years of age.
(3) Is likely to continue indefinitely.
(4) Results in substantial functional limitations in at least three (3) of the following areas of major life activities:
(A) Self-care.
(B) Understanding and use of language.
(C) Learning.
(D) Mobility.
(E) Self-direction.
(F) Capacity for independent living.
(G) Economic self-sufficiency.
(b) The definition in subsection (a) does not apply and may not affect services provided to an individual receiving:
(1) home and community based Medicaid waiver; or
(2) ICF/IID;
services through the division on June 30, 2011.
[Pre-1992 Revision Citations: 4-28-1-7; 4-28-21-1 part; 12-1-23-3; 16-13-2-1(a); 16-13-4.5-2; 16-13-19-2.]
As added by P.L.2-1992, SEC.1. Amended by P.L.23-1993, SEC.37; P.L.229-2011, SEC.107; P.L.35-2016, SEC.5.

IC 12-7-2-62 Repealed
[Pre-1992 Revision Citations: 4-28-22-2; 4-28-26-1.]
As added by P.L.2-1992, SEC.1. Amended by P.L.272-1999, SEC.16. Repealed by P.L.99-2007, SEC.224.

IC 12-7-2-63 Repealed
[Pre-1992 Revision Citation: 4-28-10-28(b).]

As added by P.L.2-1992, SEC.1. Repealed by P.L.272-1999, SEC.66.

IC 12-7-2-63.5 "Direct support professional"

Sec. 63.5. "Direct support professional", for purposes of IC 12-11-16, has the meaning set forth in IC 12-11-16-1.

As added by P.L.228-2023, SEC.1.

IC 12-7-2-64 "Director"

Sec. 64. "Director" refers to the following:

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

(2) With respect to a particular state institution, the director who has administrative control of and responsibility for the state institution.

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

(4) For purposes of IC 12-25, the term refers to the director of the division of mental health and addiction.

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

(A) refers to the director who has administrative control of and responsibility for the appropriate state institution; and

(B) includes the director's designee.

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

[Pre-1992 Revision Citations: 4-28-1-3; 4-28-17-2; 12-1-1-1(c); 12-6-8-1; 16-13-6.1-2; 16-14-1-1(3); 16-14-9.1-1(f); 16-14-18.1-1.]

As added by P.L.2-1992, SEC.1. Amended by P.L.73-1998, SEC.1; P.L.215-2001, SEC.25; P.L.2-2005, SEC.45; P.L.234-2005, SEC.13; P.L.141-2006, SEC.16; P.L.145-2006, SEC.47; P.L.1-2007, SEC.107; P.L.146-2008, SEC.379; P.L.110-2010, SEC.17; P.L.149-2016, SEC.42.

IC 12-7-2-65 Repealed

[Pre-1992 Revision Citation: 4-28-6.1-4.]

As added by P.L.2-1992, SEC.1. Repealed by P.L.99-2007, SEC.224.

IC 12-7-2-66 Repealed

[Pre-1992 Revision Citation: 12-1-7.1-1 part.]

As added by P.L.2-1992, SEC.1. Repealed by P.L.99-2007, SEC.224.

IC 12-7-2-67 "Discharge"

Sec. 67. "Discharge", for purposes of IC 12-26, means the final and complete release of an individual with a mental illness from the care, treatment, training, or detention at a facility to which the individual was committed or entered voluntarily for mental illness.

[Pre-1992 Revision Citation: 16-14-9.1-1(n).]

As added by P.L.2-1992, SEC.1. Amended by P.L.99-2007, SEC.42.

IC 12-7-2-67.5 "Dispense"

Sec. 67.5. "Dispense", for purposes of IC 12-23-18-8, has the meaning set forth in IC 12-23-18-8(a).

As added by P.L.131-2014, SEC.1.

IC 12-7-2-68 "Distressed township"

Sec. 68. "Distressed township", for purposes of IC 12-20-25, has the meaning set forth in IC 12-20-25-4.

[Pre-1992 Revision Citation: 12-2-14-3.]

As added by P.L.2-1992, SEC.1.

IC 12-7-2-69 "Division"

Sec. 69. (a) "Division", except as provided in subsections (b), (c), and (d), refers to any of the following:

(1) The division of disability and rehabilitative services established by IC 12-9-1-1.

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

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

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

(b) The term refers to the following:

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

(A) IC 12-9.

(B) IC 12-11.

(C) IC 12-12.

(D) IC 12-12.7.

(E) IC 12-28-5.

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

(A) IC 12-9.1.

(B) IC 12-10.

(C) IC 12-10.5.

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

(A) IC 12-8-12.

(B) IC 12-13.

(C) IC 12-14.

(D) IC 12-15.

(E) IC 12-16.

(F) IC 12-17.2.

(G) IC 12-18.

(H) IC 12-19.

(I) IC 12-20.

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

(A) IC 12-21.

(B) IC 12-22.

(C) IC 12-23.

(D) IC 12-25.

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

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

[Pre-1992 Revision Citations: subsection (a) formerly 12-6-1-3; subdivision (b)(1) formerly 4-28-1-2; 4-28-17-3; 12-6-6-7(a); subdivision (b)(2) formerly 12-1-1-1(a); 12-1-6.1-1(d); 12-3-2-3.2; 12-3-24-1; 12-3-29-2; 12-3-30-4; 12-5-7-1; 12-6-6-8(a); subdivision (b)(3) formerly 12-6-6-6(a); 16-13-1-2.2; 16-13-6.1-2; 16-13-23-1; 16-14-1.3-2; 16-14-10-1; subsection (c) formerly 16-14-18.1-1; 16-14-9.1-1(e); subsection (d) formerly 16-14-1-1(2); 16-14-9.1-1(e).]

As added by P.L.2-1992, SEC.1. Amended by P.L.20-1992, SEC.15; P.L.81-1992, SEC.15; P.L.1-1993, SEC.82; P.L.4-1993, SEC.23; P.L.5-1993, SEC.36; P.L.1-1994, SEC.50; P.L.40-1994, SEC.12; P.L.215-2001, SEC.26; P.L.283-2001, SEC.10; P.L.1-2002, SEC.50; P.L.255-2003, SEC.9; P.L.243-2003, SEC.2; P.L.234-2005, SEC.14; P.L.93-2006, SEC.5; P.L.141-2006, SEC.17; P.L.1-2007, SEC.108; P.L.229-2011, SEC.108; P.L.6-2012, SEC.82; P.L.13-2013, SEC.43; P.L.85-2017, SEC.47; P.L.74-2022, SEC.3; P.L.11-2023, SEC.40.

IC 12-7-2-69.5 "Domestic violence"

Sec. 69.5. "Domestic violence", for purposes of IC 12-18-8, has the meaning set forth in IC 34-6-2.1-50.

As added by P.L.181-2003, SEC.2. Amended by P.L.186-2025, SEC.96.

IC 12-7-2-69.7 "Doula"

Sec. 69.7. "Doula" means an individual who is trained and certified by a nationally recognized institution in providing emotional and physical support, but not medical or midwife care, to pregnant women before, during, and after childbirth.

As added by P.L.180-2022(ss), SEC.11.

IC 12-7-2-70 Repealed

[Pre-1992 Revision Citation: 12-3-26-1.]

As added by P.L.2-1992, SEC.1. Amended by P.L.192-2002(ss), SEC.152. Repealed by P.L.130-2009, SEC.28.

IC 12-7-2-71 "Drug"

Sec. 71. "Drug", for purposes of IC 12-23, means a drug or a controlled substance (as defined in IC 35-48-1.1).

[Pre-1992 Revision Citation: 16-13-6.1-2.]

As added by P.L.2-1992, SEC.1. Amended by P.L.186-2025, SEC.97.

IC 12-7-2-72 "Drug abuse"

Sec. 72. "Drug abuse", for purposes of IC 12-23, means:

(1) psychological or physical dependence on the effect of drugs or harmful substances; or

(2) abuse of the use of drugs or harmful substances;

that is harmful to the individual or society.

[Pre-1992 Revision Citation: 16-13-6.1-2.]

As added by P.L.2-1992, SEC.1.

IC 12-7-2-73 "Drug abuser"

Sec. 73. "Drug abuser", for purposes of IC 12-23, means an individual who:

(1) has developed a psychological or physical dependence on the effects of drugs or harmful substances; or

(2) abuses the use of drugs or harmful substances;

so that the individual or society is harmed.

[Pre-1992 Revision Citations: 16-13-1-9.3; 16-13-6.1-2.]

As added by P.L.2-1992, SEC.1.

IC 12-7-2-73.2 "Drug-disease contraindication"

Sec. 73.2. "Drug-disease contraindication", for purposes of IC 12-15-35, has the meaning set forth in IC 12-15-35-6.

As added by P.L.75-1992, SEC.6.

IC 12-7-2-73.4 "Drug-drug interaction"

Sec. 73.4. "Drug-drug interaction", for purposes of IC 12-15-35, has the meaning set forth in IC 12-15-35-7.

As added by P.L.75-1992, SEC.7.

IC 12-7-2-73.5 Repealed

As added by P.L.168-2002, SEC.3. Repealed by P.L.108-2010, SEC.10.

IC 12-7-2-73.6 "Drug utilitization review or DUR"

Sec. 73.6. "Drug utilitization review" or "DUR", for purposes of IC 12-15-35, has the meaning set forth in IC 12-15-35-8.

As added by P.L.75-1992, SEC.8.

IC 12-7-2-74 "Early intervention services"

Sec. 74. "Early intervention services", for purposes of IC 12-12.7-2, has the meaning set forth in IC 12-12.7-2-3.

[Pre-1992 Revision Citation: 12-3-30-5.]

As added by P.L.2-1992, SEC.1. Amended by P.L.21-1992, SEC.5; P.L.93-2006, SEC.6.

IC 12-7-2-74.3 "EBT card"

Sec. 74.3. "EBT card", for purposes of IC 12-13-14-15, has the meaning set forth in IC 12-13-14-15(a).

As added by P.L.197-2013, SEC.4.

IC 12-7-2-74.5 "EBT program"

Sec. 74.5. "EBT program", for purposes of IC 12-13-14, has the meaning set forth in IC 12-13-14-1.

As added by P.L.2-1997, SEC.31.

IC 12-7-2-75 Repealed

[Pre-1992 Revision Citation: 12-1-33-1.]

As added by P.L.2-1992, SEC.1. Repealed by P.L.181-2006, SEC.62.

IC 12-7-2-75.7 Repealed

As added by P.L.205-2013, SEC.173. Amended by P.L.2-2014, SEC.57. Repealed by P.L.184-2017, SEC.2.

IC 12-7-2-76 "Eligible individual"

Sec. 76. (a) "Eligible individual", for purposes of:

(1) IC 12-10-10, has the meaning set forth in IC 12-10-10-4; and

(2) IC 12-11-14, has the meaning set forth in IC 12-11-14-6.

(b) "Eligible individual" has the meaning set forth in IC 12-14-18-1.5 for purposes of the following:

(1) IC 12-10-6.

(2) IC 12-14-2.

(3) IC 12-14-18.

(4) IC 12-14-19.

(5) IC 12-15-2.

(6) IC 12-15-3.

(7) IC 12-16-3.5.

(8) IC 12-20-5.5.

[Pre-1992 Revision Citation: 4-28-6.1-5.]

As added by P.L.2-1992, SEC.1. Amended by P.L.128-1999, SEC.4; P.L.283-2001, SEC.11; P.L.120-2002, SEC.8; P.L.97-2004, SEC.47; P.L.145-2006, SEC.48; P.L.145-2014, SEC.3; P.L.12-2016, SEC.5; P.L.86-2018, SEC.154.

IC 12-7-2-76.1 "Emergency medical services"

Sec. 76.1. "Emergency medical services", for purposes of IC 12-15-5-18.5, has the meaning set forth in IC 16-18-2-110.

As added by P.L.115-2020, SEC.2.

IC 12-7-2-76.2 Repealed

As added by P.L.205-2013, SEC.174. Amended by P.L.2-2014, SEC.58. Repealed by P.L.184-2017, SEC.3.

IC 12-7-2-76.3 Repealed

As added by P.L.205-2013, SEC.175. Amended by P.L.2-2014, SEC.59. Repealed by P.L.184-2017, SEC.4.

IC 12-7-2-76.5 "Emergency"

Sec. 76.5. (a) "Emergency", for purposes of IC 12-20, means an unpredictable circumstance or a series of unpredictable circumstances that:

(1) place the health or safety of a household or a member of a household in jeopardy; and

(2) cannot be remedied in a timely manner by means other than township assistance.

(b) "Emergency", for purposes of IC 12-17.6, has the meaning set forth in IC 12-17.6-1-2.6.

As added by P.L.51-1996, SEC.6. Amended by P.L.95-2000, SEC.1; P.L.283-2001, SEC.12; P.L.255-2003, SEC.10.

IC 12-7-2-76.6 "Emergency medical condition"

Sec. 76.6. "Emergency medical condition", for purposes of IC 12-15-12, has the meaning set forth in IC 12-15-12-0.3.

As added by P.L.223-2001, SEC.1.

IC 12-7-2-76.7 Repealed

As added by P.L.34-2001, SEC.2. Amended by P.L.70-2004, SEC.3. Repealed by P.L.145-2006, SEC.376.

IC 12-7-2-76.8 "Employed; employee; employment; employs"

Sec. 76.8. (a) "Employed", "employee", "employment", or "employs", for purposes of IC 12-17.2-3.5, has the meaning set forth in IC 12-17.2-3.5-1.3.

(b) "Employee", for purposes of IC 12-23-23, has the meaning set forth in IC 12-23-23-1.

As added by P.L.18-2003, SEC.3. Amended by P.L.195-2018, SEC.1.

IC 12-7-2-76.9 "Emergency services"

Sec. 76.9. "Emergency services", for purposes of IC 12-15-12, has the meaning set forth in IC 12-15-12-0.5.

As added by P.L.223-2001, SEC.2.

IC 12-7-2-77 Endangered adult

Sec. 77. "Endangered adult", for purposes of IC 12-8-1.5-18 and IC 12-10-3, has the meaning set forth in IC 12-10-3-2.

[Pre-1992 Revision Citation: 4-28-5-2.]

As added by P.L.2-1992, SEC.1. Amended by P.L.34-2016, SEC.1.

IC 12-7-2-77.1 "Endangered adult medical alert"

Sec. 77.1. "Endangered adult medical alert" means an alert indicating that law enforcement officials are searching for a missing endangered adult.

As added by P.L.210-2015, SEC.4.

IC 12-7-2-77.2 "Enforcement action"

Sec. 77.2. "Enforcement action", for purposes of IC 12-17.2, refers to the following:

(1) Revocation or decertification of eligibility for a voucher payment under

IC 12-17.2-3.5.

(2) Denial, suspension, or revocation of a:

(A) license under IC 12-17.2-4 or IC 12-17.2-5; or

(B) registration under IC 12-17.2-6.

As added by P.L.225-2013, SEC.2. Amended by P.L.53-2018, SEC.2.

IC 12-7-2-77.5 "Estate"

Sec. 77.5. "Estate", for purposes of IC 12-15-9, has the meaning set forth in IC 12-15-9-0.5.

As added by P.L.152-1995, SEC.1.

IC 12-7-2-78 Repealed

[1992 Revision Citation: New.]

As added by P.L.2-1992, SEC.1. Repealed by P.L.40-1994, SEC.83.

IC 12-7-2-78.5 "Essential person"

Sec. 78.5. "Essential person", for purposes of IC 12-14, has the meaning set forth in IC 12-14-2-0.5.

As added by P.L.46-1995, SEC.3.

IC 12-7-2-79 "Executive authority"

Sec. 79. "Executive authority", for purposes of IC 12-28-3, has the meaning set forth in IC 12-28-3-3.

[Pre-1992 Revision Citation: 16-13-9-2.]

As added by P.L.2-1992, SEC.1.

IC 12-7-2-80 Repealed

[Pre-1992 Revision Citation: 12-3-2-3.5(a).]

As added by P.L.2-1992, SEC.1. Repealed by P.L.20-1992, SEC.47.

IC 12-7-2-81 "Expenses and obligations"

Sec. 81. (a) "Expenses and obligations", for purposes of the statutes listed in subsection (b), refer to expenses, obligations, assistance, and claims:

(1) of a county office;

(2) incurred in the administration of the welfare services of the county;

(3) incurred as provided by law; and

(4) for:

(A) assistance for aged persons in need;

(B) assistance to dependent children; and

(C) other assistance or services that a county office is authorized by law to allow.

(b) This section applies to the following statutes:

(1) IC 12-13.

(2) IC 12-14.

(3) IC 12-15.

(4) IC 12-19.

[Pre-1992 Revision Citation: 12-1-11-14.]

As added by P.L.2-1992, SEC.1. Amended by P.L.4-1993, SEC.24; P.L.5-1993, SEC.37; P.L.145-2006, SEC.49.

IC 12-7-2-82 "Facility"

Sec. 82. "Facility" means the following:

(1) For purposes of IC 12-17-12, the meaning set forth in IC 12-17-12-3.

(2) For purposes of IC 12-17-13, the meaning set forth in IC 12-17-13-2.

(3) For purposes of IC 12-26, a hospital, a health and hospital corporation established under IC 16-22-8, a psychiatric hospital, a community mental health center, another institution, a program, a managed care provider, or a child caring institution:

(A) where an individual with a mental illness can receive rehabilitative treatment, or habilitation and care, in the least restrictive environment suitable for the necessary care, treatment, and protection of the individual and others; and

(B) that has adequate space and treatment staff appropriate to the needs of the individual as determined by the superintendent of the facility.

The term includes all services, programs, and centers of the facility, wherever located.

(4) For purposes of IC 12-15-32, the meaning set forth in IC 12-15-32-1.

[Pre-1992 Revision Citations: subdivision (1) formerly 12-3-29-4; subdivision (2) formerly 4-28-6.2-2; subdivision (3) formerly 16-14-9.1-1(i); subdivision (4) formerly 12-1-7.3-1 part.]

As added by P.L.2-1992, SEC.1. Amended by P.L.62-1993, SEC.2; P.L.40-1994, SEC.13; P.L.99-2007, SEC.43; P.L.194-2007, SEC.2.

IC 12-7-2-82.2 "Family or household member"

Sec. 82.2. "Family or household member", for purposes of IC 12-18-8, has the meaning set forth in IC 12-18-8-3.

As added by P.L.181-2003, SEC.3.

IC 12-7-2-82.3 Repealed

As added by P.L.74-1994, SEC.2. Repealed by P.L.138-2007, SEC.93.

IC 12-7-2-82.4 Repealed

As added by P.L.160-2011, SEC.2. Amended by P.L.6-2012, SEC.83. Repealed by P.L.85-2017, SEC.48.

IC 12-7-2-82.5 Repealed

As added by P.L.137-1993, SEC.1. Amended by P.L.272-1999, SEC.17. Repealed by P.L.130-2018, SEC.40.

IC 12-7-2-82.7 "Federal act"

Sec. 82.7. "Federal act", for purposes of IC 12-12-8, has the meaning set forth in IC 12-12-8-3.2.

As added by P.L.217-2005, SEC.3.

IC 12-7-2-83 "Federal department"

Sec. 83. "Federal department", for purposes of IC 12-26-9, has the meaning set forth in IC 12-26-9-1.

[1992 Revision Citation: New.]

As added by P.L.2-1992, SEC.1.

IC 12-7-2-84 "Federal facility"

Sec. 84. "Federal facility", for purposes of IC 12-26-9, has the meaning set forth in IC 12-26-9-2.

[1992 Revision Citation: New.]

As added by P.L.2-1992, SEC.1.

IC 12-7-2-85 "Federal income poverty level"

Sec. 85. "Federal income poverty level", for purposes of IC 12-15-2, has the meaning set forth in IC 12-15-2-1.

[Pre-1992 Revision Citations: 12-1-7-55(a); 12-1-7-56(a) part.]

As added by P.L.2-1992, SEC.1.

IC 12-7-2-85.1 Repealed

As added by P.L.160-2011, SEC.3. Amended by P.L.6-2012, SEC.84. Repealed by P.L.85-2017, SEC.49.

IC 12-7-2-85.2 Repealed

As added by P.L.181-2003, SEC.4. Repealed by P.L.258-2017, SEC.2.

IC 12-7-2-85.3 "Financial institution"

Sec. 85.3. "Financial institution", for purposes of IC 12-13-14, has the meaning set forth in IC 12-13-14-1.

As added by P.L.257-1997(ss), SEC.3. Amended by P.L.145-2006, SEC.50.

IC 12-7-2-85.4 "Federal public benefit"

Sec. 85.4. "Federal public benefit", for purposes of IC 12-32-1, has the meaning set forth in IC 12-32-1-2.

As added by P.L.171-2011, SEC.10.

IC 12-7-2-85.5 Repealed

As added by P.L.42-1995, SEC.6. Repealed by P.L.108-1997, SEC.10.

IC 12-7-2-86 "Fiscal body"

Sec. 86. "Fiscal body", for purposes of IC 12-20, has the meaning set forth in IC 36-1-2-6.

[1992 Revision Citation: New.]

As added by P.L.2-1992, SEC.1.

IC 12-7-2-87 "Flight or fled"

Sec. 87. "Flight" or "fled", for purposes of IC 12-28-3, has the meaning set forth in IC 12-28-3-1.

[Pre-1992 Revision Citation: 16-13-9-2.]

As added by P.L.2-1992, SEC.1.

IC 12-7-2-87.8 "Food retailer"

Sec. 87.8. "Food retailer", for purposes of IC 12-13-14, has the meaning set forth in IC 12-13-14-1(f).

As added by P.L.257-1997(ss), SEC.4. Amended by P.L.210-2015, SEC.5.

IC 12-7-2-88 "Forcible felony"

Sec. 88. "Forcible felony", for purposes of IC 12-23, has the meaning set forth in IC 35-31.5-2-138.

[Pre-1992 Revision Citation: 16-13-6.1-2.]

As added by P.L.2-1992, SEC.1. Amended by P.L.114-2012, SEC.30.

IC 12-7-2-89 "Foster care"

Sec. 89. (a) "Foster care", for purposes of the statutes listed in subsection (b), means living in a place licensed under IC 31-27.

(b) This section applies to the following statutes:

(1) IC 12-13.

(2) IC 12-14.

(3) IC 12-15.

(4) IC 12-19.

[Pre-1992 Revision Citation: 12-1-10-10(b).]

As added by P.L.2-1992, SEC.1. Amended by P.L.81-1992, SEC.16; P.L.1-1993, SEC.83; P.L.145-2006, SEC.51.

IC 12-7-2-90 Repealed

[Pre-1992 Revision Citation: 12-3-2-3.6.]

As added by P.L.2-1992, SEC.1. Amended by P.L.20-1992, SEC.16; P.L.81-1992, SEC.17; P.L.1-1993, SEC.84; P.L.61-1993, SEC.4. Repealed by P.L.145-2006, SEC.376.

IC 12-7-2-90.5 "Functional eligibility assessment"

Sec. 90.5. "Functional eligibility assessment", for purposes of IC 12-10-11.5-4.5, has the meaning set forth in IC 12-10-11.5-4.5(a).

As added by P.L.149-2023, SEC.5.

IC 12-7-2-90.7 "Functional eligibility determination"

Sec. 90.7. "Functional eligibility determination", for purposes of IC 12-10-11.5-4.5, has the meaning set forth in IC 12-10-11.5-4.5(b).

As added by P.L.149-2023, SEC.6.

IC 12-7-2-91 "Fund"

Sec. 91. "Fund" means the following:

(1) For purposes of IC 12-12-1-9, the fund described in IC 12-12-1-9.
(2) For purposes of IC 12-15-20, the meaning set forth in IC 12-15-20-1.
(3) For purposes of IC 12-17-12, the meaning set forth in IC 12-17-12-4.
(4) For purposes of IC 12-17.2-7.2, the meaning set forth in IC 12-17.2-7.2-4.7.
(5) For purposes of IC 12-17.6, the meaning set forth in IC 12-17.6-1-3.
(6) For purposes of IC 12-21-9, the meaning set forth in IC 12-21-9-1.
(7) For purposes of IC 12-23-2, the meaning set forth in IC 12-23-2-1.
(8) For purposes of IC 12-23-18, the meaning set forth in IC 12-23-18-4.
(9) For purposes of IC 12-24-6, the meaning set forth in IC 12-24-6-1.
(10) For purposes of IC 12-24-14, the meaning set forth in IC 12-24-14-1.
(11) For purposes of IC 12-30-7, the meaning set forth in IC 12-30-7-3.

[Pre-1992 Revision Citations: subdivision (1) formerly 4-28-10-23(b); subdivision (2) formerly 12-1-12-12.5; subdivision (3) formerly 12-1-7-61(a) part; subdivision (4) formerly 12-3-29-5; subdivision (5) formerly 12-3-25-1(a); subdivision (6) formerly 12-3-26-4(a); subdivision (7) formerly 12-3-27-1 part; subdivision (8) formerly 12-1-11-1; subdivision (9) formerly 12-1-11.1-1 part; 1992 Revision Citation: subdivision (10) New; subdivision (11) New; subdivision (12) New; subdivision (13) formerly 12-4-6-7.]

As added by P.L.2-1992, SEC.1. Amended by P.L.36-1994, SEC.12; P.L.91-1996, SEC.3; P.L.273-1999, SEC.164; P.L.273-1999, SEC.60; P.L.14-2000, SEC.27; P.L.11-2003, SEC.1; P.L.146-2008, SEC.380; P.L.130-2009, SEC.16; P.L.205-2013, SEC.176; P.L.2-2014, SEC.60; P.L.184-2017, SEC.5; P.L.246-2023, SEC.2; P.L.152-2024, SEC.1.

IC 12-7-2-91.4 "Gatekeeper"

Sec. 91.4. "Gatekeeper", for purposes of IC 12-24, IC 12-25, and IC 12-26, means an entity identified in IC 12-24-12-10 that is actively involved in the evaluation and planning of and treatment for a committed individual beginning after the commitment through the planning of the individual's transition back into the community, including case management services for the individual in the community.

As added by P.L.6-1995, SEC.3. Amended by P.L.108-1996, SEC.1.

IC 12-7-2-92 "Governmental entity"

Sec. 92. "Governmental entity", for purposes of IC 12-10-3, has the meaning set forth in IC 12-10-3-3.

[Pre-1992 Revision Citation: 4-28-5-3.]

As added by P.L.2-1992, SEC.1.

IC 12-7-2-93 "Governor"

Sec. 93. "Governor", for purposes of IC 12-28-3, has the meaning set forth in IC 12-28-3-3.

[Pre-1992 Revision Citation: 16-13-9-2.]

As added by P.L.2-1992, SEC.1.

IC 12-7-2-93.7 Repealed

As added by P.L.205-2013, SEC.177. Amended by P.L.2-2014, SEC.61. Repealed by P.L.184-2017, SEC.6.

IC 12-7-2-94 "Grantee agency"

Sec. 94. "Grantee agency", for purposes of IC 12-8-10, has the meaning set forth in IC 12-8-10-2.

[Pre-1992 Revision Citation: 4-28-1-4.]

As added by P.L.2-1992, SEC.1.

IC 12-7-2-95 "Grant-in-aid"

Sec. 95. (a) "Grant-in-aid", for purposes of the statutes listed in subsection (b), means any money paid by the federal government to the state or any money paid by the state to a county for the purpose of defraying any of the expenses, claims, allowances, assistance, or obligations authorized by this title.

(b) This section applies to the following statutes:

(1) IC 12-13.

(2) IC 12-14.

(3) IC 12-15.

(4) IC 12-19.

[Pre-1992 Revision Citation: 12-1-1-1(g).]

As added by P.L.2-1992, SEC.1. Amended by P.L.145-2006, SEC.52.

IC 12-7-2-96 "Gravely disabled"

Sec. 96. "Gravely disabled", for purposes of IC 12-26, means a condition in which an individual, as a result of mental illness, is in danger of coming to harm because the individual:

(1) is unable to provide for that individual's food, clothing, shelter, or other essential human needs; or

(2) has a substantial impairment or an obvious deterioration of that individual's judgment, reasoning, or behavior that results in the individual's inability to function independently.

[Pre-1992 Revision Citation: 16-14-9.1-1(b).]

As added by P.L.2-1992, SEC.1.

IC 12-7-2-97 Repealed

[Pre-1992 Revision Citation: 12-1-7-17.7(a)(1).]

As added by P.L.2-1992, SEC.1. Repealed by P.L.27-1992, SEC.30.

IC 12-7-2-98 "Group"

Sec. 98. "Group", for purposes of IC 12-8-10, has the meaning set forth in IC 12-8-10-3.

[Pre-1992 Revision Citation: 4-28-12-1.]

As added by P.L.2-1992, SEC.1.

IC 12-7-2-98.2 "Group size"

Sec. 98.2. "Group size", for purposes of IC 12-17.2-3.5, means the number of children who routinely work, learn, eat, sleep, and play together inside and outside a facility where

a provider operates a child care program.
As added by P.L.171-2014, SEC.1.

IC 12-7-2-98.5 Repealed
As added by P.L.20-1992, SEC.17 and P.L.81-1992, SEC.18. Amended by P.L.1-1993, SEC.85. Repealed by P.L.145-2006, SEC.376.

IC 12-7-2-98.6 "Guidelines"
Sec. 98.6. "Guidelines", for purposes of IC 12-23-23, has the meaning set forth in IC 12-23-23-2.
As added by P.L.195-2018, SEC.2.

IC 12-7-2-99 "A person with a disability"
Sec. 99. "A person with a disability" means, for purposes of the following statutes, an individual who has a physical or mental disability and meets the program eligibility requirements of the division of disability and rehabilitative services:
(1) IC 12-8-1.5-10.
(2) IC 12-12-1.
(3) IC 12-12-6.
[Pre-1992 Revision Citations: subdivision (1) formerly 4-28-10-4; subdivision (2) formerly 16-7-15-2(a).]
As added by P.L.2-1992, SEC.1. Amended by P.L.138-1993, SEC.1; P.L.23-1993, SEC.38; P.L.4-1993, SEC.25; P.L.5-1993, SEC.38; P.L.272-1999, SEC.18; P.L.141-2006, SEC.18; P.L.160-2012, SEC.9.

IC 12-7-2-100 Repealed
[Pre-1992 Revision Citation: 12-3-30-6.]
As added by P.L.2-1992, SEC.1. Repealed by P.L.21-1992, SEC.16.

IC 12-7-2-101 "Harmful substance"
Sec. 101. "Harmful substance", for purposes of IC 12-23, means any substance used by an individual to produce the effect of a controlled substance, although the substance is not classified as a controlled substance under IC 35-48.
[Pre-1992 Revision Citation: 16-13-6.1-2.]
As added by P.L.2-1992, SEC.1.

IC 12-7-2-102 Repealed
[Pre-1992 Revision Citation: 16-13-6.1-12.5.]
As added by P.L.2-1992, SEC.1. Repealed by P.L.40-1994, SEC.83.

IC 12-7-2-103 "Health facility"
Sec. 103. "Health facility", for purposes of IC 12-10-5.5, has the meaning set forth in IC 12-10-5.5-2.
[Pre-1992 Revision Citations: subdivision (1) formerly 12-1-22-1; subdivision (2) formerly 16-10-4.5-5.]
As added by P.L.2-1992, SEC.1. Amended by P.L.139-1993, SEC.1; P.L.106-1997, SEC.2; P.L.32-2021, SEC.25.

IC 12-7-2-103.3 "Health maintenance organization"
Sec. 103.3. "Health maintenance organization", for purposes of IC 12-15-39.6, has the meaning set forth in IC 27-13-1-19.
As added by P.L.97-2004, SEC.48.

IC 12-7-2-103.5 "Health related services"

Sec. 103.5. "Health related services":

(1) for purposes of IC 12-10-15, has the meaning set forth in IC 12-10-15-2; and

(2) for purposes of IC 12-10-17.1, has the meaning set forth in IC 12-10-17.1-5.

As added by P.L.73-1998, SEC.2. Amended by P.L.255-2001, SEC.4; P.L.141-2006, SEC.19.

IC 12-7-2-104 Repealed

[Pre-1992 Revision Citation: 12-1-7-4(b).]

As added by P.L.2-1992, SEC.1. Amended by P.L.149-1995, SEC.2. Repealed by P.L.1-2007, SEC.248.

IC 12-7-2-104.5 "Holocaust victim's settlement payment"

Sec. 104.5. "Holocaust victim's settlement payment" has the meaning set forth in IC 12-14-18-1.7 for purposes of the following:

(1) IC 12-10-6.

(2) IC 12-14-2.

(3) IC 12-14-18.

(4) IC 12-14-19.

(5) IC 12-15-2.

(6) IC 12-15-3.

(7) IC 12-16-3.5.

(8) IC 12-20-5.5.

As added by P.L.128-1999, SEC.5. Amended by P.L.283-2001, SEC.13; P.L.120-2002, SEC.9; P.L.97-2004, SEC.49; P.L.145-2006, SEC.53.

IC 12-7-2-105 Repealed

[Pre-1992 Revision Citation: 16-10-4.5-6.]

As added by P.L.2-1992, SEC.1. Repealed by P.L.168-2018, SEC.1.

IC 12-7-2-106 Repealed

[Pre-1992 Revision Citation: 12-1-33-2.]

As added by P.L.2-1992, SEC.1. Repealed by P.L.181-2006, SEC.62.

IC 12-7-2-107 Repealed

[Pre-1992 Revision Citation: 12-1-33-3.]

As added by P.L.2-1992, SEC.1. Repealed by P.L.181-2006, SEC.62.

IC 12-7-2-107.7 "Home and community based services waiver"

Sec. 107.7. "Home and community based services waiver", for purposes of IC 12-8-1.6, has the meaning set forth in IC 12-8-1.6-2.

As added by P.L.174-2025, SEC.6.

IC 12-7-2-108 "Home health agency"

Sec. 108. "Home health agency", for purposes of IC 12-15-34, has the meaning set forth in IC 12-15-34-1.

[Pre-1992 Revision Citation: 12-1-7.5-1(a) part.]

As added by P.L.2-1992, SEC.1.

IC 12-7-2-109 "Home health services"

Sec. 109. "Home health services", for purposes of IC 12-15-34, has the meaning set forth in IC 12-15-34-2.

[Pre-1992 Revision Citation: 12-1-7.5-1(b).]

As added by P.L.2-1992, SEC.1.

IC 12-7-2-109.5 "Hospice"

Sec. 109.5. "Hospice", for purposes of IC 12-15-40, has the meaning set forth in IC 12-15-40-2.

As added by P.L.24-1997, SEC.8.

IC 12-7-2-109.6 "Hospice program"

Sec. 109.6. "Hospice program", for purposes of IC 12-15-40, has the meaning set forth in IC 12-15-40-3.

As added by P.L.24-1997, SEC.9.

IC 12-7-2-109.7 "Hospice program patient"

Sec. 109.7. "Hospice program patient", for purposes of IC 12-15-40, has the meaning set forth in IC 12-15-40-4.

As added by P.L.24-1997, SEC.10.

IC 12-7-2-109.8 "Hospice services"

Sec. 109.8. "Hospice services", for purposes of IC 12-15-5 and IC 12-15-40, has the meaning set forth in IC 12-15-40-5.

As added by P.L.24-1997, SEC.11.

IC 12-7-2-110 "Hospital"

Sec. 110. "Hospital" means the following:

(1) For purposes of IC 12-15-11.5, the meaning set forth in IC 12-15-11.5-1.

(2) For purposes of IC 12-15-18, the meaning set forth in IC 12-15-18-2.

(3) For purposes of IC 12-16, except IC 12-16-1, the term refers to a hospital licensed under IC 16-21.

[Pre-1992 Revision Citations: subdivision (1) formerly 12-1-7-17.7(a)(2); subdivision (2) formerly 12-5-6-1.]

As added by P.L.2-1992, SEC.1. Amended by P.L.2-1993, SEC.75; P.L.142-2000, SEC.1; P.L.283-2001, SEC.14; P.L.120-2002, SEC.10; P.L.255-2003, SEC.11.

IC 12-7-2-110.5 "Household"

Sec. 110.5. "Household", for purposes of IC 12-20, means any of the following:

(1) An individual living alone.

(2) A family related by blood.

(3) A group of individuals living together at one (1) residence as a domestic unit with mutual economic dependency.

As added by P.L.51-1996, SEC.7.

IC 12-7-2-110.7 "Housing with services establishment"

Sec. 110.7. "Housing with services establishment", for purposes of IC 12-10-5.5, IC 12-10-11.5, and IC 12-10-15, has the meaning set forth in IC 12-10-15-3.

As added by P.L.73-1998, SEC.3. Amended by P.L.173-2018, SEC.1; P.L.48-2021, SEC.1.

IC 12-7-2-111 "Immediate family"

Sec. 111. (a) "Immediate family", for purposes of the statutes listed in subsection (b), means the following:

(1) If a Medicaid applicant is married, the applicant's spouse and dependent children less than twenty-one (21) years of age.

(2) If a Medicaid applicant is not married, the following:

(A) If the applicant is divorced, the parent having custody.

(B) If the applicant is less than twenty-one (21) years of age:

(i) the parent having custody; and

(ii) the dependent children less than twenty-one (21) years of age of the parent or parents.

(C) If clauses (A) and (B) do not apply, the applicant's parents.

(b) This section applies to the following statutes:

(1) IC 12-14-1 through IC 12-14-8.

(2) IC 12-15, except IC 12-15-32, IC 12-15-33, and IC 12-15-34.

[Pre-1992 Revision Citation: 12-1-7-14.1.]

As added by P.L.2-1992, SEC.1. Amended by P.L.273-1999, SEC.75; P.L.10-2019, SEC.52.

IC 12-7-2-112 "Incapacitated"

Sec. 112. "Incapacitated", for purposes of IC 12-23, means having been judged incapacitated under IC 29-3 by a court.

[Pre-1992 Revision Citation: 16-13-6.1-2 part.]

As added by P.L.2-1992, SEC.1.

IC 12-7-2-113 "Incapacitated by alcohol"

Sec. 113. "Incapacitated by alcohol", for purposes of IC 12-23, means that an individual, as the result of the use of alcohol, has the individual's judgment impaired and is incapable of realizing and making a rational decision with respect to the individual's need for treatment.

[Pre-1992 Revision Citation: 16-13-6.1-2 part.]

As added by P.L.2-1992, SEC.1.

IC 12-7-2-114 "Incapacitated individual"

Sec. 114. "Incapacitated individual", for purposes of IC 12-10-7, has the meaning set forth in IC 12-10-7-1.

[Pre-1992 Revision Citation: 4-28-17-4.]

As added by P.L.2-1992, SEC.1.

IC 12-7-2-115 "Indebtedness"

Sec. 115. "Indebtedness", for purposes of IC 12-20-25, has the meaning set forth in IC 12-20-25-5.

[Pre-1992 Revision Citation: 12-2-14-4.]

As added by P.L.2-1992, SEC.1.

IC 12-7-2-116 "Indigent adult"

Sec. 116. "Indigent adult", for purposes of IC 12-10-7, has the meaning set forth in IC 12-10-7-2.

[Pre-1992 Revision Citation: 4-28-17-5.]

As added by P.L.2-1992, SEC.1.

IC 12-7-2-117 Repealed

[Pre-1992 Revision Citation: 12-1-7-53(a) part.]

As added by P.L.2-1992, SEC.1. Repealed by P.L.146-2008, SEC.804.

IC 12-7-2-117.1 "Individual in need of self-directed in-home care"

Sec. 117.1. (a) "Individual in need of self-directed in-home care", for purposes of IC 12-8-1.7, has the meaning set forth in IC 12-8-1.7-2.

(b) "Individual in need of self-directed in-home care", for purposes of IC 12-10-17.1, has the meaning set forth in IC 12-10-17.1-6.

As added by P.L.255-2001, SEC.5. Amended by P.L.141-2006, SEC.20; P.L.174-2025, SEC.7.

IC 12-7-2-117.2 Repealed

As added by P.L.137-1993, SEC.2. Repealed by P.L.272-1999, SEC.66.

IC 12-7-2-117.3 "Individual with a disability"; "individual with a significant disability"

Sec. 117.3. (a) "Individual with a disability", for purposes of IC 12-12-8, has the meaning set forth in IC 12-12-8-3.4.

(b) "Individual with a disability", for purposes of IC 12-10-10, has the meaning set forth in IC 12-10-10-3.

(c) "Individual with a significant disability", for purposes of IC 12-12-8, has the meaning set forth in IC 12-12-8-3.6.

As added by P.L.217-2005, SEC.4. Amended by P.L.99-2007, SEC.44.

IC 12-7-2-117.4 Repealed

As added by P.L.21-1992, SEC.6. Amended by P.L.93-2006, SEC.7. Repealed by P.L.99-2007, SEC.224.

IC 12-7-2-117.6 "Individual with a mental illness"

Sec. 117.6. "Individual with a mental illness", for purposes of IC 12-21-2 and IC 12-24-17, means an individual who:

(1) has a psychiatric disorder that substantially impairs the individual's mental health; and

(2) requires care, treatment, training, or detention:

(A) because of the psychiatric disorder; or

(B) for the welfare of the individual or others of the community in which the individual resides.

As added by P.L.99-2007, SEC.45. Amended by P.L.143-2011, SEC.6.

IC 12-7-2-117.8 "Infants and toddlers with disabilities"

Sec. 117.8. "Infants and toddlers with disabilities", for purposes of IC 12-12.7-2, has the meaning set forth in IC 12-12.7-2-4.

As added by P.L.99-2007, SEC.46.

IC 12-7-2-118 Repealed

[Pre-1992 Revision Citation: 12-5-6-6.5(c).]

As added by P.L.2-1992, SEC.1. Repealed by P.L.283-2001, SEC.40.

IC 12-7-2-118.3 Repealed

As added by P.L.134-2008, SEC.4. Repealed by P.L.138-2014, SEC.1.

IC 12-7-2-118.5 Repealed

As added by P.L.120-2002, SEC.11. Repealed by P.L.1-2010, SEC.156.

IC 12-7-2-118.8 "Institution"

Sec. 118.8. "Institution", for purposes of IC 12-10-11.5, has the meaning set forth in IC 12-10-11.5-1.

As added by P.L.274-2003, SEC.3.

IC 12-7-2-119 Repealed

[Pre-1992 Revision Citation: 12-1-7-14.4(7).]

As added by P.L.2-1992, SEC.1. Repealed by P.L.210-2015, SEC.6.

IC 12-7-2-119.5 "Institutional provider"

Sec. 119.5. "Institutional provider", for purposes of IC 12-15-13-4, has the meaning set

forth in IC 12-15-13-4(a).
As added by P.L.229-2011, SEC.109.

IC 12-7-2-120 "Insurer"

Sec. 120. (a) "Insurer", for purposes of the statutes listed in subsection (b), means an insurance company, a health maintenance organization (as defined in IC 27-13-1-19), a self-funded employee benefit plan, a pension fund, a retirement system, or a similar entity that:

(1) does business in Indiana; and

(2) is under an obligation to make payments for medical services as a result of injury, illness, or disease suffered by an individual.

(b) This section applies to the following statutes:

(1) IC 12-14-1 through IC 12-14-8.

(2) IC 12-15, except IC 12-15-32, IC 12-15-33, and IC 12-15-34.

[Pre-1992 Revision Citation: 12-1-7-14.2.]

As added by P.L.2-1992, SEC.1. Amended by P.L.26-1994, SEC.2; P.L.273-1999, SEC.76; P.L.10-2019, SEC.53.

IC 12-7-2-120.5 "Interim period"

Sec. 120.5. "Interim period", for purposes of IC 12-20-27, has the meaning set forth in IC 12-20-27-1.5.
As added by P.L.51-1996, SEC.8.

IC 12-7-2-121 Repealed

[Pre-1992 Revision Citation: 12-3-26-1.]
As added by P.L.2-1992, SEC.1. Repealed by P.L.1-1993, SEC.86.

IC 12-7-2-121.5 "Intervention"

Sec. 121.5. "Intervention", for purposes of IC 12-15-35, has the meaning set forth in IC 12-15-35-9.
As added by P.L.75-1992, SEC.9.

IC 12-7-2-122 "Intoxicated"

Sec. 122. "Intoxicated", for purposes of IC 12-23, means the state of an individual in which the individual's mental or physical functioning is substantially impaired as a result of the use of alcohol, drugs, or harmful substances.

[Pre-1992 Revision Citation: 16-13-6.1-2.]
As added by P.L.2-1992, SEC.1.

IC 12-7-2-122.3 "Knew or know"

Sec. 122.3. "Knew" or "know", for purposes of IC 12-15-23, means that a person, regarding information:

(1) has actual knowledge of information;

(2) acts in deliberate ignorance of the truth or falsity of the information; or

(3) acts in reckless disregard of the truth or falsity of the information.

As added by P.L.79-2007, SEC.2.

IC 12-7-2-122.4 "Legal assistance developer"

Sec. 122.4. "Legal assistance developer", for purposes of IC 12-10-13, has the meaning set forth in IC 12-10-13-3.2.
As added by P.L.168-2018, SEC.2.

IC 12-7-2-122.5 "Legal representative"

Sec. 122.5. "Legal representative", for purposes of IC 12-10-13, has the meaning set forth in IC 12-10-13-3.3.
As added by P.L.139-1993, SEC.2.

IC 12-7-2-122.6 "Level of services"
Sec. 122.6. "Level of services", for purposes of IC 12-8-1.6, has the meaning set forth in IC 12-8-1.6-3.
As added by P.L.174-2025, SEC.8.

IC 12-7-2-122.9 "Licensed health professional"
Sec. 122.9. "Licensed health professional", for purposes of IC 12-10-17.1, has the meaning set forth in IC 12-10-17.1-7.
As added by P.L.255-2001, SEC.6. Amended by P.L.141-2006, SEC.21.

IC 12-7-2-123 Repealed
[Pre-1992 Revision Citation: 12-3-2-11.5(b).]
As added by P.L.2-1992, SEC.1. Repealed by P.L.20-1992, SEC.47.

IC 12-7-2-123.2 "Licensee"
Sec. 123.2. "Licensee", for the purposes of IC 12-17.2, means a person who holds a valid license issued under IC 12-17.2.
As added by P.L.20-1992, SEC.18; P.L.81-1992, SEC.19. Amended by P.L.1-1993, SEC.87; P.L.145-2006, SEC.54.

IC 12-7-2-124 "Life threatening emergency"
Sec. 124. "Life threatening emergency", for purposes of IC 12-10-3, has the meaning set forth in IC 12-10-3-4.
[Pre-1992 Revision Citation: 4-28-5-3.5.]
As added by P.L.2-1992, SEC.1.

IC 12-7-2-124.5 Repealed
As added by P.L.34-2001, SEC.3. Amended by P.L.70-2004, SEC.4. Repealed by P.L.145-2006, SEC.376.

IC 12-7-2-124.6 Repealed
As added by P.L.146-2008, SEC.381. Repealed by P.L.44-2009, SEC.36.

IC 12-7-2-124.7 "Local domestic violence fatality review team"
Sec. 124.7. "Local domestic violence fatality review team", for purposes of IC 12-18-8, has the meaning set forth in IC 12-18-8-5.
As added by P.L.181-2003, SEC.5.

IC 12-7-2-124.8 Repealed
As added by P.L.146-2008, SEC.382. Repealed by P.L.44-2009, SEC.36.

IC 12-7-2-125 "Long term care"
Sec. 125. "Long term care", for purposes of IC 12-15-39.6, has the meaning set forth in IC 12-15-39.6-1.
[Pre-1992 Revision Citation: 4-28-23-1.]
As added by P.L.2-1992, SEC.1. Amended by P.L.24-1997, SEC.12.

IC 12-7-2-125.5 "Long term care facility"
Sec. 125.5. (a) "Long term care facility", for purposes of IC 12-15-39.6, has the meaning

set forth in IC 12-15-39.6-2.

(b) "Long term care facility", for purposes of IC 12-10-13, has the meaning set forth in IC 12-10-13-3.6.

As added by P.L.139-1993, SEC.3. Amended by P.L.75-1994, SEC.1; P.L.24-1997, SEC.13.

IC 12-7-2-126 "Long term care insurance"

Sec. 126. "Long term care insurance", for purposes of IC 12-15-39.6, has the meaning set forth in IC 12-15-39.6-3.

[Pre-1992 Revision Citation: 4-28-23-2 part.]

As added by P.L.2-1992, SEC.1. Amended by P.L.24-1997, SEC.14.

IC 12-7-2-126.1 Repealed

As added by P.L.40-1994, SEC.14. Repealed by P.L.28-2012, SEC.2.

IC 12-7-2-126.3 Repealed

As added by P.L.150-1995, SEC.3. Repealed by P.L.174-2025, SEC.9.

IC 12-7-2-126.5 "Low income utilization rate"

Sec. 126.5. "Low income utilization rate", for purposes of IC 12-15-16-6, has the meaning set forth in IC 12-15-16-6(a).

As added by P.L.277-1993(ss), SEC.68.

IC 12-7-2-126.9 "Managed care organization"

Sec. 126.9. (a) Except as provided in subsection (b), "managed care organization" means a person that has a comprehensive risk contract with the office of Medicaid policy and planning under IC 12-15.

(b) "Managed care organization", for purposes of IC 12-15-12.7 and IC 12-15-13-1.8, means a person that contracts with the office of Medicaid policy and planning to provide services under a risk based managed care program for the covered population (as defined in IC 12-7-2-48.7).

As added by P.L.152-2017, SEC.2. Amended by P.L.174-2025, SEC.10.

IC 12-7-2-127 "Managed care provider"

Sec. 127. "Managed care provider", for purposes of IC 12-14-1 through IC 12-14-8 and IC 12-15 (except IC 12-15-21, IC 12-15-33, and IC 12-15-34), means either of the following:

(1) A physician licensed under IC 25-22.5 who:

(A) is primarily engaged in general practice, family practice, internal medicine, pediatric medicine, or obstetrics and gynecology; and

(B) has entered into a provider agreement for the provision of physician services under IC 12-15-11-4.

(2) A partnership, corporation, or other entity that:

(A) employs or contracts with physicians licensed under IC 25-22.5 who are primarily engaged in general practice, family practice, internal medicine, pediatric medicine, or obstetrics and gynecology; and

(B) has entered into a provider agreement for the provision of physician services under IC 12-15-11-4.

[Pre-1992 Revision Citation: 12-1-7-14.3.]

As added by P.L.2-1992, SEC.1. Amended by P.L.40-1994, SEC.15; P.L.6-1995, SEC.4; P.L.273-1999, SEC.77; P.L.215-2001, SEC.27; P.L.143-2011, SEC.7; P.L.10-2019, SEC.54.

IC 12-7-2-127.5 "Medicaid inpatient utilization rate"

Sec. 127.5. "Medicaid inpatient utilization rate", for purposes of IC 12-15-16 and IC 12-15-17-1, has the meaning set forth in IC 12-15-16-2(a).

As added by P.L.277-1993(ss), SEC.69. Amended by P.L.210-2015, SEC.7.

IC 12-7-2-128 "Medicaid program"

Sec. 128. "Medicaid program" refers to the program established under IC 12-15.

[Pre-1992 Revision Citations: 4-28-6.1-16(a); 12-1-7-14.5.]

As added by P.L.2-1992, SEC.1.

IC 12-7-2-128.5 "Medical institution"

Sec. 128.5. "Medical institution", for purposes of IC 12-15-8.5, has the meaning set forth in IC 12-15-8.5-1.

As added by P.L.178-2002, SEC.79.

IC 12-7-2-128.7 "Medication assisted treatment"

Sec. 128.7. "Medication assisted treatment" means evidence based addiction treatment that, to the extent needed by the patient, includes the following:

(1) A treatment plan that encompasses comprehensive therapy with detoxification, psychosocial support, and counseling.

(2) Access to federal Food and Drug Administration approved medications and devices that are used for the prevention of relapse and treatment of the following:

(A) Opioid dependence and with the treatment goal of opioid abstinence or the use of the lowest appropriate dose.

(B) Alcohol dependence.

As added by P.L.168-2017, SEC.1. Amended by P.L.203-2017, SEC.2.

IC 12-7-2-129 "Member"

Sec. 129. "Member", for purposes of IC 12-8-2.5, has the meaning set forth in IC 12-8-2.5-2.

[Pre-1992 Revision Citation: 12-6-3-3.]

As added by P.L.2-1992, SEC.1. Amended by P.L.160-2012, SEC.10.

IC 12-7-2-129.2 "Member of the applicant's household"

Sec. 129.2. "Member of the applicant's household", for purposes of IC 12-20-6-0.5, has the meaning set forth in IC 12-20-6-0.5.

As added by P.L.2-1996, SEC.231.

IC 12-7-2-129.5 Repealed

As added by P.L.34-2001, SEC.4. Amended by P.L.70-2004, SEC.5. Repealed by P.L.145-2006, SEC.376.

IC 12-7-2-130 "Mental illness" or "mentally ill"

Sec. 130. "Mental illness" or "mentally ill" means the following:

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

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

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

The term includes intellectual disability, alcoholism, and addiction to narcotics or dangerous drugs, and, for purposes of IC 12-26-5, the term includes temporary impairment as a result of alcohol or drug use.

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

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

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

The term does not include developmental disability.

[Pre-1992 Revision Citations: subdivision (1) formerly 16-14-9.1-1(a); subdivision (2) formerly 16-13-21-1.]

As added by P.L.2-1992, SEC.1. Amended by P.L.117-2015, SEC.11; P.L.205-2023, SEC.3.

IC 12-7-2-131 Repealed

[Pre-1992 Revision Citations: 16-13-20-1; 16-14-1-1(1).]

As added by P.L.2-1992, SEC.1. Amended by P.L.25-2003, SEC.1. Repealed by P.L.99-2007, SEC.224.

IC 12-7-2-131.3 "Missing endangered adult"

Sec. 131.3. "Missing endangered adult", for purposes of IC 12-10-18, means an individual at least eighteen (18) years of age who is reported missing to a law enforcement agency and is, or is believed to be:

(1) a temporary or permanent resident of Indiana;

(2) at a location that cannot be determined by an individual familiar with the missing individual; and

(3) incapable of returning to the missing individual's residence without assistance by reason of:

(A) mental illness;

(B) intellectual disability;

(C) dementia; or

(D) another physical or mental incapacity of managing or directing the management of the individual's property or providing or directing the provision of self-care.

As added by P.L.140-2005, SEC.1. Amended by P.L.117-2015, SEC.12.

IC 12-7-2-131.4 "Mobile crisis team"

Sec. 131.4. "Mobile crisis team", for purposes of IC 12-21-8 and IC 12-29-5, has the meaning set forth in IC 12-21-8-3.

As added by P.L.207-2021, SEC.3. Amended by P.L.163-2024, SEC.1.

IC 12-7-2-131.5 "Monitor"

Sec. 131.5. "Monitor", for the purposes of IC 12-17.2, means observation to determine the licensee's continuing compliance with IC 12-17.2.

As added by P.L.20-1992, SEC.19; P.L.81-1992, SEC.20. Amended by P.L.1-1993, SEC.88; P.L.145-2006, SEC.55.

IC 12-7-2-131.6 "Mobile integrated healthcare"

Sec. 131.6. "Mobile integrated healthcare", for purposes of IC 12-29-5, has the meaning set forth in IC 16-31-12-1.

As added by P.L.163-2024, SEC.2.

IC 12-7-2-131.8 "National criminal history background check"

Sec. 131.8. "National criminal history background check", for purposes of IC 12-17.2, has the meaning set forth in IC 10-13-3-12.

As added by P.L.287-2013, SEC.3.

IC 12-7-2-131.9 Repealed

As added by P.L.207-2021, SEC.4. Repealed by P.L.162-2023, SEC.5.

IC 12-7-2-132 Repealed

[Pre-1992 Revision Citation: 16-7-15-2(b).]

As added by P.L.2-1992, SEC.1. Amended by P.L.23-1993, SEC.39. Repealed by P.L.272-1999, SEC.66.

IC 12-7-2-132.1 "Nonemergency medical transportation"

Sec. 132.1. "Nonemergency medical transportation", for purposes of IC 12-15-30.5, has the meaning set forth in IC 12-15-30.5-3.
As added by P.L.116-2019, SEC.3.

IC 12-7-2-132.2 "Noninstitutional provider"
Sec. 132.2. "Noninstitutional provider", for purposes of IC 12-15-13-3.5, has the meaning set forth in IC 12-15-13-3.5(a).
As added by P.L.229-2011, SEC.110.

IC 12-7-2-132.5 Repealed
As added by P.L.134-2008, SEC.5. Repealed by P.L.138-2014, SEC.2.

IC 12-7-2-133 "Nursing facility"
Sec. 133. "Nursing facility" has the meaning set forth in 42 U.S.C. 1396r(a).
[1992 Revision Citation: New.]
As added by P.L.2-1992, SEC.1.

IC 12-7-2-133.5 Repealed
As added by P.L.2-1996, SEC.232. Amended by P.L.23-1996, SEC.12. Repealed by P.L.145-2006, SEC.376.

IC 12-7-2-134 "Office"
Note: This version of section amended by P.L.35-2016, SEC.6, effective 3-21-2016. See also following version of this section amended by P.L.134-2019, SEC.1, effective 7-1-2019.
Sec. 134. "Office" means the following:
(1) Except as provided in subdivisions (2) through (5), the office of the secretary established by IC 12-8-1.5-1.
(2) For purposes of IC 12-10-13, the meaning set forth in IC 12-10-13-4.
(3) For purposes of IC 12-15-13, the meaning set forth in IC 12-15-13-0.4.
(4) For purposes of IC 12-17.2-7.2, the meaning set forth in IC 12-17.2-7.2-3.
(5) For purposes of IC 12-17.6, the meaning set forth in IC 12-17.6-1-4.
[Pre-1992 Revision Citations: subdivision (1) formerly 12-6-1-4; subdivision (2) formerly 16-10-4.5-7.]
As added by P.L.2-1992, SEC.1. Amended by P.L.108-1997, SEC.1; P.L.58-1998, SEC.1; P.L.273-1999, SEC.165; P.L.283-2001, SEC.15; P.L.255-2003, SEC.12; P.L.117-2008, SEC.1; P.L.160-2012, SEC.11; P.L.35-2016, SEC.6.

IC 12-7-2-134 "Office"
Note: This version of section amended by P.L.134-2019, SEC.1, effective 7-1-2019. See also preceding version of this section amended by P.L.35-2016, SEC.6, effective 3-21-2016.
Sec. 134. "Office" means the following:
(1) Except as provided in subdivisions (2) through (7), the office of Medicaid policy and planning established by IC 12-8-6.5-1.
(2) For purposes of IC 12-10-13, the meaning set forth in IC 12-10-13-4.
(3) For purposes of IC 12-15-5-14, the meaning set forth in IC 12-15-5-14(b).
(4) For purposes of IC 12-15-5-15, the meaning set forth in IC 12-15-5-15(b).
(5) For purposes of IC 12-15-5-16, the meaning set forth in IC 12-15-5-16(b).
(6) For purposes of IC 12-15-13, the meaning set forth in IC 12-15-13-0.4.
(7) For purposes of IC 12-15-13.5, the meaning set forth in IC 12-15-13.5-1.
(8) For purposes of IC 12-17.6, the meaning set forth in IC 12-17.6-1-4.
[Pre-1992 Revision Citations: subdivision (1) formerly 12-6-1-4; subdivision (2) formerly 16-10-4.5-7.]
As added by P.L.2-1992, SEC.1. Amended by P.L.108-1997, SEC.1; P.L.58-1998, SEC.1; P.L.273-1999, SEC.165; P.L.283-2001, SEC.15; P.L.255-2003, SEC.12; P.L.117-2008, SEC.1; P.L.160-2012, SEC.11; P.L.87-2016, SEC.3; P.L.134-2019, SEC.1.

IC 12-7-2-135 "Office of the secretary"

Sec. 135. "Office of the secretary" refers to the office of the secretary of family and social services established by IC 12-8-1.5-1, its offices, or divisions.

[Pre-1992 Revision Citation: 12-6-1-5.]

As added by P.L.2-1992, SEC.1. Amended by P.L.160-2012, SEC.12; P.L.35-2016, SEC.7.

IC 12-7-2-135.3 "Ombudsman"

Sec. 135.3. (a) "Ombudsman", for purposes of IC 12-10-13, has the meaning set forth in IC 12-10-13-4.5.

(b) "Ombudsman", for purposes of IC 12-11-13, has the meaning set forth in IC 12-11-13-2.

As added by P.L.139-1993, SEC.4. Amended by P.L.174-2025, SEC.11; P.L.243-2025, SEC.1.

IC 12-7-2-135.4 "Operator"

Sec. 135.4. "Operator", for purposes of IC 12-10-15, has the meaning set forth in IC 12-10-15-4.

As added by P.L.73-1998, SEC.4.

IC 12-7-2-135.5 "Overutilization or under utilization"

Sec. 135.5. "Overutilization or under utilization", for purposes of IC 12-15-35, has the meaning set forth in IC 12-15-35-10.

As added by P.L.75-1992, SEC.10.

IC 12-7-2-135.6 "Opioid treatment program"

Sec. 135.6. "Opioid treatment program" means a program through which opioid agonist medication is dispensed to an individual in the treatment of opiate addiction and for which certification is required under 42 CFR Part 8.

As added by P.L.116-2008, SEC.1.

IC 12-7-2-135.7 "Out-of-school-time program"

Sec. 135.7. "Out-of-school-time program", for purposes of IC 12-17.2, means child care provided to a child who is at least five (5) years of age but less than fifteen (15) years of age:

(1) before school is in session or after the school day;

(2) during the summer; or

(3) any other time when school is not in session.

As added by P.L.92-2024, SEC.5.

IC 12-7-2-135.8 "Paths to QUALITY program"

Sec. 135.8. "Paths to QUALITY program", for purposes of IC 12-17.2-2-14.2, refers to the program established in IC 12-17.2-2-14.2(b).

As added by P.L.205-2013, SEC.178 and P.L.267-2013, SEC.1. Amended by P.L.2-2014, SEC.62; P.L.184-2017, SEC.7; P.L.130-2018, SEC.41.

IC 12-7-2-136 "Patient"

Sec. 136. "Patient" means the following:

(1) For purposes of IC 12-24-1-4, an individual who is admitted to a state institution for observation, diagnosis, or treatment.

(2) For purposes of IC 12-24-7, the meaning set forth in IC 12-24-7-1.

(3) For purposes of IC 12-24-6, IC 12-24-13, IC 12-24-14, and IC 12-24-15, an individual with a mental illness, an individual who appears to have a mental illness, or an individual with an intellectual disability who is:

(A) in or under the supervision and control of a state institution; or

(B) because of mental illness, under the supervision and control of a circuit, superior, or juvenile court.

(4) For purposes of IC 12-24-17, the meaning set forth in IC 12-24-17-2.

(5) For purposes of IC 12-27, an individual receiving mental health services or developmental training. The term includes a client of a service provider.

[Pre-1992 Revision Citations: subdivision (1) formerly 16-13-2-1(a); subdivision (2) formerly 4-28-27-1; 16-13-23-2; subdivision (3) formerly 16-14-18.1-1; subdivision (4) formerly 16-14-1-1(5); 1992 Revision Citation: subdivision (5) New.]

As added by P.L.2-1992, SEC.1. Amended by P.L.99-2007, SEC.47; P.L.117-2015, SEC.13.

IC 12-7-2-136.5 "Patient Protection and Affordable Care Act"

Sec. 136.5. "Patient Protection and Affordable Care Act" refers to the federal Patient Protection and Affordable Care Act (P.L. 111-148), as amended by the federal Health Care and Education Reconciliation Act of 2010 (P.L. 111-152), as amended from time to time, and regulations or guidance issued under those acts.

As added by P.L.160-2011, SEC.4.

IC 12-7-2-136.8 "Peer"

Sec. 136.8. "Peer", for purposes of IC 12-21-8, has the meaning set forth in IC 12-21-8-5.

As added by P.L.207-2021, SEC.5.

IC 12-7-2-137 "Person"

Sec. 137. (a) "Person", except as provided in subsections (b) through (d), means an association, a corporation, a limited liability company, a governmental entity, an individual, or a partnership.

(b) "Person", for purposes of IC 12-13-14, has the meaning set forth in IC 12-13-14-1.

(c) "Person", for purposes of IC 12-17.2, means an individual who is at least twenty-one (21) years of age, a corporation, a partnership, a voluntary association, or other entity.

(d) "Person", for purposes of IC 12-15-2-20, means an individual who is:

(1) at least twenty-one (21) years of age; and

(2) applying for or receiving Medicaid assistance.

[Pre-1992 Revision Citations: 4-28-1-5; 4-28-21-1 part; 12-5-6-1.]

As added by P.L.2-1992, SEC.1. Amended by P.L.20-1992, SEC.20; P.L.81-1992, SEC.21; P.L.1-1993, SEC.89; P.L.8-1993, SEC.181; P.L.257-1997(ss), SEC.5; P.L.145-2006, SEC.56; P.L.197-2013, SEC.5.

IC 12-7-2-137.3 "Personal services attendant"

Sec. 137.3. "Personal services attendant", for purposes of IC 12-10-17.1, has the meaning set forth in IC 12-10-17.1-8.

As added by P.L.255-2001, SEC.7. Amended by P.L.141-2006, SEC.22.

IC 12-7-2-137.7 "Pharmacist"

Sec. 137.7. "Pharmacist", for purposes of IC 12-15-35, has the meaning set forth in IC 12-15-35-11.

As added by P.L.75-1992, SEC.11.

IC 12-7-2-137.8 Repealed

As added by P.L.213-2015, SEC.126. Amended by P.L.30-2016, SEC.2. Repealed by P.L.216-2025, SEC.1.

IC 12-7-2-138 "Physician"

Sec. 138. "Physician" means the following:

(1) For purposes of IC 12-10-17.1 and IC 12-15-35, an individual who is licensed to

practice medicine in Indiana under IC 25-22.5.

(2) For purposes of IC 12-26, either of the following:

(A) An individual who holds a license to practice medicine under IC 25-22.5.

(B) A medical officer of the United States government who is in Indiana performing the officer's official duties.

[Pre-1992 Revision Citation: 16-14-9.1-1(k).]

As added by P.L.2-1992, SEC.1. Amended by P.L.75-1992, SEC.12; P.L.255-2001, SEC.8; P.L.141-2006, SEC.23.

IC 12-7-2-139 "Physician services"

Sec. 139. "Physician services" means the following:

(1) For purposes of IC 12-15-11, the meaning set forth in IC 12-15-11-1.

(2) For purposes of IC 12-15-12, services provided by an individual licensed under IC 25-22.5 while engaged in the practice of medicine (as defined in IC 25-22.5-1-1.1(a)).

[Pre-1992 Revision Citations: subdivision (1) formerly 12-1-7-15.1(a); subdivision (2) formerly 12-1-7-16.1.]

As added by P.L.2-1992, SEC.1.

IC 12-7-2-139.1 Repealed

As added by P.L.58-1998, SEC.2. Repealed by P.L.273-1999, SEC.181.

IC 12-7-2-139.3 Repealed

As added by P.L.184-2017, SEC.8. Repealed by P.L.246-2023, SEC.3.

IC 12-7-2-139.5 "Psilocybin"

Sec. 139.5. "Psilocybin", for purposes of IC 12-21-9, has the meaning set forth in IC 12-21-9-2.

As added by P.L.152-2024, SEC.2.

IC 12-7-2-140 Repealed

[Pre-1992 Revision Citation: 12-1-6.1-1(f).]

As added by P.L.2-1992, SEC.1. Repealed by P.L.145-2006, SEC.376.

IC 12-7-2-140.5 "Plan"

Sec. 140.5. "Plan", for purposes of IC 12-15-44.2 and IC 12-15-44.5, has the meaning set forth in IC 12-15-44.5-2.

As added by P.L.218-2007, SEC.7. Amended by P.L.3-2008, SEC.90; P.L.213-2015, SEC.127; P.L.30-2016, SEC.3.

IC 12-7-2-141 "Planning authority"

Sec. 141. "Planning authority", for purposes of IC 12-28-4, has the meaning set forth in IC 12-28-4-2.

[Pre-1992 Revision Citation: 4-28-21-1 part.]

As added by P.L.2-1992, SEC.1.

IC 12-7-2-141.2 Repealed

As added by P.L.109-1997, SEC.1. Repealed by P.L.128-2012, SEC.4.

IC 12-7-2-142 "Political subdivision"

Sec. 142. "Political subdivision", for purposes of the following statutes, has the meaning set forth in IC 36-1-2-13:

(1) IC 12-8.

(2) IC 12-13-4.
(3) IC 12-32-1.
[Pre-1992 Revision Citation: 12-6-1-6.]
As added by P.L.2-1992, SEC.1. Amended by P.L.171-2011, SEC.11.

IC 12-7-2-142.5 "Point of sale terminal"
Sec. 142.5. "Point of sale terminal", for purposes of IC 12-13-14, has the meaning set forth in IC 12-13-14-1.
As added by P.L.257-1997(ss), SEC.6.

IC 12-7-2-142.7 Repealed
As added by P.L.134-2008, SEC.6. Repealed by P.L.138-2014, SEC.3.

IC 12-7-2-142.8 "Post-stabilization care services"
Sec. 142.8. "Post-stabilization care services", for purposes of IC 12-15-12, has the meaning set forth in IC 12-15-12-0.7.
As added by P.L.223-2001, SEC.3.

IC 12-7-2-143 Repealed
[Pre-1992 Revision Citation: 4-28-23-3 part.]
As added by P.L.2-1992, SEC.1. Amended by P.L.26-1994, SEC.3; P.L.24-1997, SEC.15. Repealed by P.L.97-2004, SEC.133.

IC 12-7-2-143.1 "Potential eligible provider or existing eligible provider"
Sec. 143.1. "Potential eligible provider or existing eligible provider", for purposes of IC 12-17.2-7.2, has the meaning set forth in IC 12-17.2-7.2-5.5.
As added by P.L.184-2017, SEC.9.

IC 12-7-2-143.5 "Preschool"
Sec. 143.5. "Preschool", for purposes of IC 12-17.2, means a program that provides an educational experience through an age appropriate written curriculum for children at least thirty (30) months of age who are not eligible to enter kindergarten and that:
(1) conducts sessions for not more than four (4) hours a day;
(2) enrolls children for only one (1) session a day;
(3) does not serve meals on the premises;
(4) maintains a child to staff ratio of not more than fifteen (15) children to one (1) staff member;
(5) supervises children at all times with a person who is at least eighteen (18) years of age; and
(6) does not operate for more than ten (10) consecutive days.
As added by P.L.61-1993, SEC.5; P.L.136-1993, SEC.5. Amended by P.L.1-1994, SEC.51.

IC 12-7-2-144 "Preschool child care program"
Sec. 144. "Preschool child care program", for purposes of IC 12-17-13, has the meaning set forth in IC 12-17-13-3.
[Pre-1992 Revision Citation: 4-28-6.2-3.]
As added by P.L.2-1992, SEC.1.

IC 12-7-2-144.3 "Preventative care services"
Sec. 144.3. "Preventative care services", for purposes of IC 12-15-44.5, has the meaning set forth in IC 12-15-44.5-2.3.
As added by P.L.218-2007, SEC.8. Amended by P.L.3-2008, SEC.91; P.L.30-2016, SEC.4.

IC 12-7-2-144.7 "Primary business"

Sec. 144.7. "Primary business", for purposes of IC 12-13-14, has the meaning set forth in IC 12-13-14-1.

As added by P.L.257-1997(ss), SEC.7.

IC 12-7-2-144.9 Repealed

As added by P.L.213-1999, SEC.1. Repealed by P.L.145-2006, SEC.376.

IC 12-7-2-145 "Private psychiatric institution"

Sec. 145. "Private psychiatric institution", for purposes of IC 12-15-18, has the meaning set forth in IC 12-15-18-3.

[Pre-1992 Revision Citation: 12-1-7-17.7(a)(4).]

As added by P.L.2-1992, SEC.1.

IC 12-7-2-146 "Program"

Sec. 146. "Program" refers to the following:

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

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

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

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

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

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

[Pre-1992 Revision Citations: subdivision (1) formerly 4-28-17-6; subdivision (2) formerly 4-28-6.1-6.]

As added by P.L.2-1992, SEC.1. Amended by P.L.24-1997, SEC.16; P.L.273-1999, SEC.166; P.L.283-2001, SEC.16; P.L.255-2003, SEC.13; P.L.110-2010, SEC.18; P.L.205-2013, SEC.179; P.L.267-2013, SEC.2; P.L.2-2014, SEC.63; P.L.145-2014, SEC.4; P.L.149-2016, SEC.43; P.L.184-2017, SEC.10; P.L.86-2018, SEC.155; P.L.130-2018, SEC.42; P.L.146-2023, SEC.2; P.L.174-2025, SEC.12.

IC 12-7-2-147 "Property"

Sec. 147. "Property", for purposes of IC 12-12-1, has the meaning set forth in IC 35-31.5-2-253.

[Pre-1992 Revision Citation: 4-28-10-5.]

As added by P.L.2-1992, SEC.1. Amended by P.L.114-2012, SEC.31.

IC 12-7-2-147.5 "Prospective DUR"

Sec. 147.5. "Prospective DUR", for purposes of IC 12-15-35, has the meaning set forth in IC 12-15-35-13.

As added by P.L.75-1992, SEC.13.

IC 12-7-2-148 "Protective services"

Sec. 148. "Protective services", for purposes of IC 12-10-3, has the meaning set forth in IC 12-10-3-5.

[Pre-1992 Revision Citation: 4-28-5-4.]

As added by P.L.2-1992, SEC.1.

IC 12-7-2-149 Repealed

[Pre-1992 Revision Citations: subdivision (1) formerly 4-28-17-7; subdivision (2) formerly 12-1-7-14.7 part; 12-1-27-2; 12-1-28-2; subdivision (3) formerly 12-1-26-2.]

As added by P.L.2-1992, SEC.1. Amended by P.L.20-1992, SEC.21; P.L.81-1992, SEC.22; P.L.1-1993, SEC.90; P.L.61-1993, SEC.6; P.L.1-1994, SEC.52; P.L.58-1998, SEC.3; P.L.273-1999, SEC.167; P.L.273-1999, SEC.78; P.L.14-2000, SEC.28; P.L.283-2001,

SEC.17. Repealed by P.L.241-2003, SEC.21.

IC 12-7-2-149.1 "Provider"

Sec. 149.1. "Provider" means the following:

(1) For purposes of IC 12-10-7, the meaning set forth in IC 12-10-7-3.

(2) For purposes of the following statutes, an individual, a partnership, a corporation, or a governmental entity that is enrolled in the Medicaid program under rules adopted under IC 4-22-2 by the office of Medicaid policy and planning:

(A) IC 12-14-1 through IC 12-14-8.

(B) IC 12-15, except IC 12-15-32, IC 12-15-33, and IC 12-15-34.

(C) IC 12-17.6.

(3) Except as provided in subdivisions (4) and (6), for purposes of IC 12-17.2, a person who operates a child care center or child care home under IC 12-17.2.

(4) For purposes of IC 12-17.2-3.5, a person that:

(A) provides child care; and

(B) is directly paid for the provision of the child care under the federal Child Care and Development Fund voucher program administered under 45 CFR 98 and 45 CFR 99.

The term does not include an individual who provides services to a person described in clauses (A) and (B), regardless of whether the individual receives compensation.

(5) For purposes of IC 12-21-1 through IC 12-29-2, an organization:

(A) that:

(i) provides mental health services, as defined under 42 U.S.C. 300x-2(c);

(ii) provides addiction services; or

(iii) provides children's mental health services;

(B) that has entered into a provider agreement with the division of mental health and addiction under IC 12-21-2-7 to provide services in the least restrictive, most appropriate setting; and

(C) that is operated by one (1) of the following:

(i) A city, town, county, or other political subdivision of the state.

(ii) An agency of the state or of the United States.

(iii) A political subdivision of another state.

(iv) A hospital owned or operated by a unit of government or a building authority that is organized for the purpose of constructing facilities to be leased to units of government.

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

(vi) An organization that is exempt from federal income taxation under Section 501(c)(3) of the Internal Revenue Code.

(vii) A university or college.

(6) For purposes of IC 12-17.2-2-10, the following:

(A) A person described in subdivision (4).

(B) A child care center licensed under IC 12-17.2-4.

(C) A child care home licensed under IC 12-17.2-5.

(7) For purposes of IC 12-11-13, an authorized provider entity that delivers services administered by the bureau of disabilities services.

As added by P.L.241-2003, SEC.2. Amended by P.L.145-2006, SEC.57; P.L.143-2011, SEC.8; P.L.225-2013, SEC.3; P.L.10-2019, SEC.55; P.L.174-2025, SEC.13; P.L.243-2025, SEC.2.

IC 12-7-2-150 "Psychiatric disorder"

Sec. 150. "Psychiatric disorder", for purposes of section 130(2) of this chapter, means a mental disorder or disease. The term does not include the following:

(1) An intellectual disability.
(2) A developmental disability.
(3) Alcoholism.
(4) Addiction to narcotic or dangerous drugs.

[Pre-1992 Revision Citation: 16-14-1-1(1).]

As added by P.L.2-1992, SEC.1. Amended by P.L.6-1995, SEC.5; P.L.108-1996, SEC.2; P.L.117-2015, SEC.14.

IC 12-7-2-151 "Psychiatric hospital"

Sec. 151. "Psychiatric hospital", for purposes of section 82 of this chapter, means any of the following:

(1) A state institution.
(2) A general hospital:
(A) licensed by the Indiana department of health; and
(B) that maintains and operates facilities for the observation, care, treatment, and detention of individuals who have a mental illness.
(3) A private psychiatric hospital licensed by the division of mental health and addiction.

[Pre-1992 Revision Citation: 16-14-9.1-1(g).]

As added by P.L.2-1992, SEC.1. Amended by P.L.215-2001, SEC.28; P.L.99-2007, SEC.48; P.L.56-2023, SEC.83.

IC 12-7-2-152 Repealed

[Pre-1992 Revision Citation: 12-3-2-12.5(c).]

As added by P.L.2-1992, SEC.1. Repealed by P.L.1-1993, SEC.91.

IC 12-7-2-153 "Public welfare"

Sec. 153. (a) "Public welfare", for purposes of the statutes listed in subsection (b), means any form of public welfare or social security provided for in the statutes listed in subsection (b). The term does not include direct township assistance as administered by township trustees under IC 12-20.

(b) This section applies to the following statutes:

(1) IC 12-13.
(2) IC 12-14.
(3) IC 12-15.
(4) IC 12-19.

[Pre-1992 Revision Citation: 12-1-1-1(f).]

As added by P.L.2-1992, SEC.1. Amended by P.L.73-2005, SEC.6; P.L.145-2006, SEC.58.

IC 12-7-2-154 Repealed

[Pre-1992 Revision Citation: 4-28-1-6.]

As added by P.L.2-1992, SEC.1. Repealed by P.L.20-1992, SEC.47.

IC 12-7-2-154.4 "Qualified ABLE program"

Sec. 154.4. "Qualified ABLE program", for purposes of IC 12-11-14, has the meaning set forth in IC 12-11-14-7.

As added by P.L.12-2016, SEC.6.

IC 12-7-2-154.6 "Qualified disability expense"

Sec. 154.6. "Qualified disability expense", for purposes of IC 12-11-14, has the meaning set forth in IC 12-11-14-8.

As added by P.L.12-2016, SEC.7.

IC 12-7-2-154.8 "Qualified entity"

Sec. 154.8. "Qualified entity", for purposes of IC 12-15-2.3, has the meaning set forth in IC 12-15-2.3-2.

As added by P.L.58-1998, SEC.4. Amended by P.L.152-2001, SEC.1; P.L.1-2010, SEC.56.

IC 12-7-2-155 "Qualified long term care policy"

Sec. 155. "Qualified long term care policy", for purposes of IC 12-15-39.6, has the meaning set forth in IC 12-15-39.6-5.

[Pre-1992 Revision Citations: 4-28-23-4 part; 4-28-23-8(b) part.]

As added by P.L.2-1992, SEC.1. Amended by P.L.24-1997, SEC.17.

IC 12-7-2-155.3 "Qualified Medicare beneficiary"

Sec. 155.3. "Qualified Medicare beneficiary", for purposes of IC 12-15-2-26, has the meaning set forth in IC 12-15-2-26(b).

As added by P.L.278-2013, SEC.1.

IC 12-7-2-155.4 "Qualified provider"

Sec. 155.4. "Qualified provider", for purposes of IC 12-15-1-16, means:

(1) a school based nurse; or

(2) another provider who:

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

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

As added by P.L.35-2022, SEC.1.

IC 12-7-2-155.5 "Qualifying individual"

Sec. 155.5. "Qualifying individual", for purposes of IC 12-15-2-26, has the meaning set forth in IC 12-15-2-26(c).

As added by P.L.278-2013, SEC.2.

IC 12-7-2-156 "Reason to believe"

Sec. 156. "Reason to believe", for purposes of IC 12-10-3, has the meaning set forth in IC 12-10-3-6.

[Pre-1992 Revision Citation: 4-28-5-4.5 part.]

As added by P.L.2-1992, SEC.1.

IC 12-7-2-157 "Reasonable means of communication"

Sec. 157. "Reasonable means of communication", for purposes of IC 12-27-3, has the meaning set forth in IC 12-27-3-1.

[Pre-1992 Revision Citation: 16-14-1.6-3(a)(1).]

As added by P.L.2-1992, SEC.1.

IC 12-7-2-158 "Recipient"

Sec. 158. "Recipient" means the following:

(1) For purposes of the following statutes, a person who has received or is receiving assistance for the person or another person under any of the following statutes:

(A) IC 12-10-6.

(B) IC 12-13.

(C) IC 12-14.

(D) IC 12-15.

(E) IC 12-19.

(2) For purposes of IC 12-20-10 and IC 12-20-11:

(A) a single individual receiving township assistance; or

(B) if township assistance is received by a household with at least two (2) individuals, the member of the household most suited to perform available work.

[Pre-1992 Revision Citations: subdivision (1) formerly 12-1-1-1(i); subdivision (2) formerly 12-2-1-10(a).]

As added by P.L.2-1992, SEC.1. Amended by P.L.272-1999, SEC.19; P.L.73-2005, SEC.7; P.L.145-2006, SEC.59.

IC 12-7-2-158.2 "Recovery residence"

Sec. 158.2. "Recovery residence" means an abstinence based living environment for individuals that promotes recovery from:

(1) alcohol; and

(2) other drug;

abuse and related issues. An abstinence based living environment, for purposes of opioid addiction, may include individuals who are in a treatment that includes medication assisted treatment with a goal of opioid abstinence or the minimum clinically necessary medication dose.

As added by P.L.172-2017, SEC.1; P.L.243-2017, SEC.1.

IC 12-7-2-158.5 "Reentry court program"

Sec. 158.5. "Reentry court program", for purposes of IC 12-14-29, has the meaning set forth in IC 12-14-29-1.

As added by P.L.92-2005, SEC.1.

IC 12-7-2-159 "Region"

Sec. 159. "Region", for purposes of IC 12-10-7, has the meaning set forth in IC 12-10-7-4.

[Pre-1992 Revision Citation: 4-28-17-8.]

As added by P.L.2-1992, SEC.1.

IC 12-7-2-160 "Rehabilitation"

Sec. 160. (a) "Rehabilitation", for purposes of the statutes listed in subsection (b), means a process of providing services to meet the current and future needs of persons with disabilities so that the individuals may prepare for and engage in gainful employment to the extent of their capabilities, as provided in 29 U.S.C. 720.

(b) This section applies to the following statutes:

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

(2) IC 12-12-1.

(3) IC 12-12-3.

(4) IC 12-12-6.

[Pre-1992 Revision Citation: 4-28-10-6.]

As added by P.L.2-1992, SEC.1. Amended by P.L.138-1993, SEC.2; P.L.23-1993, SEC.40; P.L.49-1997, SEC.42; P.L.272-1999, SEC.20; P.L.160-2012, SEC.13.

IC 12-7-2-161 "Rehabilitation center"

Sec. 161. "Rehabilitation center", for purposes of IC 12-12-3, refers to the rehabilitation center established under IC 12-12-3-1.

[1992 Revision Citation: New.]

As added by P.L.2-1992, SEC.1. Amended by P.L.49-1997, SEC.43.

IC 12-7-2-162 "Rehabilitation engineering"

Sec. 162. "Rehabilitation engineering", for purposes of IC 12-12-6, has the meaning set forth in IC 12-12-6-1.

[Pre-1992 Revision Citation: 4-28-10-25(a).]
As added by P.L.2-1992, SEC.1.

IC 12-7-2-162.5 "Related"

Sec. 162.5. "Related", for purposes of IC 12-17.2, means any of the following relationships to an individual who is less than eighteen (18) years of age by marriage, blood, or adoption:

(1) Parent.
(2) Grandparent.
(3) Brother.
(4) Sister.
(5) Stepparent.
(6) Stepgrandparent.
(7) Stepbrother.
(8) Stepsister.
(9) First cousin.
(10) Uncle.
(11) Aunt.

As added by P.L.20-1992, SEC.22 and P.L.81-1992, SEC.23. Amended by P.L.1-1993, SEC.92; P.L.145-2006, SEC.60.

IC 12-7-2-163 Repealed

[Pre-1992 Revision Citation: 16-10-4.5-8.]
As added by P.L.2-1992, SEC.1. Repealed by P.L.139-1993, SEC.24.

IC 12-7-2-163.5 "Request for proposals"

Sec. 163.5. "Request for proposals", for purposes of IC 12-8-12, has the meaning set forth in IC 12-8-12-3.
As added by P.L.46-1995, SEC.4. Amended by P.L.2-1997, SEC.32.

IC 12-7-2-163.8 "Research institution"

Sec. 163.8. "Research institution", for purposes of IC 12-21-9, has the meaning set forth in IC 12-21-9-3.
As added by P.L.152-2024, SEC.3.

IC 12-7-2-164 "Resident"

Sec. 164. "Resident" has the following meaning:

(1) For purposes of IC 12-10-15, the meaning set forth in IC 12-10-15-5.
(2) For purposes of IC 12-16, except IC 12-16-1, an individual who has actually resided in Indiana for at least ninety (90) days.
(3) For purposes of IC 12-20-8, the meaning set forth in IC 12-20-8-1.
(4) For purposes of IC 12-24-5, the meaning set forth in IC 12-24-5-1.

[Pre-1992 Revision Citations: subdivision (1) formerly 12-5-6-1; subdivision (2) formerly 12-2-1-5(b); subdivision (3) formerly 16-14-10-1.]
As added by P.L.2-1992, SEC.1. Amended by P.L.73-1998, SEC.5; P.L.283-2001, SEC.18; P.L.120-2002, SEC.12; P.L.255-2003, SEC.15.

IC 12-7-2-165 "Residential facility"

Sec. 165. "Residential facility", for purposes of IC 12-28-4 and IC 12-28-5, refers to a residential facility for individuals with a developmental disability.

[Pre-1992 Revision Citation: 4-28-21-1 part.]
As added by P.L.2-1992, SEC.1. Amended by P.L.99-2007, SEC.49; P.L.143-2011, SEC.9.

IC 12-7-2-166 "Residential facility for individuals with a developmental disability"

Sec. 166. "Residential facility for individuals with a developmental disability", for purposes of IC 12-28-4 and IC 12-28-5, means a facility that provides residential services for individuals with a developmental disability in a program described in IC 12-11-1.1-1(e)(1) or IC 12-11-1.1-1(e)(2).

[Pre-1992 Revision Citation: 4-28-21-1 part.]

As added by P.L.2-1992, SEC.1. Amended by P.L.23-1992, SEC.2; P.L.272-1999, SEC.21; P.L.99-2007, SEC.50.

IC 12-7-2-167 Repealed

[1992 Revision Citation: New.]

As added by P.L.2-1992, SEC.1. Amended by P.L.23-1992, SEC.3; P.L.62-1993, SEC.3; P.L.6-1995, SEC.6; P.L.99-2007, SEC.51. Repealed by P.L.143-2011, SEC.31.

IC 12-7-2-168 Repealed

[Pre-1992 Revision Citations: subdivision (1) formerly 4-28-13-1; subdivision (2) formerly 4-28-26-1; subdivision (3) formerly 16-13-20-1.]

As added by P.L.2-1992, SEC.1. Amended by P.L.272-1999, SEC.22; P.L.143-2011, SEC.10; P.L.153-2011, SEC.3. Repealed by P.L.85-2017, SEC.50.

IC 12-7-2-169 "Responsible party"

Sec. 169. (a) "Responsible party", for purposes of IC 12-24-6, IC 12-24-13, IC 12-24-14, and IC 12-24-15 means any of the following:

(1) The patient.

(2) The parents of the patient if the patient is not more than eighteen (18) years of age.

(3) The spouse of the patient.

(4) The estate of the patient.

(5) A legal guardian of the patient in the guardian's representative capacity.

(6) A trustee of the patient if the trust authorizes payment for the care, treatment, maintenance, or support of the patient.

(b) The term does not include the children of the patient.

[Pre-1992 Revision Citation: 16-14-18.1-1.]

As added by P.L.2-1992, SEC.1.

IC 12-7-2-169.3 "Retailer"

Sec. 169.3. "Retailer", for purposes of IC 12-13-14, has the meaning set forth in IC 12-13-14-1.

As added by P.L.257-1997(ss), SEC.8.

IC 12-7-2-169.5 "Retrospective DUR"

Sec. 169.5. "Retrospective DUR", for purposes of IC 12-15-35, has the meaning set forth in IC 12-15-35-14.

As added by P.L.75-1992, SEC.14.

IC 12-7-2-169.7 "Safe sleeping practices"

Sec. 169.7. "Safe sleeping practices", for purposes of IC 12-17.2, means standards for infants concerning safe sleeping and sudden unexpected infant death risk reduction that have been approved by the division of family resources.

As added by P.L.53-2018, SEC.3.

IC 12-7-2-169.9 "School"

Sec. 169.9. "School", for purposes of IC 12-14-2-23, has the meaning set forth in

IC 12-14-2-23(b).
As added by P.L.46-1995, SEC.5.

IC 12-7-2-170 "School age child care program"

Sec. 170. "School age child care program", for purposes of IC 12-17-12, has the meaning set forth in IC 12-17-12-5.

[Pre-1992 Revision Citation: 12-3-29-6.]

As added by P.L.2-1992, SEC.1.

IC 12-7-2-170.5 "School based nurse"

Sec. 170.5. "School based nurse", for purposes of IC 12-7-2-155.4, means a registered nurse or licensed practical nurse licensed under IC 25-23-1 who is employed by or contracts with a school corporation that participates in Medicaid to provide school based Medicaid covered services for a Medicaid recipient.

As added by P.L.35-2022, SEC.2.

IC 12-7-2-171 "School corporation"

Sec. 171. "School corporation", for purposes of IC 12-17-12, has the meaning set forth in IC 12-17-12-6.

[Pre-1992 Revision Citation: 12-3-29-7.]

As added by P.L.2-1992, SEC.1.

IC 12-7-2-171.5 "School property"

Sec. 171.5. "School property", for purposes of IC 12-17.2, means a building owned or leased by a:

(1) school corporation;
(2) public school; or
(3) private school;

within the school district in which the school is located.

As added by P.L.134-2024, SEC.2.

IC 12-7-2-172 "Secretary"

Sec. 172. (a) Except as provided in subsection (b), "secretary" refers to the secretary of family and social services appointed under IC 12-8-1.5-2.

(b) "Secretary", for purposes of IC 12-13-14, has the meaning set forth in IC 12-13-14-1.

[Pre-1992 Revision Citation: 12-6-1-7.]

As added by P.L.2-1992, SEC.1. Amended by P.L.2-1997, SEC.33; P.L.160-2012, SEC.14.

IC 12-7-2-172.5 Repealed

As added by P.L.20-1992, SEC.23 and P.L.81-1992, SEC.24. Repealed by P.L.1-1993, SEC.93.

IC 12-7-2-173 Repealed

[Pre-1992 Revision Citation: 12-3-2-4.1.]

As added by P.L.2-1992, SEC.1. Repealed by P.L.81-1992, SEC.40.

IC 12-7-2-174 Repealed

[Pre-1992 Revision Citation: 12-3-2-5.7.]

As added by P.L.2-1992, SEC.1. Amended by P.L.73-1992, SEC.2; P.L.81-1992, SEC.25; P.L.1-1993, SEC.94; P.L.1-1997, SEC.52. Repealed by P.L.145-2006, SEC.376.

IC 12-7-2-174.5 "Self-directed in-home health care"

Sec. 174.5. "Self-directed in-home health care", for purposes of IC 12-10-17.1, has the

meaning set forth in IC 12-10-17.1-9.
As added by P.L.255-2001, SEC.9. Amended by P.L.141-2006, SEC.24.

IC 12-7-2-174.8 Repealed
As added by P.L.140-2005, SEC.2. Repealed by P.L.210-2015, SEC.8.

IC 12-7-2-175 "Service provider"
Sec. 175. "Service provider", for purposes of IC 12-27, means any of the following:
(1) A state institution.
(2) A private psychiatric hospital licensed under IC 12-25.
(3) A community mental health center.
(4) A community intellectual disability and other developmental disabilities center.
(5) A service provider certified by the division of mental health and addiction to provide substance abuse treatment programs.
(6) A service provider or program receiving money from or through a division.
(7) Any other service provider, hospital, clinic, program, agency, or private practitioner if the individual receiving mental health services or developmental training was admitted without the individual's consent.
(8) A managed care provider (as defined in IC 12-7-2-127).
[Pre-1992 Revision Citation: 16-14-1.6-1(a).]
As added by P.L.2-1992, SEC.1. Amended by P.L.40-1994, SEC.16; P.L.215-2001, SEC.29; P.L.117-2015, SEC.15.

IC 12-7-2-176 "Services"
Sec. 176. "Services" means the following:
(1) For purposes of IC 12-10-1 and IC 12-10-2, those services designed to provide assistance to the aged and the aging, including the following:
(A) Nutritional programs.
(B) Facilities improvement.
(C) Transportation services.
(D) Senior volunteer programs.
(E) Supplementary health services.
(F) Programs for leisure time activities.
(G) Housing and employment counseling.
(H) Informational, referral, and counseling programs to aid the aging and aged in availing themselves of existing services intended to aid the aged in attaining and maintaining self-sufficiency, personal well-being, and maximum participation in community life.
(I) Other services required under regulations established under the Older Americans Act (42 U.S.C. 3001 et seq.).
(2) For purposes of IC 12-28-1, the meaning set forth in IC 12-28-1-4.
[Pre-1992 Revision Citations: subdivision (1) formerly 4-28-3-2; 4-28-4-3; subdivision (2) formerly 16-13-19-2.]
As added by P.L.2-1992, SEC.1.

IC 12-7-2-177 "Shelter"
Sec. 177. (a) "Shelter", for purposes of IC 12-20, means a house, a mobile home, an apartment, a group of rooms, or a single room that is occupied or is intended for occupancy as separate living quarters where the occupant or intended occupant:
(1) does not live and eat with any other individual in the building; and
(2) has direct access to the occupant's living quarters from the outside of the building or through a common hall.
(b) Notwithstanding subsection (a), "shelter", for purposes of IC 12-20-17-2, has the

meaning set forth in IC 12-20-17-2.

[Pre-1992 Revision Citation: 12-2-1-8.5.]

As added by P.L.2-1992, SEC.1. Amended by P.L.51-1996, SEC.9.

IC 12-7-2-178 Repealed

[Pre-1992 Revision Citation: 12-3-2-4.1.]

As added by P.L.2-1992, SEC.1. Repealed by P.L.81-1992, SEC.40.

IC 12-7-2-178.1 Repealed

As added by P.L.61-1993, SEC.7. Repealed by P.L.1-2009, SEC.174.

IC 12-7-2-178.5 "Single source drug"

Sec. 178.5. "Single source drug" means an outpatient drug that is produced or distributed under an original new drug application approved by the federal Food and Drug Administration, including a drug product marketed by any cross-licensed producers or distributors operating under the new drug application.

As added by P.L.76-1994, SEC.1. Amended by P.L.6-2002, SEC.2 and P.L.107-2002, SEC.7.

IC 12-7-2-178.8 Repealed

As added by P.L.110-1997, SEC.1. Repealed by P.L.141-2012, SEC.3.

IC 12-7-2-178.9 "SNAP"

Sec. 178.9. "SNAP" refers to the federal Supplemental Nutrition Assistance Program under 7 U.S.C. 2011 et seq.

As added by P.L.210-2015, SEC.9.

IC 12-7-2-179 "Social Services Block Grant"

Sec. 179. "Social Services Block Grant" refers to the block grant under 42 U.S.C. 1397 et seq.

[1992 Revision Citation: New.]

As added by P.L.2-1992, SEC.1.

IC 12-7-2-180 "Solicitation"

Sec. 180. "Solicitation", for purposes of IC 12-15-25-1, has the meaning set forth in IC 12-15-25-1.

[Pre-1992 Revision Citation: 12-1-7-16.2(a).]

As added by P.L.2-1992, SEC.1.

IC 12-7-2-180.1 "Special needs"

Sec. 180.1. "Special needs", for purposes of IC 12-10.5, has the meaning set forth in IC 12-10.5-1-2.

As added by P.L.274-2003, SEC.4.

IC 12-7-2-180.2 Repealed

As added by P.L.211-1999, SEC.1. Repealed by P.L.145-2006, SEC.376.

IC 12-7-2-180.3 "Special skilled services"

Sec. 180.3. "Special skilled services", for the purposes of IC 12-15-36, has the meaning set forth in IC 12-15-36-3.

As added by P.L.76-1992, SEC.2.

IC 12-7-2-180.4 "Specified low-income Medicare beneficiary"

Sec. 180.4. "Specified low-income Medicare beneficiary", for purposes of IC 12-15-2-26,

has the meaning set forth in IC 12-15-2-26(d).
As added by P.L.278-2013, SEC.3.

IC 12-7-2-180.5 "Standards"

Sec. 180.5. "Standards", for purposes of IC 12-15-35, has the meaning set forth in IC 12-15-35-15.
As added by P.L.75-1992, SEC.15.

IC 12-7-2-180.6 "Specialist"

Sec. 180.6. "Specialist", for purposes of IC 12-10-5.7, has the meaning set forth in IC 12-10-5.7-3.
As added by P.L.146-2023, SEC.3.

IC 12-7-2-181 Repealed

[Pre-1992 Revision Citation: 16-13-9-2.]
As added by P.L.2-1992, SEC.1. Repealed by P.L.1-1993, SEC.95.

IC 12-7-2-182 Repealed

[Pre-1992 Revision Citation: 4-28-26-1.]
As added by P.L.2-1992, SEC.1. Amended by P.L.272-1999, SEC.23. Repealed by P.L.188-2013, SEC.4.

IC 12-7-2-183 Repealed

[1992 Revision Citation: New.]
As added by P.L.2-1992, SEC.1. Repealed by P.L.49-1997, SEC.86.

IC 12-7-2-183.5 "State domestic violence fatality review coordinator"

Sec. 183.5. For purposes of IC 12-18-9, "state domestic violence fatality review coordinator" has the meaning set forth in IC 12-18-9-2.
As added by P.L.258-2017, SEC.3.

IC 12-7-2-184 "State institution"

Sec. 184. (a) "State institution" means an institution:

(1) owned or operated by the state;
(2) for the observation, care, treatment, or detention of an individual; and
(3) under the administrative control of a division.

(b) The term includes the following:

(1) Evansville State Hospital.
(2) Evansville State Psychiatric Treatment Center for Children.
(3) Logansport State Hospital.
(4) Madison State Hospital.
(5) Richmond State Hospital.
(6) The Neurodiagnostic Institute and Advanced Treatment Center.

[Pre-1992 Revision Citations: 12-1-7-17.7(a)(3); 16-13-1-2.7; 16-13-2-1(a); 16-13-20-1; 16-14-1-1(4); 16-14-1.3-3; 16-14-5.5-1; 16-14-18.1-1.]
As added by P.L.2-1992, SEC.1. Amended by P.L.272-1999, SEC.24; P.L.141-2006, SEC.25; P.L.188-2013, SEC.5; P.L.19-2017, SEC.1; P.L.9-2020, SEC.3.

IC 12-7-2-184.3 Repealed

As added by P.L.110-2010, SEC.19. Repealed by P.L.149-2016, SEC.44.

IC 12-7-2-184.5 "State of Indiana general educational development (GED) diploma"

Sec. 184.5. "State of Indiana general educational development (GED) diploma", for purposes of IC 12-14-5, has the meaning set forth in IC 12-14-5-2.
As added by P.L.1-2007, SEC.109.

IC 12-7-2-185 "State ombudsman"

Sec. 185. "State ombudsman", for purposes of IC 12-10-13, has the meaning set forth in IC 12-10-13-6.

[Pre-1992 Revision Citation: 16-10-4.5-9.]

As added by P.L.2-1992, SEC.1.

IC 12-7-2-185.5 "State or local public benefit"

Sec. 185.5. "State or local public benefit", for purposes of IC 12-32-1, has the meaning set forth in IC 12-32-1-3.
As added by P.L.171-2011, SEC.12.

IC 12-7-2-186 "State plan"

Sec. 186. "State plan", for purposes of:

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

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

[Pre-1992 Revision Citations: 12-6-6-6(b); 12-6-6-7(b); 12-6-6-8(b).]

As added by P.L.2-1992, SEC.1. Amended by P.L.160-2012, SEC.15; P.L.210-2015, SEC.10.

IC 12-7-2-186.2 Repealed

As added by P.L.6-2012, SEC.85. Repealed by P.L.85-2017, SEC.51.

IC 12-7-2-186.5 Repealed

As added by P.L.70-2004, SEC.6. Repealed by P.L.145-2006, SEC.376.

IC 12-7-2-187 Repealed

[Pre-1992 Revision Citation: 12-2-14-5.]

As added by P.L.2-1992, SEC.1. Repealed by P.L.90-2002, SEC.528.

IC 12-7-2-188 "Superintendent"

Sec. 188. "Superintendent" has the following meaning:

(1) For purposes of IC 12-24, the term refers to the administrative head of a state institution appointed under IC 12-24-2-2.

(2) For purposes of IC 12-24-6, IC 12-24-15, and IC 12-24-17, the term includes:

(A) an employee; or

(B) an individual who holds a license to practice medicine under IC 25-22.5;

designated as a deputy or an agent of the individual described in subdivision (1).

(3) For purposes of IC 12-26, the term means the chief administrative officer of a facility and includes the chief administrative officer's designee.

[1992 Revision Citation: subdivision (1) New; Pre-1992 Revision Citations: subdivision (2) formerly 16-14-1-1(6); 16-14-18.1-1; subdivision (3) formerly 16-14-9.1-1(j); 16-14-9.1-3(b); 16-14-9.1-9(b).]

As added by P.L.2-1992, SEC.1.

IC 12-7-2-188.3 "Supervised group living facility"

Sec. 188.3. "Supervised group living facility", for purposes of IC 12-28-4 and IC 12-28-5, refers to a supervised group living facility for individuals with a developmental disability.
As added by P.L.6-1995, SEC.7. Amended by P.L.111-1997, SEC.1; P.L.99-2007, SEC.52.

IC 12-7-2-188.5 "Supervised group living facility for individuals with a developmental disability"

Sec. 188.5. "Supervised group living facility for individuals with a developmental disability", for purposes of IC 12-28-4 and IC 12-28-5, refers to a supervised group living facility for individuals with a developmental disability in a program described in IC 12-11-1.1-1(e)(1).
As added by P.L.6-1995, SEC.8. Amended by P.L.272-1999, SEC.25; P.L.99-2007, SEC.53.

IC 12-7-2-188.7 Repealed
As added by P.L.6-1995, SEC.9. Amended by P.L.111-1997, SEC.2; P.L.99-2007, SEC.54. Repealed by P.L.143-2011, SEC.31.

IC 12-7-2-189 "Support"
Sec. 189. "Support", for purposes of IC 12-20-25-41 has the meaning set forth in IC 12-20-25-41.
[Pre-1992 Revision Citation: 12-2-14-36(a).]
As added by P.L.2-1992, SEC.1.

IC 12-7-2-189.3 "Supportive services"
Sec. 189.3. "Supportive services", for purposes of IC 12-10-15, has the meaning set forth in IC 12-10-15-6.
As added by P.L.73-1998, SEC.6.

IC 12-7-2-189.5 "SURS"
Sec. 189.5. "SURS", for purposes of IC 12-15-35, has the meaning set forth in IC 12-15-35-16.
As added by P.L.75-1992, SEC.16.

IC 12-7-2-189.7 "TANF"
Sec. 189.7. "TANF", for purposes of IC 12-20, refers to the federal Temporary Assistance for Needy Families program under 42 U.S.C. 601 et seq.
As added by P.L.180-2005, SEC.2. Amended by P.L.110-2010, SEC.20; P.L.149-2016, SEC.45.

IC 12-7-2-189.8 "TANF program"
Sec. 189.8. "TANF program" refers to the federal Temporary Assistance for Needy Families program under 42 U.S.C. 601 et seq.
As added by P.L.92-2005, SEC.2.

IC 12-7-2-190 Repealed
[1992 Revision Citation: New.]
As added by P.L.2-1992, SEC.1. Repealed by P.L.85-2017, SEC.52.

IC 12-7-2-190.1 Expired
As added by P.L.81-2017, SEC.1. Expired 12-31-2018 by P.L.81-2017, SEC.1.

IC 12-7-2-190.2 "Task force"
Sec. 190.2. (a) "Task force", for purposes of IC 12-11-15.5, has the meaning set forth in IC 12-11-15.5-1.
(b) This section expires December 31, 2025.
As added by P.L.262-2019, SEC.1.

IC 12-7-2-190.3 "Telehealth services"
Sec. 190.3. "Telehealth services", for purposes of IC 12-15-5-11, has the meaning set forth in IC 12-15-5-11(a).

As added by P.L.204-2013, SEC.1. Amended by P.L.85-2021, SEC.1; P.L.109-2022, SEC.1.

IC 12-7-2-190.4 Repealed
As added by P.L.204-2013, SEC.2. Repealed by P.L.85-2021, SEC.2.

IC 12-7-2-190.5 "Therapeutic appropriateness"
Sec. 190.5. "Therapeutic appropriateness", for purposes of IC 12-15-35, has the meaning set forth in IC 12-15-35-17.
As added by P.L.75-1992, SEC.17.

IC 12-7-2-190.6 "Therapeutic classification"; "therapeutic category"
Sec. 190.6. "Therapeutic classification" or "therapeutic category", for purposes of IC 12-15-35, has the meaning set forth in IC 12-15-35-17.5.
As added by P.L.107-2002, SEC.8.

IC 12-7-2-190.7 "Therapeutic duplication"
Sec. 190.7. "Therapeutic duplication", for purposes of IC 12-15-35, has the meaning set forth in IC 12-15-35-18.
As added by P.L.75-1992, SEC.18.

IC 12-7-2-190.8 Repealed
As added by P.L.211-1999, SEC.2. Amended by P.L.215-2001, SEC.30. Repealed by P.L.145-2006, SEC.376.

IC 12-7-2-190.9 "Title IV-A"
Sec. 190.9. "Title IV-A" refers to Title IV-A of the federal Social Security Act.
As added by P.L.257-1997(ss), SEC.9.

IC 12-7-2-191 "Title IV-A Agency"
Sec. 191. "Title IV-A Agency", for purposes of IC 12-17, refers to the division of family resources.
[Pre-1992 Revision Citation: 12-1-6.1-1(a).]
As added by P.L.2-1992, SEC.1. Amended by P.L.145-2006, SEC.61.

IC 12-7-2-192 Repealed
[Pre-1992 Revision Citation: 12-1-6.1-1(b).]
As added by P.L.2-1992, SEC.1. Repealed by P.L.145-2006, SEC.376.

IC 12-7-2-192.3 "Total number of households containing township assistance recipients"
Sec. 192.3. "Total number of households containing township assistance recipients", for purposes of IC 12-20-28-3, has the meaning set forth in IC 12-20-28-3(c).
As added by P.L.51-1996, SEC.10. Amended by P.L.73-2005, SEC.8; P.L.180-2005, SEC.3; P.L.1-2006, SEC.184.

IC 12-7-2-192.4 "Total number of recipients"
Sec. 192.4. "Total number of recipients", for purposes of IC 12-20-28-3, has the meaning set forth in the following:
(1) IC 12-20-28-3(d). This subdivision expires January 1, 2023.
(2) IC 12-20-28-3(e). This subdivision applies after December 31, 2022.
As added by P.L.51-1996, SEC.11. Amended by P.L.180-2005, SEC.4; P.L.162-2021, SEC.2.

IC 12-7-2-192.5 "Total number of requests for assistance"

Sec. 192.5. "Total number of requests for assistance", for purposes of IC 12-20-28-3, has the meaning set forth in IC 12-20-28-3(f).
As added by P.L.51-1996, SEC.12. Amended by P.L.180-2005, SEC.5; P.L.162-2021, SEC.3.

IC 12-7-2-192.7 Repealed
As added by P.L.133-2005, SEC.1. Repealed by P.L.143-2008, SEC.15.

IC 12-7-2-193 "Treatment by the department"
Sec. 193. "Treatment by the department", for purposes of IC 12-23, means treatment in a treatment program within Indiana that is certified under IC 12-23-1-6.
[Pre-1992 Revision Citation: 16-13-6.1-2.]
As added by P.L.2-1992, SEC.1.

IC 12-7-2-194 "Treatment team"
Sec. 194. "Treatment team", for purposes of IC 12-24-7, has the meaning set forth in IC 12-24-7-2.
[Pre-1992 Revision Citations: 4-28-27-2; 16-13-23-3.]
As added by P.L.2-1992, SEC.1.

IC 12-7-2-194.5 "Trustees"
Sec. 194.5. "Trustees", for purposes of IC 12-15-18, has the meaning set forth in IC 12-15-18-3.5.
As added by P.L.27-1992, SEC.9.

IC 12-7-2-195 "Tuberculosis"
Sec. 195. "Tuberculosis", for purposes of IC 12-30-7-27, has the meaning set forth in IC 12-30-7-27.
[Pre-1992 Revision Citation: 12-4-6-8.]
As added by P.L.2-1992, SEC.1.

IC 12-7-2-196 "Unit"
Sec. 196. "Unit", for purposes of IC 12-12-7, has the meaning set forth in IC 12-12-7-1.
[1992 Revision Citation: New.]
As added by P.L.2-1992, SEC.1.

IC 12-7-2-196.5 Repealed
As added by P.L.107-2002, SEC.9. Repealed by P.L.213-2025, SEC.109.

IC 12-7-2-197 "Vending machines"
Sec. 197. "Vending facilities", for purposes of IC 12-12-5, means automatic vending machines and snack bars and the auxiliary equipment necessary for the sale of newspapers, periodicals, confections, tobacco products, foods, beverages, and other articles or services dispensed automatically or manually and prepared on or off the premises in accordance with all applicable health laws.
[Pre-1992 Revision Citation: 4-28-10-7.]
As added by P.L.2-1992, SEC.1.

IC 12-7-2-197.3 "Veteran at risk"
Sec. 197.3. "Veteran at risk" means a veteran or active duty member of the armed forces of the United States, the national guard, or a reserve component of the armed forces of the United States who is known, based on information provided by a person making a report under IC 12-10-18-1, to have a physical or mental health condition that is related to the veteran's military service.

As added by P.L.40-2024, SEC.12.

IC 12-7-2-197.4 "Veteran at risk alert"

Sec. 197.4. "Veteran at risk alert" means an alert indicating that law enforcement officials are searching for a missing veteran at risk.

As added by P.L.40-2024, SEC.13.

IC 12-7-2-197.5 "Veteran crisis line"

Sec. 197.5. "Veteran crisis line", for purposes of IC 12-21-8, has the meaning set forth in IC 12-21-8-5.5.

As added by P.L.162-2023, SEC.6.

IC 12-7-2-198 "Visually impaired"

Sec. 198. (a) "Visually impaired", for purposes of the statutes listed in subsection (b), refers to an individual who has a visual acuity between 20/60 and 20/200 in the individual's better eye with the best correction or a corresponding loss in visual field.

(b) This section applies to the following statutes:

(1) IC 12-12-1.

(2) IC 12-12-3.

[Pre-1992 Revision Citation: 4-28-10-8.]

As added by P.L.2-1992, SEC.1.

IC 12-7-2-199 "Vocational rehabilitation services"

Sec. 199. "Vocational rehabilitation services", for purposes of IC 12-28-1, has the meaning set forth in IC 12-28-1-5.

[Pre-1992 Revision Citation: 16-13-19-2.]

As added by P.L.2-1992, SEC.1.

IC 12-7-2-199.2 "Volunteer"

Sec. 199.2. "Volunteer", for purposes of IC 12-17.2, means an individual who, without compensation, provides services to a child care home, child care center, provider (as defined in section 149.1(4) of this chapter), or child care ministry for at least eight (8) hours per month.

As added by P.L.18-2003, SEC.5. Amended by P.L.225-2013, SEC.4.

IC 12-7-2-199.3 Repealed

As added by P.L.247-2001, SEC.1. Repealed by P.L.18-2003, SEC.34.

IC 12-7-2-199.5 "Voucher payment"

Sec. 199.5. "Voucher payment", for purposes of IC 12-17.2-3.5, has the meaning set forth in IC 12-17.2-3.5-3.

As added by P.L.247-2001, SEC.2.

IC 12-7-2-199.8 Repealed

As added by P.L.6-2012, SEC.86. Repealed by P.L.85-2017, SEC.53.

IC 12-7-2-199.9 "Waiver training"

Sec. 199.9. "Waiver training", for purposes of IC 12-23-21, has the meaning set forth in IC 12-23-21-1.

As added by P.L.168-2017, SEC.2.

IC 12-7-2-200 "Warrant"

Sec. 200. (a) "Warrant", for purposes of the statutes listed in subsection (b), means an

instrument that is:

(1) the equivalent of a money payment; and

(2) immediately convertible into cash by the payee for the full face amount of the instrument.

(b) This section applies to the following statutes:

(1) IC 12-10-6.

(2) IC 12-13.

(3) IC 12-14.

(4) IC 12-15.

(5) IC 12-19.

[Pre-1992 Revision Citation: 12-1-1-1(n).]

As added by P.L.2-1992, SEC.1. Amended by P.L.145-2006, SEC.62.

IC 12-7-2-200.4 "Waste"

Sec. 200.4. "Waste", for purposes of IC 12-15-35.5, has the meaning set forth in IC 12-15-35.5-2.6.

As added by P.L.11-2010, SEC.1.

IC 12-7-2-200.5 "Wasted resources"

Sec. 200.5. "Wasted resources", for purposes of IC 12-20, means:

(1) the amount of money or resources expended by an applicant or an adult member of an applicant's household seeking township assistance during the thirty (30) days before the date of application for township assistance for items or services that are not basic necessities;

(2) income, resources, or tax supported services lost or reduced as a result of a voluntary act during the sixty (60) days before the date of application for township assistance by an adult member of an applicant's household unless the adult member can establish a good reason for the act; or

(3) lump sum amounts of money or resources from tax refunds, lawsuits, inheritances, or pension payments of at least four hundred dollars ($400) that are expended by:

(A) an applicant seeking township assistance; or

(B) an adult member of the applicant's household;

during the one hundred eighty (180) days immediately preceding the date of application for township assistance for items or services that are not basic necessities if, at the time of the expenditure, there were amounts due and owing for items or services constituting basic necessities.

As added by P.L.51-1996, SEC.13. Amended by P.L.262-2003, SEC.1; P.L.73-2005, SEC.9.

IC 12-7-2-201 Repealed

As added by P.L.74-1992, SEC.3. Repealed by P.L.145-2006, SEC.376.

IC 12-7-3 Chapter 3. Effect of Previously Adopted Rules

12-7-3-1	Treatment of rules adopted by department of mental health concerning developmental disabilities
12-7-3-2	Treatment of rules adopted by department of mental health concerning case management services for developmentally disabled
12-7-3-3	Treatment of rules adopted by department of mental health concerning residential facilities
12-7-3-4	Treatment of rules adopted by state board of health concerning child care licensing
12-7-3-5	Treatment of rules adopted by state department of public welfare concerning room and board assistance
12-7-3-6	Treatment of rules adopted by state department of public welfare concerning Medicaid
12-7-3-7	Treatment of rules adopted by department of human services concerning social services
12-7-3-8	Treatment of rules adopted by interdepartmental board for the coordination of human services concerning the school age child care project fund
12-7-3-9	Treatment of rules adopted by department of mental health concerning epilepsy services
12-7-3-10	Treatment of rules adopted by department of mental health concerning the handicapped infants and toddlers program
12-7-3-11	Treatment of rules adopted by Indiana state board of education concerning the school age child care project fund
12-7-3-12	Treatment of rules adopted by department of mental health concerning handicapped infants and toddlers program
12-7-3-13	Treatment of rules adopted by interdepartmental board for the coordination of human services concerning the school age child care project fund

IC 12-7-3-1 Treatment of rules adopted by department of mental health concerning developmental disabilities

Sec. 1. (a) A rule adopted by the department of mental health concerning developmental disabilities under IC 16-13-1 (before its repeal by P.L.9-1991) is valid and effective until the division of disability and rehabilitative services adopts a rule under IC 4-22-2 that:

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

(2) repeals the department of mental health rule.

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

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

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

that rule shall be interpreted to constitute an authorization to the division of disability and rehabilitative services and not the department of mental health.

As added by P.L.220-2011, SEC.253. Amended by P.L.168-2018, SEC.3.

IC 12-7-3-2 Treatment of rules adopted by department of mental health concerning case management services for developmentally disabled

Sec. 2. (a) A rule adopted by the department of mental health concerning case management services for developmentally disabled persons under IC 16-14-31 (before its repeal by P.L.9-1991) is valid and effective until the division of disability and rehabilitative services adopts a rule under IC 4-22-2 that:

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

(2) repeals the department of mental health rule.

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

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

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

that rule shall be interpreted to constitute an authorization to the division of disability and rehabilitative services and not the department of mental health.

As added by P.L.220-2011, SEC.253. Amended by P.L.168-2018, SEC.4.

IC 12-7-3-3 Treatment of rules adopted by department of mental health concerning residential facilities

Sec. 3. (a) A rule adopted by the department of mental health concerning residential facilities under IC 16-13-21 or IC 16-13-22, as amended by P.L.9-1991 and before their repeal, is valid and effective until the division of disability and rehabilitative services adopts a rule under IC 4-22-2 that:

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

(2) repeals the department of mental health rule.

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

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

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

that rule shall be interpreted to constitute an authorization to the division of disability and rehabilitative services and not the department of mental health.

As added by P.L.220-2011, SEC.253. Amended by P.L.168-2018, SEC.5.

IC 12-7-3-4 Treatment of rules adopted by state board of health concerning child care licensing

Sec. 4. (a) A rule adopted by the state board of health concerning child care licensing under IC 12-3-2, as amended by P.L.9-1991 and before its repeal, is valid and effective until the division of family and children adopts a rule under IC 4-22-2 that:

(1) supersedes in whole or in part the state board of health rule; or

(2) repeals the state board of health rule.

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

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

(2) provides authority to the state board of health that has been transferred to the division of family and children under P.L.9-1991;

that rule shall be interpreted to constitute an authorization to the division of family and children and not the state board of health.

As added by P.L.220-2011, SEC.253.

IC 12-7-3-5 Treatment of rules adopted by state department of public welfare concerning room and board assistance

Sec. 5. (a) A rule adopted by the state department of public welfare concerning room and board assistance under IC 12-1-5.5, as repealed by P.L.9-1991, is valid and effective until the division of disability and rehabilitative services adopts a rule under IC 4-22-2 that:

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

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

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

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

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

that rule shall be interpreted to constitute an authorization to the office of Medicaid policy

and planning established under IC 12-6-6 (before its repeal) and not the state board of public welfare.
As added by P.L.220-2011, SEC.253. Amended by P.L.168-2018, SEC.6.

IC 12-7-3-6 Treatment of rules adopted by state department of public welfare concerning Medicaid

Sec. 6. (a) A rule adopted by the state department of public welfare concerning the state medical assistance plan (Medicaid) under IC 12-1-7 (before its repeal) before January 1, 1992, is valid and effective until the secretary appointed under IC 12-6-2-2 (before its repeal) adopts a rule under IC 4-22-2 that:

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

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

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

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

(2) provides authority to the state department of public welfare that has been transferred to the secretary appointed under IC 12-6-2-2 (before its repeal) under P.L.9-1991;

that rule shall be interpreted to constitute an authorization to the office of Medicaid policy and planning established under IC 12-6-6 (before its repeal) and not the state department of public welfare.
As added by P.L.220-2011, SEC.253.

IC 12-7-3-7 Treatment of rules adopted by department of human services concerning social services

Sec. 7. (a) A rule adopted by the department of human services concerning social services under IC 4-28-6, as repealed by P.L.9-1991, is valid and effective until the division of family and children adopts a rule under IC 4-22-2 that:

(1) supersedes in whole or in part the department of human services rule; or

(2) repeals the department of aging and rehabilitative services rule.

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

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

(2) provides authority to the department of human services that has been transferred to the division of family and children under P.L.9-1991;

that rule shall be interpreted to constitute an authorization to the division of family and children and not the department of human services.
As added by P.L.220-2011, SEC.253.

IC 12-7-3-8 Treatment of rules adopted by interdepartmental board for the coordination of human services concerning the school age child care project fund

Sec. 8. (a) A rule adopted by the interdepartmental board for the coordination of human services concerning the school age child care project fund under IC 20-5-61, as repealed by P.L.9-1991, is valid and effective until the division of family and children adopts a rule under IC 4-22-2 that:

(1) supersedes in whole or in part the interdepartmental board for the coordination of human services rule; or

(2) repeals the interdepartmental board for the coordination of human services rule.

(b) Notwithstanding subsection (a), if a rule adopted by the interdepartmental board for the coordination of human services before January 1, 1992:

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

(2) provides authority to the interdepartmental board for the coordination of human services that has been transferred to the division of family and children under

P.L.9-1991;

that rule shall be interpreted to constitute an authorization to the division of family and children and not the interdepartmental board for the coordination of human services.

As added by P.L.220-2011, SEC.253.

IC 12-7-3-9 Treatment of rules adopted by department of mental health concerning epilepsy services

Sec. 9. (a) A rule adopted by the department of mental health concerning epilepsy services is valid and effective until the division of disability and rehabilitative services adopts a rule under IC 4-22-2 that:

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

(2) repeals the department of mental health rule.

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

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

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

that rule shall be interpreted to constitute an authorization to the division of disability and rehabilitative services and not the department of mental health.

As added by P.L.220-2011, SEC.253. Amended by P.L.168-2018, SEC.7.

IC 12-7-3-10 Treatment of rules adopted by department of mental health concerning the handicapped infants and toddlers program

Sec. 10. (a) Except as provided in subsection (b), a rule adopted by the department of mental health concerning the handicapped infants and toddlers program, before its repeal by P.L.9-1991, is valid and effective until the section of child care services within the division of family and children adopts a rule under IC 4-22-2 that supersedes in whole or in part or otherwise repeals the department of mental health rule for the infants and toddlers with disabilities program under IC 12-17-14, as added by P.L.20-1992, and before its repeal.

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

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

(2) provides authority to the department of mental health that has been transferred to the section of child care services within the division of family and children;

the rule shall be interpreted to constitute an authorization to the section of child care services within the division of family and children and not the division of mental health.

As added by P.L.220-2011, SEC.253.

IC 12-7-3-11 Treatment of rules adopted by Indiana state board of education concerning the school age child care project fund

Sec. 11. (a) Except as provided in subsection (b), a rule adopted by the Indiana state board of education concerning the school age child care project fund, before its repeal by P.L.9-1991, is valid and effective until the section of child care services within the division of family and children adopts a rule under IC 4-22-2 that supersedes in whole or in part or otherwise repeals the Indiana state board of education rule for the school age child care project program established under IC 12-17-12, as amended by P.L.20-1992, and before its repeal.

(b) If a rule adopted by the Indiana state board of education before January 1, 1992:

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

(2) provides authority to the Indiana state board of education that has been transferred to the section of child care services within the division of family and children;

the rule shall be interpreted to constitute an authorization to the section of child care services within the division of family and children and not the Indiana state board of education.

As added by P.L.220-2011, SEC.253.

IC 12-7-3-12 Treatment of rules adopted by department of mental health concerning handicapped infants and toddlers program

Sec. 12. (a) Except as provided in subsection (b), a rule adopted by the department of mental health concerning the handicapped infants and toddlers program, before its repeal by P.L.9-1991, is valid and effective until the section of child care services within the division of family and children adopts a rule under IC 4-22-2 that supersedes in whole or in part or otherwise repeals the department of mental health rule for the infants and toddlers with disabilities program under IC 12-17-15, as added by P.L.21-1992, and before its repeal.

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

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

(2) provides authority to the department of mental health that has been transferred to the section of child care services within the division of family and children;

the rule shall be interpreted to constitute an authorization to the section of child care services within the division of family and children and not the division of mental health.

As added by P.L.220-2011, SEC.253.

IC 12-7-3-13 Treatment of rules adopted by interdepartmental board for the coordination of human services concerning the school age child care project fund

Sec. 13. (a) Except as provided in subsection (b), a rule adopted by the interdepartmental board for the coordination of human service programs concerning the school age child care project fund, before its repeal by P.L.9-1991, is valid and effective until the section of child care services within the division of family and children adopts a rule under IC 4-22-2 that supersedes in whole or in part or otherwise repeals the interdepartmental board rule for the school age child care project program established under IC 12-17-12.

(b) If a rule adopted by the interdepartmental board for the coordination of human service programs before January 1, 1992:

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

(2) provides authority to the interdepartmental board that has been transferred to the section of child care services within the division of family and children;

the rule shall be interpreted to constitute an authorization to the section of child care services within the division of family and children and not the interdepartmental board for the coordination of human service programs.

As added by P.L.220-2011, SEC.253.

IC 12-8 ARTICLE 8. ADMINISTERING FAMILY AND SOCIAL SERVICES

Ch. 1.	Expired
Ch. 1.5.	Office of Secretary of Family and Social Services
Ch. 1.6.	Medicaid Home and Community Based Services Waivers
Ch. 1.7.	Individuals in Need of Self-Directed In-Home Care
Ch. 2.	Expired
Ch. 2.5.	Family and Social Services Bodies
Ch. 3.	Repealed
Ch. 4.	Repealed
Ch. 5.	Repealed
Ch. 6.	Expired
Ch. 6.5.	Office of Medicaid Policy and Planning
Ch. 7.	Repealed
Ch. 8.	Expired
Ch. 8.5.	Divisions and Directors
Ch. 9.	Repealed
Ch. 10.	Financial Services Group
Ch. 11.	Repealed
Ch. 12.	Employment Opportunities for TANF Recipients
Ch. 12.5.	Expired
Ch. 13.	Repealed
Ch. 14.	Repealed

IC 12-8-1 Chapter 1. Expired

[Pre-1992 Revision Citations:

12-8-1-1	formerly 12-6-2-1
12-8-1-2	formerly 12-6-2-2
12-8-1-3	formerly 12-6-2-4
12-8-1-4	formerly 12-6-2-5
12-8-1-5	subsection (a) formerly 12-6-2-6(a); subsection (b) formerly 12-6-2-6(b) part
12-8-1-6	subsection (a) formerly 12-6-2-3; subsection (b) formerly 12-6-2-6(b)(2)
12-8-1-7	formerly 12-6-2-7
12-8-1-8	formerly 12-6-2-8
12-8-1-9	formerly 12-6-2-9
12-8-1-10	formerly 12-6-9-1.]

Expired 6-30-2011 by P.L.182-2009(ss), SEC.294.

IC 12-8-1.5 Chapter 1.5. Office of Secretary of Family and Social Services

12-8-1.5-0.3	Legalization of certain actions
12-8-1.5-1	Establishment
12-8-1.5-2	Appointment
12-8-1.5-3	General responsibilities
12-8-1.5-4	Hiring of personnel; appointing authority; delegation
12-8-1.5-5	Technical assistance to divisions; coordination; related functions
12-8-1.5-6	Cooperation between office and Indiana department of health
12-8-1.5-6.1	Provision of address information to department of child services
12-8-1.5-7	Powers
12-8-1.5-7.5	Waiver; enhanced federal matching funds; report
12-8-1.5-8	Cooperation with federal agencies; federal aid
12-8-1.5-9	Rules
12-8-1.5-9.1	Expired
12-8-1.5-9.5	Rules; expiration; effect of policies set forth in rules
12-8-1.5-10	Agency administering vocational rehabilitation programs; federal programs
12-8-1.5-10.5	Single state agency designation; Medicaid policy
12-8-1.5-11	Appropriation augmentation
12-8-1.5-12	Programs to review dependence on public assistance
12-8-1.5-13	Implementation of methods to facilitate payment of providers
12-8-1.5-14	Improvement of system through technology and training
12-8-1.5-15	Implementation and administration of health care programs to uninsured; assistance with nonprofit organization
12-8-1.5-16	Operation of bureau to adjudicate claims
12-8-1.5-17	Operation of bureau that enters into interim assistance agreement
12-8-1.5-17.5	Expired
12-8-1.5-18	Report concerning investigations of endangered adults; budget committee consideration of report
12-8-1.5-18.5	Report concerning area agency on aging planning and service areas
12-8-1.5-19	Administration of 211 services
12-8-1.5-20	Child care subsidy information dashboard

IC 12-8-1.5-0.3 Legalization of certain actions

Sec. 0.3. (a) Actions taken under IC 12-8-1 (expired), after December 31, 2007, and before March 24, 2008, are legalized and validated to the extent that those actions would have been legal and valid if P.L.113-2008 had been enacted before January 1, 2008.

(b) Actions taken under IC 12-8-1 (expired) after June 30, 2011, are legalized and validated to the extent that those actions would have been legal and valid if IC 12-8-1 had not expired on June 30, 2011.

As added by P.L.160-2012, SEC.16.

IC 12-8-1.5-1 Establishment

Sec. 1. (a) The office of the secretary of family and social services is established.

(b) The office of the secretary includes the following:

(1) The secretary.

(2) Each office.

As added by P.L.160-2012, SEC.16.

IC 12-8-1.5-2 Appointment

Sec. 2. The governor shall appoint the secretary of family and social services to coordinate family and social service programs among the divisions.

As added by P.L.160-2012, SEC.16.

IC 12-8-1.5-3 General responsibilities

Sec. 3. (a) The secretary has administrative responsibility for the office of the secretary.

(b) Subject to this article, the secretary may organize an office to perform the duties of

the office.
As added by P.L.160-2012, SEC.16.

IC 12-8-1.5-4 Hiring of personnel; appointing authority; delegation

Sec. 4. (a) The secretary may hire personnel necessary to perform the duties of each office.

(b) Except as provided in subsection (c), the secretary is the appointing authority for the office of family and social services, including the divisions, offices, and institutions of the office of family and social services.

(c) The secretary may delegate the appointing authority for a division, office, institution, or other group of employees subject to IC 4-15-2.2.

(d) The delegation of the appointing authority under subsection (c) may affect the procedure and the division, office, institution, or other group of employees affected by actions under IC 4-15-2.2-40.

As added by P.L.160-2012, SEC.16. Amended by P.L.35-2016, SEC.8.

IC 12-8-1.5-5 Technical assistance to divisions; coordination; related functions

Sec. 5. (a) The secretary, through the offices, is responsible for coordinating the provision of technical assistance to each division for the following:

(1) Compiling program budgets for each division.

(2) Fiscal performance of each division.

(3) Management and administrative performance of each division.

(4) Program performance of each division.

(b) The secretary, through the offices, is accountable for the following:

(1) Resolution of administrative, jurisdictional, or policy conflicts among the divisions.

(2) The coordination of the activities of each division with other entities, including the general assembly and other state agencies.

(3) Coordination of communication with the federal government and the governments of other states.

(4) Development and ongoing monitoring of a centralized management information system and a centralized training system for orientation and cross-training.

(5) The overall policy development and management of the state Medicaid plan under IC 12-15.

(6) Liaison activities with other governmental entities and private sector agencies.

As added by P.L.160-2012, SEC.16.

IC 12-8-1.5-6 Cooperation between office and Indiana department of health

Sec. 6. (a) The secretary and the commissioner of the Indiana department of health shall cooperate to coordinate family and social services programs with related programs administered by the Indiana department of health.

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

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

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

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

(4) Coordinating activities concerning long term care between the division of disability and rehabilitative services and the Indiana department of health.

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

(c) The office shall cooperate with the Indiana department of health in providing the

information required for the commissioner of the Indiana department of health or the commissioner's designee to complete the:

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

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

As added by P.L.160-2012, SEC.16. Amended by P.L.202-2018, SEC.1; P.L.56-2023, SEC.84.

IC 12-8-1.5-6.1 Provision of address information to department of child services

Sec. 6.1. (a) Subject to an approved state plan amendment or waiver under subsection (b), the office of the secretary shall, immediately upon request by the department of child services, provide to the department of child services address information that is maintained by the office of the secretary and that is necessary for the department of child services to:

(1) respond to a report of suspected child abuse or neglect under IC 31-33; or

(2) take action concerning a child with regard to whom exigent circumstances (as defined by IC 31-9-2-44.1) exist.

(b) The office of the secretary shall apply for any state plan amendment or waiver necessary to implement this section.

As added by P.L.179-2025, SEC.1.

IC 12-8-1.5-7 Powers

Sec. 7. The secretary, through the offices, may do the following:

(1) Employ experts and consultants to carry out the duties of the secretary and the offices.

(2) Utilize, with the consent of the other state agencies, the services and facilities of other state agencies without reimbursement.

(3) Accept in the name of the state, for use in carrying out the purposes of this article, any money or other property received as a gift, by bequest, or otherwise.

(4) Accept voluntary and uncompensated services.

(5) Expend money made available according to policies enforced by the budget agency.

(6) Establish and implement the policies and procedures necessary to implement this article.

(7) Advise the governor concerning rules adopted by a division before July 1, 2015, or the secretary after June 30, 2015.

(8) Create advisory bodies to advise the secretary about any matter relating to the implementation of this article.

(9) Perform other acts necessary to implement this article.

(10) Perform other functions permissible under this title.

As added by P.L.160-2012, SEC.16. Amended by P.L.39-2015, SEC.1.

IC 12-8-1.5-7.5 Waiver; enhanced federal matching funds; report

Sec. 7.5. (a) Notwithstanding any other law, the secretary, through the offices, may issue a waiver, in writing, of provisions of this title and rules adopted under IC 4-22-2 concerning provisions of this title if the secretary determines that the waiver is necessary to claim any enhanced federal matching funds available from:

(1) the federal Families First Coronavirus Response Act;

(2) the federal American Rescue Plan Act of 2021; or

(3) any other federal law, regulation, guidance, or policy pertaining to COVID-19 (as defined in IC 16-39-11-1) relief;

for the Medicaid program or programs funded through Medicaid.

(b) Not later than March 1, 2022, and every six (6) months thereafter, the secretary shall prepare and submit a report to the budget committee concerning any waiver issued under subsection (a).

(c) Nothing in this section may be construed to obligate the secretary to issue a waiver under this section.

(d) This section expires on the day after the date that the funds described in subsection (a)(1) through (a)(3) are no longer available to the state.

As added by P.L.1-2022, SEC.1.

IC 12-8-1.5-8 Cooperation with federal agencies; federal aid

Sec. 8. (a) The secretary shall cooperate with the federal Social Security Administration and with any other agency of the federal government in any reasonable manner that may be necessary to qualify for federal aid for assistance to persons who are entitled to assistance under the provisions of the federal Social Security Act.

(b) The secretary shall do the following:

(1) Make reports in the form and containing the information required by the federal Social Security Administration Board or any other agency of the federal government.

(2) Comply with the requirements that the federal Social Security Administration Board or other agency of the federal government finds necessary to assure the correctness and verification of reports.

(c) The secretary shall act as the agent to the federal government in the following:

(1) Welfare matters of mutual concern.

(2) The administration of federal money granted to Indiana to aid the welfare functions of the state.

As added by P.L.160-2012, SEC.16.

IC 12-8-1.5-9 Rules

Sec. 9. Consistent with the powers and duties of the secretary under this article, the secretary may adopt rules under IC 4-22-2 relating to the exercise of those powers and duties.

As added by P.L.160-2012, SEC.16. Amended by P.L.13-2013, SEC.44.

IC 12-8-1.5-9.1 Expired

As added by P.L.140-2013, SEC.12. Expired 7-1-2013 by P.L.140-2013, SEC.12.

IC 12-8-1.5-9.5 Rules; expiration; effect of policies set forth in rules

Sec. 9.5. (a) This subsection applies to an emergency rule adopted under section 9(b) of this chapter (before section 9(b) of this chapter expired on December 31, 2012). An emergency rule adopted under section 9(b) of this chapter expires December 31, 2013, regardless of any expiration date set forth in the rule.

(b) This subsection applies to a rule added or amended in LSA Document #10-792 or LSA Document #10-793 in 2011. The policies set forth in the following remain in effect through December 31, 2013, regardless of the effective date set forth in the rule:

(1) 405 IAC 1-11.5-2(g).

(2) 405 IAC 5-30-1.5(c).

(c) This subsection applies to an emergency rule adopted under IC 12-8-1-9(b) (before IC 12-8-1-9(b) expired on June 30, 2011). An emergency rule adopted under IC 12-8-1-9(b) expires December 31, 2013, regardless of any expiration date set forth in the rule.

As added by P.L.205-2013, SEC.180.

IC 12-8-1.5-10 Agency administering vocational rehabilitation programs; federal programs

Sec. 10. The office of the secretary is designated as the sole state agency responsible for administering programs concerning the vocational rehabilitation of individuals with a disability under 29 U.S.C. 701 et seq.

As added by P.L.160-2012, SEC.16.

IC 12-8-1.5-10.5 Single state agency designation; Medicaid policy

Sec. 10.5. (a) The office of the secretary is designated as the single state agency for administration of the state Medicaid program under IC 12-15.

(b) The office of the secretary shall develop and coordinate Medicaid policy for the state.

As added by P.L.109-2014, SEC.15.

IC 12-8-1.5-11 Appropriation augmentation

Sec. 11. (a) If:

(1) the sums appropriated by the general assembly in the biennial budget to the family and social services administration for the Medicaid assistance, Medicaid administration, public assistance (TANF), and the IMPACT (JOBS) work program are insufficient to enable the office of the secretary to meet its obligations; and

(2) the failure to appropriate additional funds would:

(A) violate a provision of federal law; or

(B) jeopardize the state's share of federal financial participation applicable to the state appropriations contained in the biennial budget for Medicaid assistance, Medicaid administration, public assistance (TANF), or the IMPACT (JOBS) work program;

then there are appropriated further sums as may be necessary to remedy a situation described in this subsection, subject to the approval of the budget director and the unanimous recommendation of the members of the budget committee. However, before approving a further appropriation under this subsection, the budget director shall explain to the budget committee the factors indicating that a condition described in subdivision (2) would be met.

(b) If:

(1) the sums appropriated by the general assembly in the biennial budget to the family and social services administration for Medicaid assistance, Medicaid administration, public assistance (TANF), and the IMPACT (JOBS) work program are insufficient to enable the family and social services administration to meet its obligations; and

(2) neither of the conditions in subsection (a)(2) would result from a failure to appropriate additional funds;

then there are appropriated further sums as may be necessary to remedy a situation described in this subsection, subject to the approval of the budget director and the unanimous recommendation of the members of the budget committee. However, before approving a further appropriation under this subsection, the budget director shall explain to the budget committee the factors indicating that a condition described in subdivision (2) would be met.

(c) Notwithstanding IC 12-14 and IC 12-15 (except for a clinical advisory panel established under IC 12-15), and except as provided in subsection (d), the office of the secretary may by rule adjust programs, eligibility standards, and benefit levels to limit expenditures from Medicaid assistance, Medicaid administration, public assistance (TANF), and the IMPACT (JOBS) work program. The office of the secretary may adopt rules under IC 4-22-2 to make an adjustment authorized by this subsection. However, adjustments under this subsection may not:

(1) violate a provision of federal law; or

(2) jeopardize the state's share of federal financial participation applicable to the state appropriations contained in the biennial budget for Medicaid assistance, Medicaid administration, public assistance (TANF), and the IMPACT (JOBS) work program.

(d) Subject to IC 12-15-21-3, any adjustments made under subsection (c) must:

(1) allow for a licensed provider under IC 12-15 to deliver services within the scope of the provider's license if the benefit is covered under IC 12-15; and

(2) provide access to services under IC 12-15 from a provider under IC 12-15-12.

As added by P.L.160-2012, SEC.16. Amended by P.L.93-2024, SEC.105.

IC 12-8-1.5-12 Programs to review dependence on public assistance

Sec. 12. Subject to the appropriation limits established by the state's biennial budget for the office of the secretary and its divisions, and after assistance, including assistance under TANF (IC 12-14), medical assistance (IC 12-15), and food stamps (7 U.S.C. 2016(i)), is distributed to persons eligible to receive assistance, the secretary may adopt rules under IC 4-22-2 to offer programs on a pilot or statewide basis to encourage recipients of assistance under IC 12-14 to become self-sufficient and discontinue dependence on public assistance programs. Programs offered under this subsection may do the following:

(1) Develop welfare-to-work programs.

(2) Develop home child care training programs that will enable recipients to work by providing child care for other recipients.

(3) Provide case management and supportive services.

(4) Develop a system to provide for public service opportunities for recipients.

(5) Provide plans to implement the personal responsibility agreement under IC 12-14-2-21.

(6) Develop programs to implement the school attendance requirement under IC 12-14-2-17.

(7) Provide funds for county planning council activities under IC 12-14-22-13 (repealed).

(8) Provide that a recipient may earn up to the federal income poverty level (as defined in IC 12-15-2-1) before assistance under this title is reduced or eliminated.

(9) Provide for child care assistance, with the recipient paying fifty percent (50%) of the local market rate as established under 45 CFR 256 for child care.

(10) Provide for medical care assistance under IC 12-15, if the recipient's employer does not offer the recipient health care coverage.

As added by P.L.160-2012, SEC.16. Amended by P.L.130-2018, SEC.43.

IC 12-8-1.5-13 Implementation of methods to facilitate payment of providers

Sec. 13. The office of the secretary shall implement methods to facilitate the payment of providers under IC 12-15.

As added by P.L.160-2012, SEC.16.

IC 12-8-1.5-14 Improvement of system through technology and training

Sec. 14. The office of the secretary shall improve its system through the use of technology and training of staff to do the following:

(1) Simplify, streamline, and destigmatize the eligibility and enrollment processes in all health programs serving children.

(2) Ensure an efficient provider payment system.

(3) Improve service to families.

(4) Improve data quality for program assessment and evaluation.

As added by P.L.160-2012, SEC.16.

IC 12-8-1.5-15 Implementation and administration of health care programs to uninsured; assistance with nonprofit organization

Sec. 15. (a) The office of the secretary shall:

(1) cooperate with; and

(2) assist;

a nonprofit organization with the purpose to implement and administer a program to provide health care to uninsured Indiana residents.

(b) The office of the secretary shall assist a nonprofit organization that has the purpose described in subsection (a) with the following:

(1) Determining eligibility of potential participants who have an income of not more than one hundred percent (100%) of the federal poverty level for a program described in this section.

(2) Issuing a plan card that is valid for one (1) year to an individual if:

(A) the office of the secretary has determined the individual is eligible for the program; and

(B) the individual has paid the office of the secretary a registration fee determined by the office.

(3) Operating a toll free telephone number that provides provider referral services for participants in the program.

(4) Implementing the program described in this section to combine the resources of the office of the secretary and the nonprofit organization in a manner that would not result in the additional expenditure of state funds.

As added by P.L.160-2012, SEC.16.

IC 12-8-1.5-16 Operation of bureau to adjudicate claims

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.

As added by P.L.210-2015, SEC.11.

IC 12-8-1.5-17 Operation of bureau that enters into interim assistance agreement

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.

As added by P.L.210-2015, SEC.12.

IC 12-8-1.5-17.5 Expired

As added by P.L.264-2019, SEC.1. Expired 7-1-2020 by P.L.264-2019, SEC.1.

IC 12-8-1.5-18 Report concerning investigations of endangered adults; budget committee consideration of report

Sec. 18. (a) Before December 1, 2016, the office of the secretary of family and social services, in cooperation with the Indiana prosecuting attorneys council, shall do the following:

(1) Prepare and submit a report as described in subsection (b) to the legislative council in an electronic format under IC 5-14-6.

(2) Present the report required under this section to the budget committee.

(b) The report must include:

(1) an estimation of the appropriate staffing levels necessary for the office of the secretary of family and social services and prosecuting attorney offices to efficiently and effectively manage the investigations of reports of matters related to the abuse, neglect, or exploitation of endangered adults;

(2) identification of:

(A) the circumstances that should result in emergency placement in the case of an adult protective services investigation;

(B) the appropriate types of emergency placements based on those circumstances; and

(C) strategies for improving emergency placement capabilities;

(3) consideration of the benefits and cost of establishing a centralized intake system for reports of matters related to the abuse, neglect, or exploitation of endangered adults;

(4) a statement of consistent standards of care for endangered adults;

(5) a determination of the appropriate levels of training for employees of:

(A) the office of the secretary of family and social services; and

(B) a prosecuting attorney office;

who are involved in providing adult protective services;

(6) a draft of a cooperative agreement between the office of the secretary of family and social services and the Indiana prosecuting attorneys council that sets forth the duties and responsibilities of the agencies and prosecuting attorney offices with regard to adult protective services; and

(7) performance goals and accountability metrics for adult protective services to be incorporated in contracts and grant agreements.

(c) The budget committee shall consider the report submitted under this section in formulating the committee's budget recommendations.

As added by P.L.34-2016, SEC.2. Amended by P.L.148-2024, SEC.8.

IC 12-8-1.5-18.5 Report concerning area agency on aging planning and service areas

Sec. 18.5. (a) As used in this section, "advisory council" refers to the division of disability and rehabilitative services advisory council established under IC 12-9-4.

(b) As used in this section, "board" refers to the community and home options to institutional care for the elderly and disabled board established by IC 12-10-11-1.

(c) As used in this section, "commission" refers to the Indiana state commission on aging established by IC 12-10-2-2.

(d) The office of the secretary may, in collaboration with the Indiana Association of Area Agencies on Aging, study and prepare a report containing recommendations for realigning and consolidating the area agency on aging planning and service areas.

(e) If the office of the secretary elects to study and prepare the report described in subsection (d), the office of the secretary shall do the following:

(1) Provide notice of the election to the legislative council in an electronic format under IC 5-14-6.

(2) In studying and preparing the report, consult with the:

(A) advisory council;

(B) board; and

(C) commission;

at the regularly scheduled public meetings of the advisory council, board, and commission to receive input and feedback concerning the recommendations described in subsection (d).

(3) Not later than two (2) years after the date on which the office of the secretary provides notice under subdivision (1), submit the report to the legislative council in an electronic format under IC 5-14-6.

As added by P.L.167-2025, SEC.1.

IC 12-8-1.5-19 Administration of 211 services

Sec. 19. The office of the secretary has all the powers necessary or convenient to carry out and effectuate the purposes and provisions of IC 12-13-16 (concerning the administration of the 211 dialing code used to provide access to human services information and referrals), including the power to make and publish rules, in the manner set forth in IC 12-13-16-13.

As added by P.L.73-2020, SEC.6.

IC 12-8-1.5-20 Child care subsidy information dashboard

Sec. 20. Not later than September 30, 2024, the office of the secretary shall publish on the website of the office of the secretary a dashboard providing monthly information regarding state and federal child care subsidies available to Indiana residents, including the following information:

(1) The number of child care subsidies available.

(2) The average copayment required under each available subsidy.

(3) The number of children on a wait list for each available subsidy.

(4) Other key indicators, as determined by the office of the secretary, of the effectiveness of the available child care subsidies in each Indiana county.

As added by P.L.92-2024, SEC.6.

IC 12-8-1.6 Chapter 1.6. Medicaid Home and Community Based Services Waivers

12-8-1.6-1 "Assisted living services"
12-8-1.6-2 "Home and community based services waiver"
12-8-1.6-3 "Level of services"
12-8-1.6-4 Powers and duties of the office of the secretary
12-8-1.6-5 Eligibility and certification
12-8-1.6-6 Placement authority
12-8-1.6-7 Access to services
12-8-1.6-8 Provider compliance with waiver requirements
12-8-1.6-9 Waiver requirements
12-8-1.6-10 Reimbursement for certain services; home and community based services; limitations concerning assisted living services; rules
12-8-1.6-11 Determination of savings; report
12-8-1.6-12 Rules

IC 12-8-1.6-1 "Assisted living services"

Sec. 1. As used in this chapter, "assisted living services" refers to services covered under a home and community based services waiver and provided in any of the following entities:

(1) A residential care facility licensed under IC 16-28.

(2) Any other housing with services establishment.

As added by P.L.174-2025, SEC.14.

IC 12-8-1.6-2 "Home and community based services waiver"

Sec. 2. (a) As used in this chapter, "home and community based services waiver" refers to a federal Medicaid waiver granted to the state under 42 U.S.C. 1396n(c) to provide home and community based long term care services and supports to individuals with disabilities.

(b) The term does not include home and community services offered as part of the approved Medicaid state plan.

As added by P.L.174-2025, SEC.14.

IC 12-8-1.6-3 "Level of services"

Sec. 3. As used in this chapter, "level of services" means a determination of the type of services an individual may receive under a Medicaid waiver based on the individual's impairment and dependence and the corresponding reimbursement rate for the determined level of care.

As added by P.L.174-2025, SEC.14.

IC 12-8-1.6-4 Powers and duties of the office of the secretary

Sec. 4. (a) The office of the secretary has all powers necessary and convenient to administer a home and community based services waiver.

(b) The office of the secretary shall do the following:

(1) Administer money appropriated or allocated to the office of the secretary by the state, including money appropriated or allocated for a home and community based services waiver.

(2) Take any action necessary to implement a home and community based services waiver, including applying to the United States Department of Health and Human Services for approval to amend or renew the waiver, implement a new Medicaid waiver, or amend the Medicaid state plan.

(3) Ensure that a home and community based services waiver is subject to funding available to the office of the secretary.

(4) Ensure, in coordination with the budget agency, that the cost of a home and community based services waiver does not exceed the total amount of funding available

by the budget agency, including state and federal funds, for the Medicaid programs established to provide services under a home and community based services waiver.

(5) Establish and administer a program for a home and community based services waiver to provide an eligible individual with care that does not cost more than services provided to a similarly situated individual residing in an institution.

(6) Within the limits of available resources, provide service coordination services to individuals receiving services under a home and community based services waiver, including the development of an individual service plan that:

(A) addresses an individual's needs;

(B) identifies and considers family and community resources that are potentially available to meet the individual's needs; and

(C) is consistent with the person centered care approach for receiving services under a waiver.

(7) Monitor services provided by a provider that:

(A) provides services to an individual using funds provided by the office of the secretary or under the authority of the office of the secretary; or

(B) entered into one (1) or more provider agreements to provide services under a home and community based services waiver.

(8) Establish and administer a confidential complaint process for:

(A) an individual receiving; or

(B) a provider described in subdivision (7) providing;

services under a home and community based services waiver.

(c) The office of the secretary may do the following:

(1) At the office's discretion, delegate any of its authority under this chapter to any division or office within the office of the secretary.

(2) Issue administrative orders under IC 4-21.5-3-6 regarding the provision of a home and community based services waiver.

As added by P.L.174-2025, SEC.14.

IC 12-8-1.6-5 Eligibility and certification

Sec. 5. (a) The office of the secretary shall establish:

(1) eligibility criteria for an individual to receive; and

(2) certification criteria for a provider of;

services under a home and community based services waiver.

(b) The eligibility criteria established under subsection (a) may vary based on the targeted need of each home and community based services waiver.

(c) An individual who is determined by the office of the secretary to be ineligible for services under a home and community based services waiver may appeal the determination under IC 4-21.5.

As added by P.L.174-2025, SEC.14.

IC 12-8-1.6-6 Placement authority

Sec. 6. The office of the secretary shall serve as the placement authority for individuals receiving services under a home and community based services waiver and an individual service plan.

As added by P.L.174-2025, SEC.14.

IC 12-8-1.6-7 Access to services

Sec. 7. Subject to the availability of applicable waiver slots and funding, the office of the secretary shall provide access to home and community based services that are appropriate and necessary for an individual determined to be eligible by the office of the secretary for services under a home and community based services waiver.

As added by P.L.174-2025, SEC.14.

IC 12-8-1.6-8 Provider compliance with waiver requirements

Sec. 8. A provider of services under a home and community based services waiver shall follow any waiver requirements under federal law and developed by the office of the secretary, including the planning process, service plan, and home and community based setting requirements set forth in 42 CFR 441.301.

As added by P.L.174-2025, SEC.14.

IC 12-8-1.6-9 Waiver requirements

Sec. 9. A home and community based services waiver, including the delivery and receipt of services provided under the home and community based services waiver, must meet the following requirements:

(1) Be provided under public supervision.

(2) Be individualized and designed to meet the needs of individuals eligible to receive services under the home and community based services waiver.

(3) Meet applicable state and federal standards.

(4) Be provided by qualified personnel.

(5) Be provided, to the extent appropriate, with services provided under the home and community based services waiver that are provided in a home and community based setting where nonwaiver individuals receive services.

(6) Be provided in accordance with an individual's service plan.

As added by P.L.174-2025, SEC.14.

IC 12-8-1.6-10 Reimbursement for certain services; home and community based services; limitations concerning assisted living services; rules

Sec. 10. (a) This section applies to a home and community based services waiver that included assisted living services as an available service before July 1, 2025.

(b) As used in this section, "office" includes the following:

(1) The office of the secretary of family and social services.

(2) A managed care organization that has contracted with the office of Medicaid policy and planning under IC 12-15.

(3) A person that has contracted with a managed care organization described in subdivision (2).

(c) Under a home and community based services waiver that provides services to an individual who is aged or disabled, the office shall reimburse for the following services provided to the individual by a provider of assisted living services, if included in the individual's home and community based service plan:

(1) Assisted living services.

(2) Integrated health care coordination.

(3) Transportation.

(d) If the office approves an increase in the level of services for a recipient of assisted living services, the office shall reimburse the provider of assisted living services for the level of services for the increase as of the date that the provider has documentation of providing the increase in the level of services.

(e) The office may reimburse for any home and community based services provided to a Medicaid recipient beginning on the date of the individual's Medicaid application.

(f) The office may not do any of the following concerning assisted living services provided in a home and community based services program:

(1) Require the installation of a sink in the kitchenette within any living unit of an entity that participated in the Medicaid home and community based services program before July 1, 2018.

(2) Require all living units within a setting that provides assisted living services to comply with physical plant requirements that are applicable to individual units

occupied by a Medicaid recipient.

(3) Require a provider to offer only private rooms.

(4) Require a housing with services establishment provider to provide housing when:

(A) the provider is unable to meet the health needs of a resident without:

(i) undue financial or administrative burden; or

(ii) fundamentally altering the nature of the provider's operations; and

(B) the resident is unable to arrange for services to meet the resident's health needs.

(5) Require a housing with services establishment provider to separate an agreement for housing from an agreement for services.

(6) Prohibit a housing with services establishment provider from offering studio apartments with only a single sink in the unit.

(7) Preclude the use of a shared bathroom between adjoining or shared units if the participants consent to the use of a shared bathroom.

(8) Reduce the scope of services that may be provided by a provider of assisted living services under the aged and disabled Medicaid waiver in effect on July 1, 2021.

(g) The office of the secretary may adopt rules under IC 4-22-2 that establish the right, and an appeals process, for a resident to appeal a provider's determination that the provider is unable to meet the health needs of the resident as described in subsection (f)(4). The process:

(1) must require an objective third party to review the provider's determination in a timely manner; and

(2) may not be required if the provider is licensed by the Indiana department of health and the licensure requirements include an appellate procedure for such a determination.

As added by P.L.174-2025, SEC.14.

IC 12-8-1.6-11 Determination of savings; report

Sec. 11. (a) The office of the secretary shall annually determine any state savings generated by home and community based services under this chapter by reducing the use of institutional care.

(b) The office of the secretary shall annually report to the governor, the budget agency, the budget committee, the interim study committee on public health, behavioral health, and human services established by IC 2-5-1.3-4, and the executive director of the legislative services agency the savings determined under subsection (a). A report under this subsection to the executive director of the legislative services agency must be in an electronic format under IC 5-14-6.

(c) Savings determined under subsection (a) may be used to fund the state's share of additional home and community based Medicaid waiver slots.

As added by P.L.174-2025, SEC.14.

IC 12-8-1.6-12 Rules

Sec. 12. The office of the secretary may adopt rules under IC 4-22-2 to implement this chapter.

As added by P.L.174-2025, SEC.14.

IC 12-8-1.7 Chapter 1.7. Individuals in Need of Self-Directed In-Home Care

12-8-1.7-1	"Attendant care services"
12-8-1.7-2	"Individual in need of self-directed in-home care"
12-8-1.7-3	"Personal services attendant"
12-8-1.7-4	Self-direct care options and services
12-8-1.7-5	Registration; prohibition
12-8-1.7-6	Registration by the office of the secretary; duties of the office of the secretary
12-8-1.7-7	Physician's or health care professional's written opinion
12-8-1.7-8	Employer; immunity; liability
12-8-1.7-9	Responsibilities of individuals in need of self-directed in-home care
12-8-1.7-10	Contracts
12-8-1.7-11	Amendment of home and community based services waiver; payments not considered income
12-8-1.7-12	Rules

IC 12-8-1.7-1 "Attendant care services"

Sec. 1. As used in this chapter, "attendant care services" means the basic and ancillary services that the individual chooses to direct and supervise a personal services attendant to perform and that enable an individual in need of self-directed in-home care to live in the individual's home and community rather than in an institution and to carry out functions of daily living, self-care, and mobility.

As added by P.L.174-2025, SEC.15.

IC 12-8-1.7-2 "Individual in need of self-directed in-home care"

Sec. 2. As used in this chapter, "individual in need of self-directed in-home care" means an individual with a disability, or a person responsible for making health related decisions for the individual with a disability, who:

(1) is approved to receive Medicaid waiver services under 42 U.S.C. 1396n(c);

(2) is in need of attendant care services because of impairment;

(3) requires assistance to complete functions of daily living, self-care, and mobility, including those functions included in attendant care services;

(4) chooses to self-direct a paid personal services attendant to perform attendant care services; and

(5) assumes the responsibility to initiate self-directed in-home care and exercise judgment regarding the manner in which those services are delivered, including the decision to employ, train, and dismiss a personal services attendant.

As added by P.L.174-2025, SEC.15.

IC 12-8-1.7-3 "Personal services attendant"

Sec. 3. As used in this chapter, "personal services attendant" means an individual who is registered to provide attendant care services under this chapter and who has entered into a contract with an individual and acts under the individual's direction to provide attendant care services that could be performed by the individual if the individual were physically capable.

As added by P.L.174-2025, SEC.15.

IC 12-8-1.7-4 Self-direct care options and services

Sec. 4. The office of the secretary shall have self-directed care options and services available for an eligible individual who:

(1) receives services under a home and community based services waiver (as defined in IC 12-8-1.6-2); and

(2) chooses self-directed care services.

As added by P.L.174-2025, SEC.15.

IC 12-8-1.7-5 Registration; prohibition

Sec. 5. (a) An individual may not provide attendant care services for compensation from Medicaid for an individual in need of self-directed in-home care services unless the individual is registered under this chapter.

(b) Except in instances of extraordinary care, an individual who is a legally responsible relative of an individual in need of self-directed in-home care, including a parent of a minor individual and a spouse, is precluded from providing attendant care services for compensation under this chapter.

As added by P.L.174-2025, SEC.15.

IC 12-8-1.7-6 Registration by the office of the secretary; duties of the office of the secretary

Sec. 6. (a) The office of the secretary shall register an individual to provide services under this chapter who provides the following:

(1) A personal resume containing information concerning the individual's qualifications, work experience, and any credentials the individual may hold. The individual must certify that the information contained in the resume is true and accurate.

(2) The individual's:

(A) limited criminal history check from the Indiana central repository for criminal history information under IC 10-13-3;

(B) expanded criminal history check (as defined in IC 20-26-2-1.5); or

(C) criminal history check from another source allowed by law.

(3) If applicable, the individual's state nurse aide registry report from the Indiana department of health. This subdivision does not require an individual to be a nurse aide.

(4) Three (3) letters of reference.

(5) Proof that the individual is at least eighteen (18) years of age.

(6) Any other information required by the office of the secretary.

(b) A registration is valid for two (2) years. A personal services attendant may renew the personal services attendant's registration by updating any information in the file that has changed. The limited criminal history check and state nurse aide registry report required under subsection (a)(2) and (a)(3) must be updated every two (2) years.

(c) The office of the secretary shall maintain a file for each personal services attendant that contains:

(1) comments related to the provision of attendant care services submitted by an individual in need of self-directed in-home care who has employed the personal services attendant; and

(2) the items described in subsection (a)(1) through (a)(4).

(d) Upon request, the office of the secretary shall provide to an individual in need of self-directed in-home care the following:

(1) Without charge, a list of personal services attendants who are registered with the office of the secretary and available within the requested geographic area.

(2) A copy of the information of a specified personal services attendant who is on file with the office of the secretary under subsection (c). The office of the secretary may charge a fee for shipping, handling, and copying expenses.

(e) The limited criminal history check requirement described in subsection (a)(2) may be satisfied by fulfilling the components of an expanded criminal history check under IC 20-26-2-1.5 and is subject to the conditions described in IC 16-27-2-4(c).

As added by P.L.174-2025, SEC.15.

IC 12-8-1.7-7 Physician's or health care professional's written opinion

Sec. 7. The case manager of an individual in need of self-directed in-home care shall maintain the written opinion of the individual's attending physician or health care

professional in a case file that is maintained for the individual by the case manager.
As added by P.L.174-2025, SEC.15.

IC 12-8-1.7-8 Employer; immunity; liability

Sec. 8. (a) A personal services attendant who is hired by the individual in need of self-directed in-home care is an employee of the individual in need of self-directed in-home care.

(b) The office of the secretary is not liable for any actions of a personal services attendant or an individual in need of self-directed in-home care.

(c) A personal services attendant and an individual in need of self-directed in-home care are each liable for any negligent or wrongful act or omission in which the person personally participates.
As added by P.L.174-2025, SEC.15.

IC 12-8-1.7-9 Responsibilities of individuals in need of self-directed in-home care

Sec. 9. (a) Except as provided in subsection (b), an individual in need of self-directed in-home care is responsible for recruiting, hiring, training, paying, certifying any employment related documents, dismissing, and supervising in the individual's home during service hours a personal services attendant who provides attendant care services for the individual.

(b) If an individual in need of self-directed in-home care is:

(1) less than twenty-one (21) years of age; or

(2) unable to direct in-home care because of a brain injury or mental deficiency;

the individual's parent, spouse, or legal guardian or a person possessing a valid power of attorney for the individual may make employment, care, and training decisions and certify any employment related documents on behalf of the individual.

(c) An individual in need of self-directed in-home care or an individual under subsection (b) and the individual's case manager shall develop an authorized care plan. The authorized care plan must include a list of weekly services or tasks that must be performed to comply with the authorized care plan.
As added by P.L.174-2025, SEC.15.

IC 12-8-1.7-10 Contracts

Sec. 10. The individual in need of self-directed in-home care and the personal services attendant must each sign a contract, in a form approved by the office of the secretary, that includes, at a minimum, the following provisions:

(1) The responsibilities of the personal services attendant.

(2) The frequency the personal services attendant will provide attendant care services.

(3) The duration of the contract.

(4) The hourly wage of the personal services attendant. The wage may not be less than the federal minimum wage or more than the rate that the recipient is eligible to receive under a Medicaid home and community based services waiver.

(5) Reasons and notice agreements for early termination of the contract.

As added by P.L.174-2025, SEC.15.

IC 12-8-1.7-11 Amendment of home and community based services waiver; payments not considered income

Sec. 11. (a) The office of the secretary shall amend or implement a home and community based services waiver (as defined in IC 12-8-1.6-2) to provide for the payment for attendant care services provided by a personal services attendant for an individual in need of self-directed in-home care under this chapter, including any related record keeping and employment expenses.

(b) The office of the secretary shall not, to the extent permitted by federal law, consider

as income money paid under this chapter to or on behalf of an individual in need of self-directed in-home care to enable the individual to employ registered personal services attendants for purposes of determining the individual's income eligibility for services under this chapter or IC 12-8-1.6.
As added by P.L.174-2025, SEC.15.

IC 12-8-1.7-12 Rules

Sec. 12. The office of the secretary shall adopt rules under IC 4-22-2 concerning the following:

(1) The method of payment to a personal services attendant who provides authorized services under this chapter.

(2) Record keeping requirements for personal attendant services.

(3) The receipt, review, and investigation of complaints concerning the:

(A) neglect;

(B) abuse;

(C) mistreatment; or

(D) misappropriation of property;

of an individual in need of self-directed in-home care by a personal services attendant.

(4) Establishing notice and administrative hearing procedures in accordance with IC 4-21.5.

(5) Appeal procedures, including judicial review of administrative hearings.

(6) Procedures to place a personal services attendant who has been determined to have been guilty of:

(A) neglect;

(B) abuse;

(C) mistreatment; or

(D) misappropriation of property;

of an individual in need of self-directed in-home care on the state nurse aide registry.

(7) Any rules necessary to implement this chapter.

As added by P.L.174-2025, SEC.15.

IC 12-8-2 Chapter 2. Expired

[Pre-1992 Revision Citations:

12-8-2-1	formerly 12-6-3-2
12-8-2-2	formerly 12-6-3-3
12-8-2-3	formerly 12-6-3-1
12-8-2-4	formerly 12-6-3-6
12-8-2-5	formerly 12-6-3-7
12-8-2-6	formerly 12-6-3-8
12-8-2-7	formerly 12-6-3-9
12-8-2-8	formerly 12-6-3-10
12-8-2-9	formerly 12-6-3-11
12-8-2-10	formerly 12-6-3-12
12-8-2-11	formerly 12-6-3-13
12-8-2-12	formerly 12-6-9-1.]

Expired 6-30-2011 by P.L.182-2009(ss), SEC.295.

IC 12-8-2.5 Chapter 2.5. Family and Social Services Bodies

12-8-2.5-0.3 Legalization of certain actions
12-8-2.5-1 "Body"
12-8-2.5-2 "Member"
12-8-2.5-3 Application of chapter
12-8-2.5-3.5 Service on advisory councils
12-8-2.5-4 Member appointed to fixed term; limitations
12-8-2.5-5 Officeholder as member; tenure
12-8-2.5-6 Vacancies
12-8-2.5-7 Appointment of presiding officer
12-8-2.5-8 Voting member status
12-8-2.5-9 Quorum
12-8-2.5-10 Majority vote
12-8-2.5-11 Compensation; expense reimbursement
12-8-2.5-11.5 Agenda

IC 12-8-2.5-0.3 Legalization of certain actions

Sec. 0.3. (a) Actions taken under IC 12-8-2 (expired), after December 31, 2007, and before March 24, 2008, are legalized and validated to the extent that those actions would have been legal and valid if P.L.113-2008 had been enacted before January 1, 2008.

(b) Actions taken under IC 12-8-2 (expired) after June 30, 2011, are legalized and validated to the extent that those actions would have been legal and valid if IC 12-8-2 had not expired on June 30, 2011.

As added by P.L.160-2012, SEC.17.

IC 12-8-2.5-1 "Body"

Sec. 1. As used in this chapter, "body" refers to an entity described in section 3 of this chapter.

As added by P.L.160-2012, SEC.17.

IC 12-8-2.5-2 "Member"

Sec. 2. As used in this chapter, "member" refers to a member of a body.

As added by P.L.160-2012, SEC.17.

IC 12-8-2.5-3 Application of chapter

Sec. 3. Unless otherwise provided by a statute, this chapter applies to the following:

(1) The following advisory councils:
  (A) The division of disability and rehabilitative services advisory council.
  (B) The division of family resources advisory council.
  (C) The division of mental health and addiction advisory council.
(2) A body:
  (A) established by statute for a division; and
  (B) whose enabling statute makes this chapter applicable to the body.

As added by P.L.160-2012, SEC.17.

IC 12-8-2.5-3.5 Service on advisory councils

Sec. 3.5. Up to five (5) individuals appointed by the secretary to serve on an entity not described in section 3(1) of this chapter may be appointed to serve concurrently on an advisory council described in section 3(1) of this chapter. However, an individual may not serve concurrently on more than one (1) advisory council described in section 3(1) of this chapter.

As added by P.L.160-2012, SEC.17.

IC 12-8-2.5-4 Member appointed to fixed term; limitations

Sec. 4. (a) This section applies only to a member who by statute is appointed to a fixed term.

(b) The term of an individual serving as a member begins on the latter of the following:

(1) The day the term of the member whom the individual is appointed to succeed expires. If the individual does not succeed a member, the member's term begins as provided in subdivision (2).

(2) The day the individual is appointed.

(c) The term of a member expires on July 1 of the second year after the expiration of the term of the member's immediate predecessor. If the member has no immediate predecessor, the term of the member expires on July 1 of the second year after the member's term began.

(d) A member may be reappointed for a new term. A reappointed member is the member's own:

(1) successor for purposes of subsection (b); and

(2) immediate predecessor for purposes of subsection (c).

As added by P.L.160-2012, SEC.17.

IC 12-8-2.5-5 Officeholder as member; tenure

Sec. 5. (a) This section applies only to an individual who serves as a member because of an office the individual holds.

(b) The individual serves as a member until the individual no longer holds the office.

As added by P.L.160-2012, SEC.17.

IC 12-8-2.5-6 Vacancies

Sec. 6. The appointing authority of a member shall appoint an individual to fill a vacancy in the office of the member.

As added by P.L.160-2012, SEC.17.

IC 12-8-2.5-7 Appointment of presiding officer

Sec. 7. Except as provided in another statute, the governor shall appoint a voting member of the body to be the presiding officer of the body.

As added by P.L.160-2012, SEC.17.

IC 12-8-2.5-8 Voting member status

Sec. 8. Unless otherwise provided by a statute, a member is a voting member.

As added by P.L.160-2012, SEC.17.

IC 12-8-2.5-9 Quorum

Sec. 9. A majority of the voting members of the body constitutes a quorum.

As added by P.L.160-2012, SEC.17.

IC 12-8-2.5-10 Majority vote

Sec. 10. The affirmative vote of a majority of the voting members of the body is required for the body to take any action.

As added by P.L.160-2012, SEC.17.

IC 12-8-2.5-11 Compensation; expense reimbursement

Sec. 11. (a) A member who is not a state employee is entitled to both of the following:

(1) The minimum salary per diem provided by IC 4-10-11-2.1(b).

(2) Reimbursement for travel expenses and other expenses actually incurred in connection with the member's duties, as provided in the state travel policies and procedures established by the Indiana department of administration and approved by the budget agency.

(b) A member who is a state employee is entitled to reimbursement for travel expenses

and other expenses actually incurred in connection with the member's duties, as provided in the state travel policies and procedures established by the Indiana department of administration and approved by the budget agency.

(c) A member who is a member of the general assembly is entitled to receive the same per diem, mileage, and travel allowances paid to members of the general assembly serving on interim study committees established by the legislative council.

As added by P.L.160-2012, SEC.17.

IC 12-8-2.5-11.5 Agenda

Sec. 11.5. In addition to the requirements of IC 5-14-1.5, the office of the secretary or a division will make a good faith effort to ensure that members of any body subject to this chapter receive a copy of an agenda at least forty-eight (48) hours before any meeting of the body.

As added by P.L.160-2012, SEC.17.

IC 12-8-3 Chapter 3. Repealed

[Pre-1992 Revision Citations:

12-8-3-1	formerly 12-6-1-2
12-8-3-2	formerly 12-6-3-4(a)
12-8-3-3	formerly 12-6-3-4(b)
12-8-3-4	formerly 12-6-3-4(c)
12-8-3-5	formerly 12-6-3-4(d)
12-8-3-6	formerly 12-6-9-1.]

Repealed by P.L.229-2011, SEC.271.

IC 12-8-4 Chapter 4. Repealed

[Pre-1992 Revision Citations:
12-8-4-1 formerly 12-6-4-1
12-8-4-2 formerly 12-6-4-2
12-8-4-3 formerly 12-6-4-3
12-8-4-4 formerly 12-6-9-1.]

Repealed by P.L.253-1997(ss), SEC.44.

IC 12-8-5 Chapter 5. Repealed

[Pre-1992 Revision Citations:
12-8-5-1 formerly 12-6-5-1
12-8-5-2 formerly 12-16-5-2
12-8-5-3 formerly 12-6-5-3
12-8-5-4 formerly 12-6-9-1.]

Repealed by P.L.253-1997(ss), SEC.44.

IC 12-8-6 Chapter 6. Expired

[Pre-1992 Revision Citations:

12-8-6-1	formerly 12-6-6-1
12-8-6-2	formerly 12-6-6-2
12-8-6-3	formerly 12-6-6-3
12-8-6-4	formerly 12-6-6-4
12-8-6-5	formerly 12-6-6-9
12-8-6-6	formerly 12-6-6-10
12-8-6-7	formerly 12-6-6-6(c)
12-8-6-8	formerly 12-6-6-7(c)
12-8-6-9	formerly 12-6-6-8(c)
12-8-6-10	formerly 12-6-9-1.]

Expired 6-30-2011 by P.L.182-2009(ss), SEC.296.

IC 12-8-6.5 Chapter 6.5. Office of Medicaid Policy and Planning

12-8-6.5-0.3	Legalization of certain actions
12-8-6.5-1	Establishment
12-8-6.5-2	Administrator
12-8-6.5-3	Repealed
12-8-6.5-4	Development and coordination of state Medicaid policy
12-8-6.5-5	Rules
12-8-6.5-6	Administrative adjudication; secretary; ultimate authority
12-8-6.5-7	Written memorandum of understanding; division of mental health and addiction
12-8-6.5-8	Written memorandum of understanding; division of disability and rehabilitative services
12-8-6.5-9	Written memorandum of understanding; department of child services; division of family resources
12-8-6.5-10	Reduction of reimbursement rates; over the counter drugs; schedules; strategies; case management
12-8-6.5-11	Repealed
12-8-6.5-12	Effect of hospital assessment fees imposed under P.L. 229-2011, SECTION 281
12-8-6.5-13	Expired
12-8-6.5-13.5	Expired
12-8-6.5-14	Doula reimbursement advisory board established; members; reporting requirement
12-8-6.5-14.1	Doula reimbursement advisory board; staff support; election of chair and vice chair; meetings
12-8-6.5-14.3	Doula reimbursement advisory board; terms; vacancies
12-8-6.5-15	Doula reimbursement advisory board; reimbursement of member expenses
12-8-6.5-16	Medicaid program review and reporting; Medicaid oversight committee

IC 12-8-6.5-0.3 Legalization of certain actions

Sec. 0.3. (a) Actions taken under IC 12-8-6 (expired), after December 31, 2007, and before March 24, 2008, are legalized and validated to the extent that those actions would have been legal and valid if P.L.113-2008 had been enacted before January 1, 2008.

(b) Actions taken under IC 12-8-6 (expired) after June 30, 2011, are legalized and validated to the extent that those actions would have been legal and valid if IC 12-8-6 had not expired on June 30, 2011.

As added by P.L.160-2012, SEC.18.

IC 12-8-6.5-1 Establishment

Sec. 1. The office of Medicaid policy and planning is established.

As added by P.L.160-2012, SEC.18.

IC 12-8-6.5-2 Administrator

Sec. 2. The secretary shall appoint an administrator responsible for management of the office.

As added by P.L.160-2012, SEC.18.

IC 12-8-6.5-3 Repealed

As added by P.L.160-2012, SEC.18. Repealed by P.L.109-2014, SEC.16.

IC 12-8-6.5-4 Development and coordination of state Medicaid policy

Sec. 4. Under the direction of the secretary, the office shall develop and coordinate Medicaid policy for the state.

As added by P.L.160-2012, SEC.18. Amended by P.L.109-2014, SEC.17.

IC 12-8-6.5-5 Rules

Sec. 5. The secretary may adopt rules under IC 4-22-2 to implement this chapter and the state Medicaid program.

As added by P.L.160-2012, SEC.18.

IC 12-8-6.5-6 Administrative adjudication; secretary; ultimate authority

Sec. 6. (a) For purposes of IC 4-15-10.5 and IC 4-21.5, the secretary is the ultimate authority for the state Medicaid applicant and eligibility appeals.

(b) The secretary shall adopt rules under IC 4-22-2 to specify any additional necessary procedures for administrative review of an agency action under IC 4-21.5 and the state Medicaid program.

As added by P.L.160-2012, SEC.18. Amended by P.L.92-2025, SEC.10.

IC 12-8-6.5-7 Written memorandum of understanding; division of mental health and addiction

Sec. 7. The office and the division of mental health and addiction shall develop a written memorandum of understanding that provides the following:

(1) Program responsibilities for the provision of care and treatment for individuals with a mental illness.

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

(3) Responsibilities in administering the state plan.

(4) Responsibilities for Medicaid fiscal and quality accountability and audits for mental health services.

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

(6) That the office and the division agree that, within the limits of 42 U.S.C. 1396 et seq., individuals with a mental illness cannot be excluded from services on the basis of diagnosis unless these services are otherwise provided and reimbursed under the state plan.

(7) That the office shall seek review and comment from the division before the adoption of rules or standards that may affect the service, programs, or providers of medical assistance services for individuals with a mental illness.

(8) That the division shall develop rate setting policies for medical assistance services for individuals with a mental illness.

(9) Policies to facilitate communication between the office and the division.

(10) Any additional provisions that enhance communication between the office and the division or facilitate more efficient or effective delivery of mental health services.

As added by P.L.160-2012, SEC.18.

IC 12-8-6.5-8 Written memorandum of understanding; division of disability and rehabilitative services

Sec. 8. The office and the division of disability and rehabilitative services shall develop a written memorandum of understanding that provides the following:

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

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

(3) Responsibilities in administering the state plan.

(4) Responsibilities for Medicaid fiscal and quality accountability and audits for developmental disability and long term care services.

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

(6) That the office and the division agree that, within the limits of 42 U.S.C. 1396 et seq., individuals with a developmental disability and long term care recipients cannot

be excluded from services on the basis of diagnosis unless these services are otherwise provided and reimbursed under the state plan.

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

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

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

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

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

As added by P.L.160-2012, SEC.18.

IC 12-8-6.5-9 Written memorandum of understanding; department of child services; division of family resources

Sec. 9. The office, the division of family resources, and the department of child services shall develop a written memorandum of understanding that provides the following:

(1) Program responsibilities for the provision of care and treatment for recipients served by the division.

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

(3) Responsibilities in administering the state plan.

(4) Responsibilities for Medicaid fiscal and quality accountability and audits for services administered by the division.

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

(6) That the office and the division agree that, within the limits of 42 U.S.C. 1396 et seq., recipients served by the division cannot be excluded from services on the basis of diagnosis unless these services are otherwise provided and reimbursed under the state plan.

(7) That the office shall seek review and comment from the division before the adoption of rules or standards that may affect the service, programs, or providers of medical assistance services for recipients served by the division.

(8) That the division shall develop rate setting policies for medical assistance services administered by the division.

(9) Policies to facilitate communication between the office and the division.

(10) Any additional provisions that enhance communication between the office and the division or facilitate more efficient or effective delivery of services.

As added by P.L.160-2012, SEC.18.

IC 12-8-6.5-10 Reduction of reimbursement rates; over the counter drugs; schedules; strategies; case management

Sec. 10. (a) The office shall reduce reimbursement rates for over-the-counter drugs by ten percent (10%) not later than July 1, 2001.

(b) The office shall implement a Maximum Allowable Cost schedule for off-patent drugs not later than November 1, 2001.

(c) Not later than January 1, 2002, the office shall implement an information strategy directed to high volume prescribers.

(d) Beginning July 1, 2002, the office shall phase in case management for aged, blind, and disabled Medicaid recipients.

As added by P.L.160-2012, SEC.18.

IC 12-8-6.5-11 Repealed

As added by P.L.160-2012, SEC.18. Repealed by P.L.93-2024, SEC.106.

IC 12-8-6.5-12 Effect of hospital assessment fees imposed under P.L. 229-2011, SECTION 281

Sec. 12. (a) As used in this section, "SECTION 281" refers to P.L.229-2011, SECTION 281.

(b) Notwithstanding the expiration of SECTION 281, the office of Medicaid policy and planning may:

(1) collect an unpaid hospital assessment fee under SECTION 281 owed by a hospital;

(2) refund a hospital assessment fee paid by the hospital under SECTION 281;

(3) make payments for programs described in subsection (f) of SECTION 281;

(4) make payments to hospitals in accordance with subsection (m) of SECTION 281; and

(5) make payments to private psychiatric institutions in accordance with subsection (o) of SECTION 281;

at any time, including after the expiration of SECTION 281.

(c) The office of Medicaid policy and planning may:

(1) collect an unpaid hospital assessment fee under IC 16-21-10 owed by a hospital;

(2) refund a hospital assessment fee paid by a hospital under IC 16-21-10;

(3) make payments for programs described in IC 16-21-10-8(a);

(4) make payments under IC 16-21-10-11; and

(5) make payments under IC 16-21-10-13;

at any time, including after the hospital assessment fee ceases to be collected under IC 16-21-10.

As added by P.L.205-2013, SEC.181.

IC 12-8-6.5-13 Expired

As added by P.L.180-2022(ss), SEC.12. Expired 1-1-2023 by P.L.180-2022(ss), SEC.12.

IC 12-8-6.5-13.5 Expired

As added by P.L.203-2023, SEC.4. Expired 1-1-2024 by P.L.203-2023, SEC.4.

IC 12-8-6.5-14 Doula reimbursement advisory board established; members; reporting requirement

Sec. 14. (a) As used in this section, "board" refers to the doula reimbursement advisory board established by subsection (b).

(b) The doula reimbursement advisory board is established for the purpose of making recommendations to the office of the secretary regarding appropriate reimbursement methodologies for doula services.

(c) The board is comprised of the following members:

(1) Four (4) legislative members appointed as follows:

(A) One (1) member of the senate, appointed by the president pro tempore of the senate.

(B) One (1) member of the senate, appointed by the minority leader of the senate.

(C) One (1) member of the house of representatives, appointed by the speaker of the house of representatives.

(D) One (1) member of the house of representatives, appointed by the minority leader of the house of representatives.

(2) Nine (9) lay members appointed as follows, subject to subsections (d) and (e):

(A) One (1) member appointed by the governor.

(B) One (1) member appointed by the president pro tempore of the senate.
(C) One (1) member appointed by the minority leader of the senate.
(D) One (1) member appointed by the speaker of the house of representatives.
(E) One (1) member appointed by the minority leader of the house of representatives.
(F) One (1) member appointed by the secretary.
(G) One (1) member appointed by the state health commissioner.
(H) One (1) member appointed by the director of the department of child services.
(I) One (1) member appointed by the chief operating officer of the Indiana Minority Health Coalition.

(d) A lay member of the board must be a doula, doula administrator, or other birthing professional.

(e) The lay membership of the board must be racially and ethnically diverse.

(f) In making recommendations to the office of the secretary under subsection (b), the board shall study and take into account doula reimbursement methodologies used by other states.

(g) On or before July 1, 2027, and July 1 biennially thereafter, the board shall submit a report to the executive director of the legislative services agency, in an electronic format under IC 5-14-6, for review by the interim committee on government in accordance with IC 1-1-15.5-4 and IC 2-5-1.3-13(g). The report shall describe:

(1) official action taken; and
(2) actionable items considered;

by the board during the preceding two (2) years.

As added by P.L.180-2022(ss), SEC.13. Amended by P.L.161-2025, SEC.18.

IC 12-8-6.5-14.1 Doula reimbursement advisory board; staff support; election of chair and vice chair; meetings

Sec. 14.1. (a) As used in this section, "board" refers to the doula reimbursement advisory board established by section 14 of this chapter.

(b) The family and social services administration shall provide staff support to the board.

(c) The members of the board shall annually elect a chair and vice chair from the membership of the board. Before August 1, 2024, the office of the secretary shall schedule a meeting of the board to elect the chair and vice chair. Thereafter, the board shall meet at the call of the chair. The chair elected under this subsection shall serve until a successor is elected in the following calendar year.

As added by P.L.42-2024, SEC.77.

IC 12-8-6.5-14.3 Doula reimbursement advisory board; terms; vacancies

Sec. 14.3. (a) As used in this section, "board" refers to the doula reimbursement advisory board established by section 14 of this chapter.

(b) A member of the general assembly appointed to the board serves a two (2) year term that expires June 30 of an odd-numbered year.

(c) The terms of the lay members of the board expire as follows:

(1) For a member appointed under section 14(c)(2)(B), 14(c)(2)(C), 14(c)(2)(D), or 14(c)(2)(E) of this chapter, June 30 of each odd-numbered year.
(2) For a member appointed under section 14(c)(2)(A), 14(c)(2)(F), 14(c)(2)(G), 14(c)(2)(H), or 14(c)(2)(I) of this chapter, June 30, 2027, and every fourth year thereafter.

(d) A member of the board serves at the pleasure of the appointing authority and may be reappointed to successive terms.

(e) A vacancy on the board shall be filled by the appropriate appointing authority. An individual appointed to fill a vacancy serves for the unexpired term of the individual's predecessor.

As added by P.L.42-2024, SEC.78. Amended by P.L.1-2025, SEC.166.

IC 12-8-6.5-15 Doula reimbursement advisory board; reimbursement of member expenses

Sec. 15. (a) As used in this section, "board" refers to the doula reimbursement advisory board established by section 14 of this chapter.

(b) Each member of the board who is not a state employee is entitled to reimbursement for mileage, traveling expenses as provided under IC 4-13-1-4, and other expenses actually incurred in connection with the member's duties as provided in the state policies and procedures established by the Indiana department of administration and approved by the budget agency.

(c) Each member of the board who is a state employee is entitled to reimbursement for traveling expenses as provided under IC 4-13-1-4 and other expenses actually incurred in connection with the member's duties as provided in the state policies and procedures established by the Indiana department of administration and approved by the budget agency.

(d) Each member of the board who is a member of the general assembly is entitled to receive the same per diem, mileage, and travel allowances paid to legislative members of interim study committees established by the legislative council. Per diem, mileage, and travel allowances paid under this subsection shall be paid from appropriations made to the legislative council or the legislative services agency.

(e) Expenses paid under subsections (b) and (c) shall be paid from appropriations made to the family and social services administration.

As added by P.L.42-2024, SEC.79.

IC 12-8-6.5-16 Medicaid program review and reporting; Medicaid oversight committee

Sec. 16. The secretary and the office of Medicaid policy and planning shall do each of the following as it pertains to the state Medicaid program:

(1) Review monthly reports on the Medicaid program service utilization to identify trends and risks within the state Medicaid program.

(2) Complete and post publicly on the office of the secretary's website:

(A) monthly financial reports or expenditures and revenues for each state Medicaid program; and

(B) commentary providing context for each monthly financial report.

(3) Submit a quarterly report to the budget committee and the Medicaid oversight committee established by IC 2-5-54-2 containing each report required under subdivision (2) and a summary of the overall financial trends for the entire quarter.

As added by P.L.182-2025, SEC.7.

IC 12-8-7 Chapter 7. Repealed

[Pre-1992 Revision Citations:
12-8-7-1 formerly 12-6-7-1
12-8-7-2 formerly 12-6-7-2
12-8-7-3 formerly 12-6-7-3
12-8-7-4 formerly 12-6-7-4
12-8-7-5 formerly 12-6-9-1.]

Repealed by P.L.253-1997(ss), SEC.44.

IC 12-8-8 Chapter 8. Expired

[Pre-1992 Revision Citations:

12-8-8-1	formerly 12-6-8-2
12-8-8-2	formerly 12-6-8-3; 16-13-1-7.1(a)(1)
12-8-8-3	formerly 12-6-8-4
12-8-8-4	formerly 12-6-8-5; 16-13-1-24
12-8-8-5	formerly 12-6-8-6
12-8-8-6	formerly 12-6-8-7
12-8-8-7	formerly 12-6-8-8
12-8-8-8	formerly 12-6-9-1.]

Expired 6-30-2011 by P.L.182-2009(ss), SEC.297.

IC 12-8-8.5 Chapter 8.5. Divisions and Directors

12-8-8.5-0.3 Legalization of certain actions
12-8-8.5-1 Appointment; termination
12-8-8.5-2 Chief administrator; responsibility
12-8-8.5-3 Appointing authority; delegation
12-8-8.5-4 Rules
12-8-8.5-5 Administrative adjudication; designation of ultimate authority
12-8-8.5-6 Budget

IC 12-8-8.5-0.3 Legalization of certain actions

Sec. 0.3. (a) Actions taken under IC 12-8-8 (expired), after December 31, 2007, and before March 24, 2008, are legalized and validated to the extent that those actions would have been legal and valid if P.L.113-2008 had been enacted before January 1, 2008.

(b) Actions taken under IC 12-8-8 (expired) after June 30, 2011, are legalized and validated to the extent that those actions would have been legal and valid if IC 12-8-8 had not expired on June 30, 2011.

As added by P.L.160-2012, SEC.19.

IC 12-8-8.5-1 Appointment; termination

Sec. 1. Subject to the approval of the governor, the secretary:

(1) shall appoint each director; and

(2) may terminate the employment of a director.

As added by P.L.160-2012, SEC.19.

IC 12-8-8.5-2 Chief administrator; responsibility

Sec. 2. (a) A director is the chief administrator of the director's division.

(b) A director is responsible to the secretary for the operation and performance of the director's division.

As added by P.L.160-2012, SEC.19.

IC 12-8-8.5-3 Appointing authority; delegation

Sec. 3. (a) The secretary is the appointing authority for the division.

(b) The secretary may delegate a division director or other employee of the office of the secretary to make division appointments and decisions concerning current appointments.

(c) Except as provided in subsection (d), the secretary is the appointing authority for the office of family and social services, including the divisions, offices, and institutions of the office of family and social services.

(d) The secretary may delegate the appointing authority for a division, office, institution, or other group of employees subject to IC 4-15-2.2.

(e) The delegation of the appointing authority under subsection (d) may affect the procedure and the division, office, institution, or other group of employees affected by actions under IC 4-15-2.2-40.

As added by P.L.160-2012, SEC.19. Amended by P.L.39-2015, SEC.2; P.L.35-2016, SEC.9.

IC 12-8-8.5-4 Rules

Sec. 4. (a) The secretary may adopt rules under IC 4-22-2 relating to the operation of the division and to implement the programs of the division.

(b) Whenever a division is required to adopt rules under IC 4-22-2, the secretary is the statutory authority that adopts the rules.

(c) Rules adopted by a division before July 1, 2015, are considered, after June 30, 2015, rules of the secretary.

As added by P.L.160-2012, SEC.19. Amended by P.L.39-2015, SEC.3.

IC 12-8-8.5-5 Administrative adjudication; designation of ultimate authority

Sec. 5. (a) The secretary is the ultimate authority for Medicaid applicant and eligibility appeals under IC 4-15-10.5 and IC 4-21.5 for purposes of the operation of the division and the programs of the division.

(b) The secretary may delegate an individual to serve as the ultimate authority.

As added by P.L.160-2012, SEC.19. Amended by P.L.39-2015, SEC.4; P.L.35-2016, SEC.10; P.L.92-2025, SEC.11.

IC 12-8-8.5-6 Budget

Sec. 6. A director is responsible for development and presentation of the budget of the director's division.

As added by P.L.160-2012, SEC.19.

IC 12-8-9 Chapter 9. Repealed

[Pre-1992 Revision Citations:

12-8-9-1	formerly 12-6-9-2
12-8-9-2	formerly 12-6-9-3
12-8-9-3	formerly 12-6-9-4
12-8-9-4	formerly 12-6-9-5
12-8-9-5	formerly 12-6-9-1.]

Repealed by P.L.11-1993, SEC.9.

IC 12-8-10 Chapter 10. Financial Services Group

12-8-10-1	Application of chapter to money of state agencies used to obtain services from grantee agencies
12-8-10-2	"Grantee agency" defined
12-8-10-3	"Group" defined
12-8-10-4	"Purchase of service format" defined
12-8-10-5	Establishment
12-8-10-6	Selection of grantee agencies to be compensated
12-8-10-7	Procedure for reimbursing grantee agency; purchase of service format or other contract format use; determination
12-8-10-8	Group procedure; requisites
12-8-10-9	Records of grantee agencies; audits; requirements
12-8-10-10	Audits; distribution of copies

IC 12-8-10-1 Application of chapter to money of state agencies used to obtain services from grantee agencies

Sec. 1. This chapter applies only to the indicated money of the following state agencies to the extent that the money is used by the agency to obtain services from grantee agencies to carry out the program functions of the agency:

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

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

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

(i) IC 12-10-6.

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

(B) Epilepsy services.

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

(A) The child development associate scholarship program.

(B) The dependent care program.

(C) Migrant day care.

(D) The commodities program.

(E) The migrant nutrition program.

(F) Any emergency shelter program.

(G) The energy weatherization program.

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

(5) The group.

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

(A) The purchases are made under a contract between the state agency and the office of the secretary.

(B) The contract includes a requirement that the office of the secretary perform the duties and exercise the powers described in this chapter.

(C) The contract is approved by the budget agency.

(7) The division of mental health and addiction.

[Pre-1992 Revision Citation: 4-28-12-3(a).]

As added by P.L.2-1992, SEC.2. Amended by P.L.2-1993, SEC.76; P.L.4-1993, SEC.30; P.L.5-1993, SEC.43; P.L.40-1994, SEC.17; P.L.24-1997, SEC.18; P.L.108-1997, SEC.6; P.L.215-2001, SEC.33; P.L.141-2006, SEC.29; P.L.145-2006, SEC.66; P.L.181-2006, SEC.51; P.L.1-2007, SEC.112; P.L.146-2008, SEC.383; P.L.113-2014, SEC.33; P.L.32-2021, SEC.26; P.L.143-2022, SEC.3; P.L.56-2023, SEC.85.

IC 12-8-10-2 "Grantee agency" defined

Sec. 2. As used in this chapter, "grantee agency" means a person that receives money directly from a state agency in return for the performance of services.

[Pre-1992 Revision Citation: 4-28-1-4.]

As added by P.L.2-1992, SEC.2.

IC 12-8-10-3 "Group" defined

Sec. 3. As used in this chapter, "group" refers to the financial services group established by sections of this chapter.

[Pre-1992 Revision Citation: 4-28-12-1.]

As added by P.L.2-1992, SEC.2.

IC 12-8-10-4 "Purchase of service format" defined

Sec. 4. As used in this chapter, "purchase of service format" means a contract format that has the following features:

(1) Each type of service to be provided under the contract is broken down into measurable units.

(2) A rate of reimbursement for each unit of service to be provided under the contract is established.

(3) The units of service actually provided under the contract are reported by the service provider on a regular basis.

(4) The cost of providing a unit of service under the contract is paid after the unit has been provided.

[Pre-1992 Revision Citation: 4-28-1-6.]

As added by P.L.2-1992, SEC.2.

IC 12-8-10-5 Establishment

Sec. 5. The financial services group is established within the office of the secretary.

[Pre-1992 Revision Citation: 4-28-12-2.]

As added by P.L.2-1992, SEC.2. Amended by P.L.108-1997, SEC.7.

IC 12-8-10-6 Selection of grantee agencies to be compensated

Sec. 6. (a) Subject to approval by the budget agency, the agencies subject to this chapter have the exclusive authority to select the grantee agencies to be compensated from the funding sources listed in section 1 of this chapter.

(b) Whenever the group becomes aware that a grantee agency exists that is capable of performing a service for an agency subject to this chapter, the group shall inform the agency of the potential grantee agency.

[Pre-1992 Revision Citation: 4-28-12-3(b).]

As added by P.L.2-1992, SEC.2.

IC 12-8-10-7 Procedure for reimbursing grantee agency; purchase of service format or other contract format use; determination

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 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.

[Pre-1992 Revision Citation: 4-28-12-4.]

As added by P.L.2-1992, SEC.2. Amended by P.L.20-1992, SEC.25; P.L.21-1992, SEC.7; P.L.1-1993, SEC.96; P.L.1-2005, SEC.127; P.L.210-2015, SEC.13.

IC 12-8-10-8 Group procedure; requisites

Sec. 8. (a) When a state agency notifies the group of the selection of a grantee agency and a contract format, the group shall do the following:

(1) Prepare a contract with the grantee agency.

(2) Present the contract to the affected state agency for execution.

(b) A contract prepared by the group under subsection (a) is subject to approval under IC 4-13-2-14.3.

[Pre-1992 Revision Citation: 4-28-12-5.]

As added by P.L.2-1992, SEC.2.

IC 12-8-10-9 Records of grantee agencies; audits; requirements

Sec. 9. (a) Each grantee agency receiving money under a contract covered by this chapter shall maintain sufficient records to show the following:

(1) The actual cost of services provided under the contract.

(2) The nature and amount of services provided under the contract.

(b) At least every two (2) years the group shall, in the manner prescribed by the state board of accounts, conduct audits of all grantee agencies that, under a contract under this chapter, receive payment from any of the money described in section 1(2) of this chapter. These audits must include an investigation of the records of the grantee agencies to determine whether the services rendered under the contracts have been in compliance with the terms of the contracts.

(c) This section does not prohibit the state board of accounts from auditing grantee agencies under the board's own authority. The office of the secretary may do either of the following:

(1) Contract with the state board of accounts to conduct audits of grantee agencies.

(2) Require grantee agencies to obtain independent audits of their agencies.

(d) A contract between a state agency and the office of the secretary under section (1)(6) of this chapter may include a provision requiring the group to perform or arrange for the audits described by this section.

[Pre-1992 Revision Citation: 4-28-12-6.]

As added by P.L.2-1992, SEC.2. Amended by P.L.108-1997, SEC.8; P.L.181-2006, SEC.52; P.L.113-2014, SEC.34.

IC 12-8-10-10 Audits; distribution of copies

Sec. 10. Not more than thirty (30) days after the completion of each audit required by this chapter, the group shall submit a copy of the audit to each of the following:

(1) The state board of accounts.

(2) Each state agency that is a party to a contract covered in the audit.

(3) The legislative council, upon request of the legislative council or when required by federal law. A report submitted under this subdivision must be in electronic format under IC 5-14-6.

(4) The appropriate federal agency, when required by federal law.

[Pre-1992 Revision Citation: 4-28-12-7.]

As added by P.L.2-1992, SEC.2. Amended by P.L.28-2004, SEC.87.

IC 12-8-11 Chapter 11. Repealed

Repealed by P.L.2-1997, SEC.90.

IC 12-8-12 Chapter 12. Employment Opportunities for TANF Recipients

12-8-12-1 Purpose
12-8-12-2 Applicability of chapter
12-8-12-3 "Request for proposals" defined
12-8-12-4 Public-private partnerships
12-8-12-5 Solicitation of proposals
12-8-12-6 Powers of director
12-8-12-7 Adoption of rules
12-8-12-8 Job search requirements for TANF applicants; IMPACT participation; exceptions; suspension of rule application

IC 12-8-12-1 Purpose

Sec. 1. The purpose of this chapter is to find available employment opportunities for TANF recipients and applicants that will allow the recipients and applicants to gain successful experience in an environment that includes daily work.

As added by P.L.2-1997, SEC.34. Amended by P.L.161-2007, SEC.7.

IC 12-8-12-2 Applicability of chapter

Sec. 2. This chapter applies to all TANF recipients and applicants, except recipients and applicants exempted under rules adopted by the secretary under IC 4-22-2.

As added by P.L.2-1997, SEC.34. Amended by P.L.161-2007, SEC.8; P.L.39-2015, SEC.5.

IC 12-8-12-3 "Request for proposals" defined

Sec. 3. As used in this chapter, "request for proposals" means all documents, whether attached or incorporated by reference, used for soliciting proposals.

As added by P.L.2-1997, SEC.34.

IC 12-8-12-4 Public-private partnerships

Sec. 4. The director may develop programs in partnership with private employers by issuing requests for proposals to stimulate public-private partnerships to provide employment opportunities to TANF recipients.

As added by P.L.2-1997, SEC.34. Amended by P.L.161-2007, SEC.9.

IC 12-8-12-5 Solicitation of proposals

Sec. 5. The director may solicit proposals to employ TANF recipients through a request for proposals, that must include a statement that an employer desiring to participate in the program under section 4 of this chapter shall do the following:

(1) Provide health care assistance to a TANF recipient hired by the employer under the same standards that apply to other employees. Under this subdivision, the state shall pay only for the recipient's share of the premium associated with the health care assistance. However, the payment of this premium may not exceed the cost that would be paid by the state on behalf of the recipient for Medicaid.

(2) Treat a TANF recipient as the employer would treat a typical employee, including offering the same pay scales and promotion opportunities offered to a typical employee.

As added by P.L.2-1997, SEC.34. Amended by P.L.161-2007, SEC.10.

IC 12-8-12-6 Powers of director

Sec. 6. The director may do the following:

(1) Establish criteria for a request for proposals to stimulate public-private partnerships to promote employment opportunities for TANF recipients and applicants under this chapter.

(2) Establish sanctions, including the termination of TANF assistance, for a TANF recipient or applicant who refuses to participate in an employment or a job training

opportunity offered to TANF recipients or applicants under this chapter.

(3) Establish a procedure to set priorities for the entry of recipients or applicants into job placement and training.

As added by P.L.2-1997, SEC.34. Amended by P.L.161-2007, SEC.11.

IC 12-8-12-7 Adoption of rules

Sec. 7. The secretary may adopt rules under IC 4-22-2 necessary to implement this chapter.

As added by P.L.2-1997, SEC.34. Amended by P.L.39-2015, SEC.6.

IC 12-8-12-8 Job search requirements for TANF applicants; IMPACT participation; exceptions; suspension of rule application

Sec. 8. (a) This section does not apply to an individual who:

(1) is less than eighteen (18) years of age;

(2) is more than sixty-four (64) years of age;

(3) is medically certified as:

(A) physically; or

(B) mentally;

unfit for employment;

(4) is pregnant;

(5) is a parent or caretaker who personally provides care for a dependent child who has a:

(A) serious medical condition; or

(B) disability;

as determined by the secretary;

(6) is receiving unemployment compensation and complying with work requirements under IC 22-4;

(7) is participating in a treatment and rehabilitation program for a drug or alcohol addiction;

(8) is participating in:

(A) an adult basic education program;

(B) a workforce training, certification, or credentialing program; or

(C) a course of study at a postsecondary institution;

(9) has been awarded a federal or state financial aid award or grant;

(10) is a victim of domestic or family violence (as defined in IC 31-9-2-42);

(11) separated from service in the armed forces (as defined in IC 36-8-4.7-3) not more than one hundred eighty (180) days before applying for TANF assistance; or

(12) has experienced homelessness.

(b) As used in this section, "IMPACT mandatory" means, with respect to an individual who applies for or receives TANF assistance, a determination by the division that the individual is required, as a condition of receiving TANF assistance, to participate in the IMPACT program.

(c) The secretary shall adopt rules under this section that require, at a minimum, the following:

(1) After submitting an application for TANF assistance, an IMPACT mandatory applicant must, as a condition of eligibility, provide evidence of the applicant's job search activities. The evidence of job search activities must include, at a minimum, evidence of:

(A) six (6) contacts by the applicant with employers; and

(B) submission by the applicant of three (3) job applications or resumes;

after the applicant's submission of the application.

(2) An IMPACT mandatory individual whose application for TANF assistance is approved or who receives TANF assistance, whichever comes first, must participate in

the IMPACT program as directed by the division.

(d) The secretary may suspend application of rules adopted by the secretary under subsection (c) to individuals residing in an area in which:

(1) the unemployment rate is ten percent (10%) or greater; or

(2) an insufficient number of jobs is available to provide employment for residents of the area, as demonstrated by one (1) or more of the following:

(A) The United States Department of Labor's Employment and Training Administration has designated the area as a labor surplus area.

(B) The United States Department of Labor has determined that the area qualifies for extended unemployment benefits.

(C) The area has a low and declining ratio of employment to population.

(D) The average unemployment rate in the area for the immediately preceding twenty-four (24) month period is twenty percent (20%) or more above the national average unemployment rate during the same twenty-four (24) month period.

As added by P.L.102-2022, SEC.1.

IC 12-8-12.5 Chapter 12.5. Expired

Expired 12-31-2013 by P.L.110-2010, SEC.21.

IC 12-8-13 Chapter 13. Repealed

Repealed by P.L.102-1998, SEC.1.

IC 12-8-14 Chapter 14. Repealed

Repealed by P.L.130-2018, SEC.44.

IC 12-9 ARTICLE 9. DIVISION OF DISABILITY AND REHABILITATIVE SERVICES

Ch. 1. Establishment of Division
Ch. 2. Director of Division
Ch. 3. Personnel of Division
Ch. 4. Division Advisory Council
Ch. 5. Duties of Division
Ch. 6. Repealed

IC 12-9-1 Chapter 1. Establishment of Division

12-9-1-1 Establishment
12-9-1-2 Application of IC 12-8-8.5
12-9-1-3 Bureaus within division

IC 12-9-1-1 Establishment

Sec. 1. The division of disability and rehabilitative services is established.

[Pre-1992 Revision Citation: 4-28-2-1.]

As added by P.L.2-1992, SEC.3. Amended by P.L.4-1993, SEC.31; P.L.5-1993, SEC.44; P.L.141-2006, SEC.31.

IC 12-9-1-2 Application of IC 12-8-8.5

Sec. 2. IC 12-8-8.5 applies to the division.

[1992 Revision Citation: New.]

As added by P.L.2-1992, SEC.3. Amended by P.L.160-2012, SEC.20.

IC 12-9-1-3 Bureaus within division

Sec. 3. The division consists of the following bureaus:

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

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

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

[1992 Revision Citation: New.]

As added by P.L.2-1992, SEC.3. Amended by P.L.4-1993, SEC.32; P.L.5-1993, SEC.45; P.L.272-1999, SEC.27; P.L.243-2003, SEC.8; P.L.93-2006, SEC.8; P.L.141-2006, SEC.32; P.L.1-2007, SEC.114; P.L.210-2015, SEC.14; P.L.74-2022, SEC.4; P.L.241-2023, SEC.4.

IC 12-9-2 Chapter 2. Director of Division

12-9-2-1 Appointment of director
12-9-2-2 Application of IC 12-8-8.5
12-9-2-3 Authority of the secretary; authority of director; compiling information
12-9-2-4 Hiring personnel
12-9-2-5 Repealed
12-9-2-6 Contractual powers and requirements

IC 12-9-2-1 Appointment of director

Sec. 1. The division shall be administered by a director appointed under IC 12-8-8.5-1.

[Pre-1992 Revision Citation: 4-28-2-2.]

As added by P.L.2-1992, SEC.3. Amended by P.L.160-2012, SEC.21.

IC 12-9-2-2 Application of IC 12-8-8.5

Sec. 2. IC 12-8-8.5 applies to the director.

[1992 Revision Citation: New.]

As added by P.L.2-1992, SEC.3. Amended by P.L.160-2012, SEC.22.

IC 12-9-2-3 Authority of the secretary; authority of director; compiling information

Sec. 3. (a) The secretary or the secretary's designee may do the following:

(1) Employ experts and consultants to assist the division in carrying out the division's functions.

(2) Issue orders under IC 4-21.5-3-6.

(3) Perform any other acts necessary to carry out the functions of the division.

(b) The director may do the following:

(1) Utilize, with their consent, the services and facilities of other state agencies without reimbursement.

(2) Accept in the name of the division, for use in carrying out the functions of the division, money or property received by gift, bequest, or otherwise.

(3) Accept voluntary and uncompensated services.

(4) Expend money made available to the division according to policies enforced by the budget agency.

(5) Establish and implement the policies and procedures necessary to carry out the functions of the division.

(6) Perform any other acts necessary to carry out the functions of the division as delegated by the secretary or consistent with the director's duties.

(c) The director shall compile information and statistics from each bureau concerning the ethnicity and gender of a program or service recipient.

[Pre-1992 Revision Citation: 4-28-2-5(a).]

As added by P.L.2-1992, SEC.3. Amended by P.L.42-1995, SEC.21; P.L.142-1995, SEC.2; P.L.229-2011, SEC.116; P.L.153-2011, SEC.4; P.L.35-2016, SEC.11.

IC 12-9-2-4 Hiring personnel

Sec. 4. The director may, with the approval of the budget agency, hire the personnel necessary to perform the duties of the division.

[Pre-1992 Revision Citation: 4-28-2-3.]

As added by P.L.2-1992, SEC.3.

IC 12-9-2-5 Repealed

[1992 Revision Citation: New.]

As added by P.L.2-1992, SEC.3. Repealed by P.L.188-2013, SEC.6.

IC 12-9-2-6 Contractual powers and requirements

Sec. 6. (a) The secretary shall act for the division in entering into contracts for the disbursal of money and the providing of service for approved community intellectual disability and other developmental disability centers where constructed and operated or maintained by private nonprofit organizations, a local public agency, or any other state agency that the secretary determines to be best suited to advance programs for individuals with developmental disabilities.

(b) Before entering into a contract under this section, the secretary shall submit the contract to the attorney general for approval as to form and legality.

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

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

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

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

[Pre-1992 Revision Citation: 4-28-2-5(a)(9).]

As added by P.L.2-1992, SEC.3. Amended by P.L.24-1997, SEC.19; P.L.99-2007, SEC.58; P.L.39-2015, SEC.7; P.L.117-2015, SEC.16.

IC 12-9-3 Chapter 3. Personnel of Division

12-9-3-1 Repealed
12-9-3-2 Criminal or civil proceedings against division personnel as result of official acts; defense by state; exceptions

IC 12-9-3-1 Repealed

[Pre-1992 Revision Citations: 4-28-2-4; 4-28-2-9.]

As added by P.L.2-1992, SEC.3. Repealed by P.L.6-2012, SEC.87.

IC 12-9-3-2 Criminal or civil proceedings against division personnel as result of official acts; defense by state; exceptions

Sec. 2. (a) If a member, an officer, or an employee of the division is accused of an offense or sued for civil damages because of an act performed within the course of the individual's employment or because of an act performed under the authority or order of a superior officer, the attorney general shall defend the individual in an action for civil damages. If the action or proceeding is criminal in nature, the governor shall designate counsel to represent and defend the accused and the state is financially responsible for the expense of the defense.

(b) This section does not do either of the following:

(1) Deprive an individual of the right to select defense counsel of the individual's choice at the individual's expense.

(2) Relieve any person from responsibility in civil damages.

[Pre-1992 Revision Citation: 4-28-2-11.]

As added by P.L.2-1992, SEC.3.

IC 12-9-4 Chapter 4. Division Advisory Council

12-9-4-1	"Council" defined
12-9-4-2	Establishment of advisory council; duties
12-9-4-3	Membership
12-9-4-4	Term of office
12-9-4-5	Presiding officer
12-9-4-6	Meetings
12-9-4-6.5	Reports
12-9-4-7	Application of IC 12-8-2.5-9 through IC 12-8-2.5-11.5
12-9-4-8	Special service review team; duties; powers; membership; per diem and expenses; immunity

IC 12-9-4-1 "Council" defined

Sec. 1. As used in this chapter, "council" refers to the division of disability and rehabilitative services advisory council established by this chapter.

[1992 Revision Citation: New.]

As added by P.L.2-1992, SEC.3. Amended by P.L.4-1993, SEC.33; P.L.5-1993, SEC.46; P.L.141-2006, SEC.33.

IC 12-9-4-2 Establishment of advisory council; duties

Sec. 2. The division of disability and rehabilitative services advisory council is established to advise and assist the division of disability and rehabilitative services in its effort to develop and sustain a system of supports and services for people with intellectual and developmental disabilities. The council will provide technical expertise and lived experiences and advise on specific areas such as:

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

[Pre-1992 Revision Citation: 12-6-3-5(a).]

As added by P.L.2-1992, SEC.3. Amended by P.L.4-1993, SEC.34; P.L.5-1993, SEC.47; P.L.141-2006, SEC.34; P.L.143-2022, SEC.4.

IC 12-9-4-3 Membership

Sec. 3. The council consists of the following sixteen (16) members:

(1) The director.

(2) An individual representing The Arc of Indiana, appointed by The Arc of Indiana.

(3) An individual representing the Indiana Association of Rehabilitation Facilities (INARF), appointed by INARF.

(4) An individual representing the Self-Advocates of Indiana, appointed by the Self-Advocates of Indiana.

(5) A representative of the governor's council for people with disabilities established by IC 4-23-29-7, appointed by the director.

(6) A representative of a case management provider contracting with the bureau of disabilities services established by IC 12-11-1.1-1 to provide family supports Medicaid waiver and community integration habilitation Medicaid waiver case management services, appointed by the director.

(7) An individual representing the Indiana Association of Behavior Consultants, appointed by the Indiana Association of Behavior Consultants.

(8) An individual representing the Indiana Institute on Disability and Community, appointed by the Indiana Institute on Disability and Community.

(9) An individual representing the Indiana Resource Center for Families with Special Needs (INSOURCE), appointed by INSOURCE.

(10) An individual representing Indiana Disability Rights, appointed by Indiana Disability Rights.

(11) An individual representing Indiana Family to Family, appointed by Indiana Family to Family.

(12) Two (2) members, appointed by the director, each of whom is an individual with an intellectual or other developmental disability.

(13) Two (2) members, appointed by the director, each of whom is an immediate or extended family member of an individual with an intellectual or other developmental disability.

(14) One (1) member, appointed by the director, who is employed by an agency that provides services to people with intellectual or other developmental disabilities.

[Pre-1992 Revision Citation: 12-6-3-5(b).]

As added by P.L.2-1992, SEC.3. Amended by P.L.143-2022, SEC.5; P.L.241-2023, SEC.5.

IC 12-9-4-4 Term of office

Sec. 4. Each member of the council appointed under section 3(2) through 3(14) of this chapter serves at the will of the appointing authority.

[Pre-1992 Revision Citation: 12-6-3-5(c).]

As added by P.L.2-1992, SEC.3. Amended by P.L.160-2012, SEC.23; P.L.143-2022, SEC.6.

IC 12-9-4-5 Presiding officer

Sec. 5. The director serves as presiding officer of the council.

[Pre-1992 Revision Citation: 12-6-3-5(d).]

As added by P.L.2-1992, SEC.3.

IC 12-9-4-6 Meetings

Sec. 6. The council shall meet at least six (6) times annually and is subject to special meetings at the call of its presiding officer.

[Pre-1992 Revision Citation: 12-6-3-5(e).]

As added by P.L.2-1992, SEC.3. Amended by P.L.143-2022, SEC.7.

IC 12-9-4-6.5 Reports

Sec. 6.5. (a) The division shall provide the council with a quarterly report containing the following information relating to Medicaid waivers:

(1) The number of current applications for an emergency placement priority waiver.

(2) The number of individuals served on a particular Medicaid waiver.

(3) The number of individuals who are currently on a wait list to be included in a Medicaid waiver.

(b) The division shall provide the council with a quarterly report containing the following information relating to vocational rehabilitation services:

(1) A status report of the division's effort to fill vocational counselor vacancies.

(2) A status report of the order of selection.

(3) The number of individuals who submitted applications for vocational rehabilitation services.

(4) The number of individuals who are currently on a wait list to obtain vocational rehabilitation services.

(5) The number of individuals who are currently receiving vocational rehabilitation services.

(c) The division shall provide the council with an annual report summarizing any rate

analysis, study, or review conducted by the division.

(d) The division shall report to the council prior to any submission of a Medicaid waiver amendment regarding the changes being sought and an explanation of purpose.

(e) The division shall report to the council prior to any submission for a renewal of a Medicaid waiver:

(1) any changes being proposed to the Medicaid waiver;

(2) the current and projected needs of each geographic area of Indiana for residential services for individuals with intellectual or developmental disabilities; and

(3) the availability of developmental or vocational services to individuals with an intellectual or developmental disability living in their own home.

As added by P.L.143-2022, SEC.8.

IC 12-9-4-7 Application of IC 12-8-2.5-9 through IC 12-8-2.5-11.5

Sec. 7. IC 12-8-2.5-9 through IC 12-8-2.5-11.5 apply to the council.

[1992 Revision Citation: New.]

As added by P.L.2-1992, SEC.3. Amended by P.L.160-2012, SEC.24; P.L.143-2022, SEC.9.

IC 12-9-4-8 Special service review team; duties; powers; membership; per diem and expenses; immunity

Sec. 8. (a) As used in this section, "review team" refers to the special service review team established by subsection (c).

(b) As used in this section, "waiver" refers to the community integration and habilitation waiver.

(c) The special service review team is established.

(d) The review team shall do the following:

(1) Subject to subsection (l)(2), review denied applications from the director for the waivers that were received after December 1, 2024, and before June 30, 2025, from Districts 1, 4, and 8 of the bureau of disabilities services districts, including a review of the waiver application and any other information submitted concerning the application.

(2) Subject to subsection (l)(2), review, at the director's discretion, waiver applications received after December 1, 2024, and before June 30, 2025, for which a determination has not been made by the director. The review team shall review the waiver application and information submitted concerning the application.

(3) Maintain confidentiality of any protected health information and personally identifiable information collected during the review.

(4) Provide the following to the director:

(A) Concerning the review team's review of applications under subdivision (1), an evaluation of information that can be applied to the waiver at the systems level, including the criteria that can be used to approve and deny waiver applications.

(B) Concerning the review team's review of applications under subdivision (2), and not later than thirty (30) days from the review team's receipt of the application from the director, additional information submitted concerning an application.

(5) Issue a quarterly report to the council.

(e) The review team may, with consent of the applicant or applicant's legal guardian, collect additional information related to an application that was not submitted with the application. The collection of information under this subsection:

(1) may be used by the review team to provide information, referral, and resources to applicants concerning available services and supports;

(2) does not create a responsibility on the bureau to reconsider an application determination; and

(3) does not constitute a request to appeal an application determination.

(f) The director shall appoint the members of the review team and fill any vacancies on

the review team. The review team must consist of the following five (5) members who are knowledgeable in the waiver requirements:

(1) A representative from The Arc of Indiana.

(2) A representative from a case management company that is approved by the bureau of disabilities services to provide waiver services.

(3) An individual who works as a behavior consultant that is approved by the bureau of disabilities services to provide waiver services.

(4) Two (2) individuals appointed by the director.

However, not more than one (1) member may be a state employee.

(g) The director shall appoint a member of the review team to serve as the chairperson.

(h) The director shall:

(1) notify the chairperson; and

(2) provide the waiver application and accompanying information submitted with the application to the review team to begin to review of the application;

not later than five (5) business days after a waiver application has been denied. The director shall also notify the chairperson if the director would like additional consultation on an application described in subsection (d)(2).

(i) As used in this subsection, a "conflict of interest" has the meaning set forth in 460 IAC 6-3-15.2 and includes a direct or indirect financial interest with the applicant or a prior or current relationship with the applicant. If a member appointed to the review team under subsection (f)(1) through (f)(3) has a conflict of interest with the applicant of a waiver application under review by the review team, the member shall:

(1) inform the director of the conflict of interest; and

(2) recuse themself from review of the application for which the member has a conflict of interest.

The director may appoint a member to the review team to fill the vacancy of the recused member during the review of the application for which the member has been recused.

(j) Each member of the review team who is not a state employee is entitled to the following:

(1) The minimum salary per diem provided by IC 4-10-11-2.1(b).

(2) Reimbursement for traveling expenses and other expenses actually incurred in connection with the member's duties as provided under IC 4-13-1-4 and in the state travel policies and procedures established by the Indiana department of administration and approved by the budget agency.

(k) A member of the review team who is a state employee is not entitled to any of the following:

(1) The minimum salary per diem provided by IC 4-10-11-2.1(b).

(2) Reimbursement for traveling expenses as provided under IC 4-13-1-4.

(3) Other expenses actually incurred in connection with the member's duties.

(l) The division shall do the following:

(1) Obtain consent from a waiver applicant or the applicant's legal guardian to share the waiver application and additional information submitted with the waiver application with the review team. An applicant or applicant's legal guardian must voluntarily consent to sharing the application and information with the review team. If an applicant or applicant's legal guardian denies consent to share the application and submitted information with the review team, the division may not share the application and information with the review team and the denial of consent may not affect a determination on the applicant's waiver application.

(2) Provide members of the review team with the waiver application and submitted information required under subsection (d)(1) and (d)(2) for the applications where consent has been obtained under subdivision (1).

(3) Provide administrative support for the review team concerning the following:

(A) Contacting applicants who have provided consent under this section.

(B) Accessing the application and information submitted with the application.

(C) Receiving compensation as described in subsection (j).

The review team is responsible for any other administrative tasks not specified in this subdivision, including scheduling review team meetings and meeting the confidentiality requirements specified in subsection (d)(3).

(4) Pay the expenses of the review team.

(m) An employee of the division who provides records in accordance with subsection (l) in good faith is not subject to liability in:

(1) a civil;

(2) an administrative;

(3) a disciplinary; or

(4) a criminal;

action that might otherwise be imposed as a result of the disclosure of the records.

(n) This section expires December 31, 2026.

As added by P.L.131-2024, SEC.2.

IC 12-9-5 Chapter 5. Duties of Division

12-9-5-1	Administration of appropriated or allocated funds
12-9-5-2	Repealed
12-9-5-3	General administrative duties
12-9-5-3.5	Implementation of recommendations; updates
12-9-5-4	Application of IC 20-35-2 to education programs for students with disabilities
12-9-5-5	Approved services under federal waiver

IC 12-9-5-1 Administration of appropriated or allocated funds

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) Improving Access to Assistive Technology for Individuals with Disabilities Act (29 U.S.C. 3001 et seq.).

(6) The federal Social Security Act Payments for Vocational Rehabilitation Services (42 U.S.C. 422).

(7) Part C of the federal Individuals with Disabilities Education Act, Subchapter III (20 U.S.C. 1431 et seq.).

(8) Money appropriated or allocated to the division to administer a program under this title.

(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.

[Pre-1992 Revision Citation: 4-28-2-6.]

As added by P.L.2-1992, SEC.3. Amended by P.L.93-2006, SEC.9; P.L.141-2006, SEC.35; P.L.1-2007, SEC.115; P.L.210-2015, SEC.15.

IC 12-9-5-2 Repealed

[Pre-1992 Revision Citation: 4-28-10-12(b).]

As added by P.L.2-1992, SEC.3. Repealed by P.L.138-1993, SEC.4.

IC 12-9-5-3 General administrative duties

Sec. 3. The division shall administer the following programs:

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

(A) This article.

(B) IC 12-11.

(C) IC 12-12.

(D) IC 12-12.7.

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

(A) IC 12-24.

(B) IC 12-26.

(C) IC 12-27.

(D) IC 12-28.

(E) IC 12-29.

(3) Supported employment for a person with developmental disabilities.

(4) Epilepsy service centers program.

(5) Epilepsy clinic program.

(6) Medicaid waivers for in-home services for treatment of developmental disabilities.

[Pre-1992 Revision Citation: 4-28-2-7.]

As added by P.L.2-1992, SEC.3. Amended by P.L.243-2003, SEC.9; P.L.93-2006, SEC.10; P.L.141-2006, SEC.36; P.L.1-2007, SEC.116; P.L.74-2022, SEC.5.

IC 12-9-5-3.5 Implementation of recommendations; updates

Sec. 3.5. (a) The division shall provide to the division of disability and rehabilitative services advisory council established by IC 12-9-4-2 quarterly updates regarding the implementation of the recommendations made by the services for individuals with intellectual and other developmental disabilities task force under IC 12-11-15.5 (before its expiration).

(b) This section expires December 31, 2027.

As added by P.L.131-2024, SEC.3.

IC 12-9-5-4 Application of IC 20-35-2 to education programs for students with disabilities

Sec. 4. IC 20-35-2 applies to the operation of each education program for a student with a disability (as defined in IC 20-35-1-8) conducted by a state owned and operated developmental center or furnished under an agreement with the division.

[Pre-1992 Revision Citations: 4-28-2-5(b); 4-28-2-8(d).]

As added by P.L.2-1992, SEC.3. Amended by P.L.23-1993, SEC.42; P.L.1-2005, SEC.128; P.L.233-2015, SEC.22.

IC 12-9-5-5 Approved services under federal waiver

Sec. 5. (a) Notwithstanding any other law:

(1) home health agencies licensed under IC 16-27-1 are approved to provide home health services; and

(2) personal services agencies licensed under IC 16-27-4 are approved to provide personal services;

under any federal waiver granted to the state under 42 U.S.C. 1315 or 42 U.S.C. 1396n.

(b) In determining whether to approve an entity described in subsection (a) to provide services for a program administered by the office of the secretary, the office of the secretary may use the survey performed by the Indiana department of health in licensing the entity.

As added by P.L.212-2005, SEC.2. Amended by P.L.141-2006, SEC.37; P.L.56-2023, SEC.86.

IC 12-9-6 Chapter 6. Repealed

[Pre-1992 Revision Citations:
12-9-6-1 formerly 4-28-10-11(a)
12-9-6-2 formerly 4-28-10-11(b)
12-9-6-3 formerly 4-28-10-11(c).]

Repealed by P.L.210-2015, SEC.16.

IC 12-9.1 ARTICLE 9.1. DIVISION OF AGING

Ch. 1. Establishment of Division
Ch. 2. Director of Division
Ch. 3. Personnel of Division
Ch. 4. Duties of Division
Ch. 5. Strategic Plan to Address Dementia
Ch. 6. Yellow Dot Motor Vehicle Medical Information Program

IC 12-9.1-1 Chapter 1. Establishment of Division

12-9.1-1-1 Establishment
12-9.1-1-2 Application of IC 12-8-8.5
12-9.1-1-3 Bureau within division

IC 12-9.1-1-1 Establishment

Sec. 1. The division of aging is established.

As added by P.L.141-2006, SEC.38.

IC 12-9.1-1-2 Application of IC 12-8-8.5

Sec. 2. IC 12-8-8.5 applies to the division.

As added by P.L.141-2006, SEC.38. Amended by P.L.160-2012, SEC.25.

IC 12-9.1-1-3 Bureau within division

Sec. 3. The bureau of aging and in-home services established by IC 12-10-1-1 is part of the division.

As added by P.L.141-2006, SEC.38.

IC 12-9.1-2 Chapter 2. Director of Division

12-9.1-2-1 Appointment of director
12-9.1-2-2 Application of IC 12-8-8.5
12-9.1-2-3 Authority of secretary; authority of director; compiling of information
12-9.1-2-4 Hiring personnel

IC 12-9.1-2-1 Appointment of director

Sec. 1. The division shall be administered by a director appointed under IC 12-8-8.5-1.

As added by P.L.141-2006, SEC.38. Amended by P.L.160-2012, SEC.26.

IC 12-9.1-2-2 Application of IC 12-8-8.5

Sec. 2. IC 12-8-8.5 applies to the director.

As added by P.L.141-2006, SEC.38. Amended by P.L.160-2012, SEC.27.

IC 12-9.1-2-3 Authority of secretary; authority of director; compiling of information

Sec. 3. (a) The secretary or the secretary's designee may do the following:

(1) Employ experts and consultants to assist the division in carrying out the division's functions.

(2) Issue orders under IC 4-21.5-3-6.

(3) Perform any other acts necessary to carry out the functions of the division.

(b) The director may do the following:

(1) Use, with their consent, the services and facilities of other state agencies without reimbursement.

(2) Accept in the name of the division, for use in carrying out the functions of the division, money or property received by gift, bequest, or otherwise.

(3) Accept voluntary and uncompensated services.

(4) Expend money made available to the division according to policies enforced by the budget agency.

(5) Establish and implement the policies and procedures necessary to carry out the functions of the division.

(6) Perform any other acts necessary to carry out the functions of the division as delegated by the secretary or consistent with the director's statutory duties.

(c) The director shall compile information and statistics from each bureau concerning the ethnicity and gender of a program or service recipient.

As added by P.L.141-2006, SEC.38. Amended by P.L.229-2011, SEC.117; P.L.153-2011, SEC.5; P.L.35-2016, SEC.12.

IC 12-9.1-2-4 Hiring personnel

Sec. 4. The director may, with the approval of the budget agency, hire the personnel necessary to perform the duties of the division.

As added by P.L.141-2006, SEC.38.

IC 12-9.1-3 Chapter 3. Personnel of Division

12-9.1-3-1 Repealed
12-9.1-3-2 Criminal or civil proceedings against division personnel as result of official acts; defense by state; exceptions

IC 12-9.1-3-1 Repealed

As added by P.L.141-2006, SEC.38. Repealed by P.L.6-2012, SEC.88.

IC 12-9.1-3-2 Criminal or civil proceedings against division personnel as result of official acts; defense by state; exceptions

Sec. 2. (a) If a member, an officer, or an employee of the division is accused of an offense or sued for civil damages because of an act performed:

(1) within the course of the individual's employment; or

(2) under the authority or order of a superior officer;

the attorney general shall defend the individual in an action for civil damages. If the action or proceeding is criminal in nature, the governor shall designate counsel to represent and defend the accused, and the state is financially responsible for the expense of the defense.

(b) This section does not do either of the following:

(1) Deprive an individual of the right to select defense counsel of the individual's choice at the individual's expense.

(2) Relieve any person from responsibility in civil damages.

As added by P.L.141-2006, SEC.38.

IC 12-9.1-4 Chapter 4. Duties of Division

12-9.1-4-1 Administration of appropriated or allocated funds
12-9.1-4-2 Administrative duties
12-9.1-4-3 Repealed

IC 12-9.1-4-1 Administration of appropriated or allocated funds

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 Older Americans Act (42 U.S.C. 3001 et seq.).

(2) The United States Department of Agriculture (7 U.S.C. 612C et seq.).

(3) Money appropriated or allocated to the division to administer a program under this title.

(4) Other funding sources that are designated by the general assembly or available from the federal government under grants that are consistent with the duties of the division.

As added by P.L.141-2006, SEC.38. Amended by P.L.174-2025, SEC.16.

IC 12-9.1-4-2 Administrative duties

Sec. 2. The division shall administer the following programs:

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

(A) This article.

(B) IC 12-10.

(2) Programs under IC 12-30, to the extent the division has responsibilities for programs under IC 12-30.

As added by P.L.141-2006, SEC.38. Amended by P.L.174-2025, SEC.17.

IC 12-9.1-4-3 Repealed

As added by P.L.141-2006, SEC.38. Repealed by P.L.174-2025, SEC.18.

IC 12-9.1-5 Chapter 5. Strategic Plan to Address Dementia

12-9.1-5-1 Division required to develop dementia strategic plan
12-9.1-5-2 Dementia strategic plan requirements
12-9.1-5-3 Annual report
12-9.1-5-4 Dementia care coordinator; duties

IC 12-9.1-5-1 Division required to develop dementia strategic plan

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

As added by P.L.36-2021, SEC.1.

IC 12-9.1-5-2 Dementia strategic plan requirements

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

(1) Proposed state actions.

(2) Implementation steps.

(3) Recommendations to carry out the purposes of the plan.

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

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

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

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

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

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

(A) Educate health care providers:

(i) on the importance of early detection and diagnosis of Alzheimer's disease and dementia;

(ii) on the importance of an annual wellness visit for cognitive health; and

(iii) on Medicare having a billing code for individuals with cognitive impairment.

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

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

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

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

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

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

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

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

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

(C) Identify methods to expand Indiana's health care system capacity to meet the

growing number and needs of individuals with Alzheimer's disease and dementia.

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

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

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

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

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

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

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

As added by P.L.36-2021, SEC.1. Amended by P.L.9-2022, SEC.17.

IC 12-9.1-5-3 Annual report

Sec. 3. (a) Beginning December 1, 2021, the division shall submit annually:

(1) a summary of the dementia strategic plan; and

(2) a report concerning outcomes from implementation of the dementia strategic plan; to the general assembly.

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

As added by P.L.36-2021, SEC.1.

IC 12-9.1-5-4 Dementia care coordinator; duties

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

(1) Coordinate implementation of the dementia strategic plan.

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

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

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

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

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

(E) Not later than December 1, 2024, and each December 1 thereafter incorporate program reporting and analysis on coordinator activities, program impacts, and health outcomes as a subsection of the division's dementia strategic plan annual report required under section 3 of this chapter.

As added by P.L.146-2023, SEC.4.

IC 12-9.1-6 Chapter 6. Yellow Dot Motor Vehicle Medical Information Program

12-9.1-6-1 "Emergency medical responder"
12-9.1-6-2 "Other responder"
12-9.1-6-3 "Program"
12-9.1-6-4 "Program participant"
12-9.1-6-5 Establishment of program
12-9.1-6-6 Standard medical information form
12-9.1-6-7 Yellow dot folder
12-9.1-6-8 Participation in program
12-9.1-6-9 Use of yellow dot folder
12-9.1-6-10 Immunity from liability

IC 12-9.1-6-1 "Emergency medical responder"

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

(1) an emergency medical technician;

(2) an emergency medical technician-paramedic;

(3) a paramedic; and

(4) any other emergency services provider, physician, or nurse;

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

As added by P.L.59-2025, SEC.1.

IC 12-9.1-6-2 "Other responder"

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

As added by P.L.59-2025, SEC.1.

IC 12-9.1-6-3 "Program"

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

As added by P.L.59-2025, SEC.1.

IC 12-9.1-6-4 "Program participant"

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

(1) the operator of a motor vehicle; and

(2) a passenger of a motor vehicle.

As added by P.L.59-2025, SEC.1.

IC 12-9.1-6-5 Establishment of program

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

(b) The division of aging shall administer the program.

As added by P.L.59-2025, SEC.1.

IC 12-9.1-6-6 Standard medical information form

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

(1) The program participant's name.

(2) A photograph of the program participant.

(3) The contact information for not more than two (2) emergency contacts for the program participant.

(4) The program participant's medical information, including medical conditions, recent surgeries, allergies, and current medications.

(5) The program participant's hospital preference.

(6) The contact information for not more than two (2) health care providers of the program participant.

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

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

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

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

As added by P.L.59-2025, SEC.1.

IC 12-9.1-6-7 Yellow dot folder

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

(1) the medical information form; and

(2) a yellow dot decal with adhesive backing.

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

(c) The division of aging may not charge a fee to participate in the program.

As added by P.L.59-2025, SEC.1.

IC 12-9.1-6-8 Participation in program

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

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

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

As added by P.L.59-2025, SEC.1.

IC 12-9.1-6-9 Use of yellow dot folder

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

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

(1) identify the program participant;

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

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

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

As added by P.L.59-2025, SEC.1.

IC 12-9.1-6-10 Immunity from liability

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

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

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

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

As added by P.L.59-2025, SEC.1.

IC 12-10 ARTICLE 10. AGING SERVICES

Ch. 1.	Bureau of Aging Services
Ch. 2.	Commission on Aging
Ch. 3.	Adult Protective Services
Ch. 4.	Repealed
Ch. 5.	Expired
Ch. 5.5.	Alzheimer's and Dementia Special Care Disclosure
Ch. 5.7.	Dementia Care Specialist Program
Ch. 6.	Residential Care Assistance
Ch. 7.	Adult Guardianship Services
Ch. 8.	Repealed
Ch. 9.	Repealed
Ch. 10.	Community and Home Options to Institutional Care for the Elderly and Disabled Program
Ch. 10.5.	Expired
Ch. 11.	Community and Home Options to Institutional Care for the Elderly and Disabled Board
Ch. 11.5.	Long Term Care Services
Ch. 12.	Expired
Ch. 13.	Long Term Care Ombudsman Program
Ch. 14.	Representative Payees and Bill Payers
Ch. 15.	Filing Disclosure Documents for Housing With Services Establishments
Ch. 16.	Indiana Prescription Drug Program
Ch. 17.	Repealed
Ch. 17.1.	Individuals in Need of Self-Directed In-Home Care
Ch. 18.	Reports of Missing Endangered Adults
Ch. 19.	Repealed

IC 12-10-1 Chapter 1. Bureau of Aging Services

12-10-1-1	Establishment of bureau
12-10-1-2	Purpose
12-10-1-3	Administration of programs
12-10-1-4	Duties
12-10-1-5	Coordination of services with area agencies
12-10-1-6	Area agencies; duties; coverage area changes
12-10-1-7	Issuance of citation for violations; requirements; remedies; considerations in determination of remedy

IC 12-10-1-1 Establishment of bureau

Sec. 1. The bureau of aging and in-home services is established within the division.

[Pre-1992 Revision Citation: 4-28-3-3(a).]

As added by P.L.2-1992, SEC.4. Amended by P.L.4-1993, SEC.35; P.L.5-1993, SEC.48.

IC 12-10-1-2 Purpose

Sec. 2. The purpose of the bureau is to assist the constantly increasing number of aged in:

(1) maintaining self-sufficiency and personal well-being with the dignity to which the years of labor entitle the person; and

(2) realizing the aged person's maximum potential as a creative and productive individual.

[Pre-1992 Revision Citation: 4-28-3-3(b).]

As added by P.L.2-1992, SEC.4.

IC 12-10-1-3 Administration of programs

Sec. 3. The bureau shall administer the following programs:

(1) The federal Older Americans Act under IC 12-9.1-4-1.

(2) Area agencies on aging services under this article.
(3) Adult protective services under IC 12-10-3.
(4) Room and board assistance and assistance to residents in county homes under IC 12-10-6.
(5) Adult guardianship program under IC 12-10-7.
(6) Community and home options for the elderly and individuals with a disability under IC 12-10-10.
(7) Long term care advocacy under IC 12-10-13.
(8) Nutrition services and home delivered meals.
(9) Title III B supportive services.
(10) Title III D in-home services.
(11) Aging programs under the Social Services Block Grant.
(12) United States Department of Agriculture elderly feeding program.
(13) Title V senior employment.
(14) PASARR under older adult services.

[Pre-1992 Revision Citation: 4-28-3-3(c).]

As added by P.L.2-1992, SEC.4. Amended by P.L.24-1997, SEC.20; P.L.243-2003, SEC.10; P.L.141-2006, SEC.39; P.L.99-2007, SEC.59; P.L.32-2021, SEC.27.

IC 12-10-1-4 Duties

Sec. 4. The bureau shall perform the following duties:

(1) Provide a comprehensive and coordinated service system for Indiana's aging population, giving high priority to those individuals in greatest need.
(2) Conduct studies and research into the needs and problems of the aging.
(3) Ensure participation by the aging in the planning and operation of all phases of the system.
(4) Provide a focal point for advocacy, coordination, monitoring, and evaluation of programs for the aging and the aged.
(5) Provide for the performance of any other functions required by regulations established under the Older Americans Act (42 U.S.C. 3001 et seq.).
(6) Function as the sole state agency to develop a comprehensive plan to meet the needs of the aged.
(7) Evaluate programs, services, and facilities for the aged and determine the extent to which those programs, services, and facilities meet the needs of the aged.
(8) Coordinate programs, services, and facilities furnished for the aged by state agencies and make recommendations regarding those programs, services, and facilities to the governor and the general assembly.
(9) Receive and disburse federal money made available for providing services to the aged or related purposes.
(10) Administer any state plan for the aging required by federal law.
(11) Provide consultation and assistance to communities and groups developing local services for the aged.
(12) Promote community education regarding the problems of the aged through institutes, publications, radio, television, and the press.
(13) Cooperate with agencies of the federal government in studies and conferences designed to examine the needs of the aged and prepare programs and facilities to meet those needs.
(14) Establish and maintain information and referral sources throughout Indiana when not provided by other agencies.
(15) Act, in accordance with regulations established under the Older Americans Act (42 U.S.C. 3001 et seq.), as the agent for providing state money to the area agencies on aging designated in each planning and service region in Indiana.
(16) Initiate, evaluate, and provide assistance for improving programs in cooperation

with all other state agencies having concerns or responsibility for the aged.

(17) Conduct an annual conference on the problems of the aging and the aged.

(18) Designate area agencies on aging in each planning and service region in Indiana.

(19) Examine the needs of the aged and prepare programs and facilities to meet those needs.

(20) Issue orders under IC 4-21.5-3-6 when necessary in accordance with section 7 of this chapter.

[Pre-1992 Revision Citation: 4-28-3-4.]

As added by P.L.2-1992, SEC.4. Amended by P.L.153-2011, SEC.6.

IC 12-10-1-5 Coordination of services with area agencies

Sec. 5. In carrying out the bureau's duties under this chapter, the bureau shall coordinate service delivery with the area agencies on aging.

[Pre-1992 Revision Citation: 4-28-3-5.]

As added by P.L.2-1992, SEC.4.

IC 12-10-1-6 Area agencies; duties; coverage area changes

Sec. 6. (a) The area agencies on aging designated by the bureau in each planning and service region shall do the following:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

[Pre-1992 Revision Citation: 4-28-3-6.]

As added by P.L.2-1992, SEC.4. Amended by P.L.150-1995, SEC.4; P.L.209-2018, SEC.2; P.L.146-2023, SEC.5.

IC 12-10-1-7 Issuance of citation for violations; requirements; remedies; considerations in determination of remedy

Sec. 7. (a) Upon a determination by the bureau that a provider has violated this article or a rule adopted under this article, the director shall issue a citation under IC 4-21.5-3-6 to the provider. The citation must state the following:

(1) The nature of the violation.

(2) The classification of the violation.

(3) The corrective actions required of the provider to remedy the breach and to protect clients of the provider.

(4) Any penalty imposed on the provider.

(b) A person aggrieved by a citation issued under this section may request a review under IC 4-21.5-3-7. If a request for a hearing is not filed within the fifteen (15) day period, the determination contained in the citation is final.

(c) The bureau may impose the following remedies for a violation of this article or a rule adopted under this article:

(1) Issuance of an order for immediate correction of the violation.

(2) Imposition of a fine not to exceed ten thousand dollars ($10,000).

(3) Suspension of new clients by the provider for a period not to exceed ninety (90) days.

(4) Revocation of the provider's license or issuance of a probationary license.

(5) A requirement that the provider comply with any plan of correction approved or directed by the division.

(d) In determining appropriate remedies under this section for a violation, the bureau shall consider the following:

(1) Whether the violation occurred for reasons beyond the provider's control.

(2) Whether the provider has demonstrated that the provider has taken the appropriate steps to reasonably ensure that the violation will not recur.

(3) The history of violations by the provider.

(4) The effect of the violation on the client.

(5) The degree of the violation.

As added by P.L.153-2011, SEC.7.

IC 12-10-2 Chapter 2. Commission on Aging

12-10-2-1 "Commission" defined
12-10-2-2 Establishment of commission
12-10-2-3 Membership
12-10-2-4 Term of office; termination
12-10-2-5 Executive committee; election
12-10-2-6 Quorum
12-10-2-7 Duties
12-10-2-8 Travel and other expenses; per diem

IC 12-10-2-1 "Commission" defined

Sec. 1. As used in this chapter, "commission" refers to the Indiana state commission on aging established by this chapter.

[1992 Revision Citation: New.]

As added by P.L.2-1992, SEC.4.

IC 12-10-2-2 Establishment of commission

Sec. 2. The Indiana state commission on aging is established within the division.

[Pre-1992 Revision Citation: 4-28-4-4(a).]

As added by P.L.2-1992, SEC.4.

IC 12-10-2-3 Membership

Sec. 3. (a) The commission consists of sixteen (16) members.

(b) Not more than eight (8) members may be from the same political party. The members must be Indiana residents who are interested in the problems of the aging and the aged.

(c) The governor shall appoint the members of the commission to ensure that the commission includes members representing the area agencies on aging as follows:

(1) Three (3) members from the region served by Area 1 through Area 5.

(2) Three (3) members from the region served by Area 6 through Area 9.

(3) Three (3) members from the region served by Area 10 through Area 16.

However, not more than two (2) residents of the same county may be appointed as members of the commission.

(d) Beginning July 1, 2024, the commission must contain:

(1) the executive director of the Indiana housing and community development authority or the executive director's designee;

(2) at least one (1) member who is a:

(A) direct provider of; or

(B) service worker employed to provide;

services provided through the division;

(3) at least one (1) member who is:

(A) a recipient; or

(B) the caregiver of a recipient;

of services provided through the division; and

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

(A) represent individuals with mental illness; and

(B) have statewide membership.

[Pre-1992 Revision Citations: subsection (a) formerly 4-28-4-4(b) part; subsection (b) formerly 4-28-4-4(b) part; subsection (c) formerly 4-28-4-5(a).]

As added by P.L.2-1992, SEC.4. Amended by P.L.131-2024, SEC.4.

IC 12-10-2-4 Term of office; termination

Sec. 4. (a) Subject to subsection (c), the term of a member of the commission is four (4) years. The term of a member filling a vacancy is for the remainder of the unexpired term.

(b) The term of a member of the commission expires July 1, but a member continues in office until a successor is appointed.

(c) A member of the commission serves at the will of the governor. The governor may terminate the appointment of a member of the commission by notifying the member, the chairman of the commission, and the director.

[Pre-1992 Revision Citations: subsection (a) formerly 4-28-4-5(b) part; subsection (b) formerly 4-28-4-5(b) part; subsection (c) formerly 4-28-4-5(c).]

As added by P.L.2-1992, SEC.4. Amended by P.L.131-2024, SEC.5.

IC 12-10-2-5 Executive committee; election

Sec. 5. At its first meeting of each year, the commission shall elect a chairman, three (3) vice chairmen, and a secretary to serve for one (1) year. These officers are the executive committee of the commission.

[Pre-1992 Revision Citation: 4-28-4-6.]

As added by P.L.2-1992, SEC.4.

IC 12-10-2-6 Quorum

Sec. 6. (a) Nine (9) members of the commission constitute a quorum for the transaction of the business of the commission.

(b) Approval by nine (9) members of the commission is required for any action to be taken by the commission.

[Pre-1992 Revision Citation: 4-28-4-7 part.]

As added by P.L.2-1992, SEC.4.

IC 12-10-2-7 Duties

Sec. 7. The commission shall do the following:

(1) Encourage the study and discussion of the problems of the aging and the aged.

(2) Promote the organization of and officially recognize voluntary councils for the study and discussion of problems of the aging and the aged.

(3) Assist the division in the development of a comprehensive plan to meet the needs of the aged.

[Pre-1992 Revision Citation: 4-28-4-8.]

As added by P.L.2-1992, SEC.4.

IC 12-10-2-8 Travel and other expenses; per diem

Sec. 8. Each member of the commission, each consultant to the commission, and each member of any advisory council established by the commission is entitled to the following:

(1) Reimbursement for official traveling expenses and other expenses, as provided in the state travel policy and procedures established by the Indiana department of administration and approved by the budget agency.

(2) Salary per diem, as provided in IC 4-10-11-2.1(b), for each day engaged in the official business of the commission.

[Pre-1992 Revision Citation: 4-28-4-9.]

As added by P.L.2-1992, SEC.4.

IC 12-10-3 Chapter 3. Adult Protective Services

12-10-3-0.5	Applicability
12-10-3-1	"Adult protective services unit"
12-10-3-2	"Endangered adult"
12-10-3-3	"Governmental entity"
12-10-3-4	"Life threatening emergency"
12-10-3-5	"Protective services"
12-10-3-6	"Reason to believe"
12-10-3-7	Contracting for services
12-10-3-8	Duties of adult protective services unit having reason to believe individual is endangered adult
12-10-3-8.5	Reporting of observed or suspected animal cruelty, abandonment, or neglect
12-10-3-9	Duty to report endangered adult
12-10-3-10	Reports; communication; contents
12-10-3-11	Immunity from civil and criminal liability; privileged information; whistleblower retaliation
12-10-3-12	Toll free report hotline; establishment of adult protective services standards of practice
12-10-3-13	Records; availability
12-10-3-14	Referral of reports of endangerment
12-10-3-15	Confidentiality of reports; exceptions
12-10-3-16	Repealed
12-10-3-17	Response to report of endangered adult in licensed health facility
12-10-3-18	Timely referral to appropriate responder
12-10-3-19	Court jurisdiction
12-10-3-20	Protective services consented to by endangered adult and interfered with by another; judicial intervention
12-10-3-21	Involuntary protective services; petition
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IC 12-10-3-0.5 Applicability

Sec. 0.5. This chapter applies to a report that is received by a call to a statewide toll free telephone number or through online reporting.

As added by P.L.47-2025, SEC.1.

IC 12-10-3-1 "Adult protective services unit"

Sec. 1. As used in this chapter, "adult protective services unit" refers to the person or entity with whom the division contracts to carry out the duties listed in section 8 of this chapter.

[Pre-1992 Revision Citations: 4-28-5-1; 4-28-5-4.5 part.]

As added by P.L.2-1992, SEC.4. Amended by P.L.21-1996, SEC.2; P.L.47-2025, SEC.2.

IC 12-10-3-2 "Endangered adult"

Sec. 2. (a) Except as provided in subsection (b), as used in this chapter, "endangered adult" means an individual who is:

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

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

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

(A) neglect;

(B) a battery offense included in IC 35-42-2; or

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

(b) For purposes of IC 12-10-3-17, IC 35-42-2-1, IC 35-42-2-1.3, and IC 35-46-1-13, "endangered adult" means an individual who is:

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

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

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

(A) neglect; or

(B) battery.

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

(1) for the reason that the individual is being provided spiritual treatment in accordance with a recognized religious method of healing instead of specified medical treatment if the individual would not be considered to be an endangered adult if the individual were receiving the medical treatment; or

(2) on the basis of being physically unable to provide self care when appropriate care is being provided.

[Pre-1992 Revision Citation: 4-28-5-2.]

As added by P.L.2-1992, SEC.4. Amended by P.L.77-1992, SEC.1; P.L.24-1997, SEC.21; P.L.281-2003, SEC.1; P.L.117-2015, SEC.17; P.L.65-2016, SEC.6; P.L.47-2025, SEC.3.

IC 12-10-3-3 "Governmental entity"

Sec. 3. As used in this chapter, "governmental entity" means an office or a department that is under the direct supervision of a local elected official or a county office.

[Pre-1992 Revision Citation: 4-28-5-3.]

As added by P.L.2-1992, SEC.4. Amended by P.L.4-1993, SEC.36; P.L.5-1993, SEC.49.

IC 12-10-3-4 "Life threatening emergency"

Sec. 4. As used in this chapter, "life threatening emergency" means a situation in which:

(1) a severe threat to the life or health of an endangered adult exists;

(2) immediate care or treatment is required to alleviate that threat; and

(3) the endangered adult is unable to provide or obtain the necessary care or treatment.

[Pre-1992 Revision Citation: 4-28-5-3.5.]

As added by P.L.2-1992, SEC.4.

IC 12-10-3-5 "Protective services"

Sec. 5. As used in this chapter, "protective services" refers to available medical, psychiatric, residential, and social services that are necessary to protect the health or safety of an endangered adult.

[Pre-1992 Revision Citation: 4-28-5-4.]

As added by P.L.2-1992, SEC.4.

IC 12-10-3-6 "Reason to believe"

Sec. 6. For the purposes of this chapter, an individual has "reason to believe" that a particular adult is an endangered adult if the individual has been presented with evidence that, if presented to an individual of similar background and training, would cause the

individual to believe that the adult is an endangered adult.

[Pre-1992 Revision Citation: 4-28-5-4.5 part.]

As added by P.L.2-1992, SEC.4.

IC 12-10-3-7 Contracting for services

Sec. 7. (a) The division shall provide coverage for the services required in each county under this chapter and may contract with:

(1) a prosecuting attorney;

(2) a person qualified to provide the services required; or

(3) a prosecuting attorney to perform part of the services and a person described in subdivision (2) or a governmental entity qualified to perform the remainder of the services required.

(b) The contracts entered into by the division under this section must specify that the notification provisions described in sections 21(4) and 28(b)(5) of this chapter must be followed.

(c) A prosecuting attorney who is contracted to provide services under this section may perform services under this chapter in accordance with subsections (d) and (e).

(d) Except as provided in subsection (e), a prosecuting attorney who has contracted to provide services under this section may provide services in another county if:

(1) the prosecuting attorney of the other county has not entered into a contract with the division to provide services; or

(2) the prosecuting attorney of the other county requests the prosecuting attorney to provide services.

(e) Services provided by a prosecuting attorney who is providing services in another county under this section may include the investigation of matters related to the abuse, neglect, or exploitation of an endangered adult. However, a prosecuting attorney who is providing services in another county under this section may not initiate any judicial proceeding (including seeking a temporary restraining order, an order for protection, or a similar order from a court) in the other county.

[Pre-1992 Revision Citation: 4-28-5-5.]

As added by P.L.2-1992, SEC.4. Amended by P.L.110-1996, SEC.1; P.L.21-1996, SEC.3; P.L.116-2007, SEC.1; P.L.16-2024, SEC.1.

IC 12-10-3-8 Duties of adult protective services unit having reason to believe individual is endangered adult

Sec. 8. If the adult protective services unit has reason to believe that an individual is an endangered adult, the adult protective services unit shall do the following:

(1) Investigate the complaint or cause and make a determination as to whether the individual is an endangered adult or if the report is to be referred to a law enforcement or other agency for investigation.

(2) Upon a determination that an individual is an endangered adult under this chapter, do the following:

(A) Initiate procedures that the adult protective services unit determines are necessary, based on an evaluation of the needs of the endangered adult, to protect the endangered adult.

(B) Coordinate and cooperate with the division or other appropriate person to obtain protective services for the endangered adult, including the development of a plan in cooperation with the endangered adult, whereby the least restrictive protective services necessary to protect the endangered adult will be made available to the endangered adult.

(C) Monitor the protective services provided the endangered adult to determine the effectiveness of the services.

(D) Comply with the notification requirements described in sections 21(4) and

28(b)(5) of this chapter.

[Pre-1992 Revision Citation: 4-28-5-6.]

As added by P.L.2-1992, SEC.4. Amended by P.L.110-1996, SEC.2; P.L.47-2025, SEC.4.

IC 12-10-3-8.5 Reporting of observed or suspected animal cruelty, abandonment, or neglect

Sec. 8.5. (a) If, during an investigation under section 8 of this chapter, an adult protective services unit observes, or has reason to believe, that an animal is a victim of animal cruelty, abandonment, or neglect, the adult protective services unit may make a report of the observed or suspected animal cruelty, abandonment, or neglect to:

(1) the local law enforcement agency; or

(2) the local animal control officer.

(b) The information provided in a report under subsection (a) must include the following:

(1) A name and description of the animal and the animal's condition.

(2) The name and contact number, if known, of the owner or custodian of the animal.

(3) The address or location of the observed or suspected animal cruelty, abandonment, or neglect.

(4) The nature and apparent extent of the observed or suspected animal cruelty, abandonment, or neglect.

(c) This section does not impose a duty or obligation on the adult protective services unit to investigate known or suspected animal cruelty, abandonment, or neglect.

(d) An adult protective services unit that makes a report of an animal that may be a victim of animal cruelty, abandonment, or neglect is immune from any civil or criminal liability unless the adult protective services unit made the report as a result of gross negligence or willful and wanton misconduct.

(e) The identity of any adult protective services unit that makes a report under this section is confidential.

(f) This section does not expand or limit other laws concerning confidentiality requirements.

As added by P.L.106-2018, SEC.1.

IC 12-10-3-9 Duty to report endangered adult

Sec. 9. (a) An individual who believes or has reason to believe that another individual is an endangered adult shall make a report under this chapter.

(b) If an individual is required to make a report under this chapter in the individual's capacity as a member of the staff of a medical or other public or private institution, school, hospital, facility, or agency, the individual shall immediately notify the individual in charge of the institution, school, hospital, facility, or agency, or the individual's designated agent, who also becomes responsible to report or cause a report to be made.

(c) This section does not relieve an individual of the obligation to report on the individual's own behalf, unless a report has already been made to the best of the individual's belief.

[Pre-1992 Revision Citations: subsection (a) formerly 4-28-5-6.5(a); subsection (b) formerly 4-28-5-6.5(b) part; subsection (c) formerly 4-28-5-6.5(b) part.]

As added by P.L.2-1992, SEC.4.

IC 12-10-3-10 Reports; communication; contents

Sec. 10. (a) A law enforcement agency that receives an endangered adult report shall immediately communicate the report to the adult protective services unit and the unit shall notify the division of the report.

(b) Reports must include as much of the following information as is known:

(1) The name, age, and address of the endangered adult.

(2) The names and addresses of family members or other persons financially

responsible for the endangered adult's care or other individuals who may be able to provide relevant information.

(3) The apparent nature and extent of the alleged neglect, battery, or exploitation and the endangered adult's physical and mental condition.

(4) The name, address, and telephone number of the reporter and the basis of the reporter's knowledge.

(5) The name and address of the alleged offender.

(6) Any other relevant information regarding the circumstances of the endangered adult.

[Pre-1992 Revision Citation: 4-28-5-7.]

As added by P.L.2-1992, SEC.4. Amended by P.L.21-1996, SEC.4; P.L.47-2025, SEC.5.

IC 12-10-3-11 Immunity from civil and criminal liability; privileged information; whistleblower retaliation

Sec. 11. (a) A person, other than a person against whom a complaint concerning an endangered adult has been made, who in good faith:

(1) makes or causes to be made a report required to be made under this chapter;

(2) testifies or participates in any investigation or administrative or judicial proceeding on matters arising from the report;

(3) makes or causes to be made photographs or x-rays of an endangered adult; or

(4) discusses a report required to be made under this chapter with the division, the adult protective services unit, a law enforcement agency, or other appropriate agency;

is immune from both civil and criminal liability arising from those actions.

(b) An individual may not be excused from testifying before a court or grand jury concerning a report made under this chapter on the basis that the testimony is privileged information, unless the individual is an attorney, a physician, a clergyman, a husband, or a wife who is not required to testify under IC 34-46-3-1.

(c) An employer may not discharge, demote, transfer, prepare a negative work performance evaluation, or reduce benefits, pay, or work privileges, or take any other action to retaliate against an employee who in good faith files a report under this chapter.

[Pre-1992 Revision Citation: 4-28-5-8.]

As added by P.L.2-1992, SEC.4. Amended by P.L.1-1998, SEC.102.

IC 12-10-3-12 Toll free report hotline; establishment of adult protective services standards of practice

Sec. 12. The division shall establish the following:

(1) A statewide toll free telephone line continuously open to receive reports of suspected neglect, battery, or exploitation.

(2) Standards of practice governing the services provided by the adult protective services unit.

[Pre-1992 Revision Citation: 4-28-5-9(a).]

As added by P.L.2-1992, SEC.4. Amended by P.L.153-2011, SEC.8; P.L.47-2025, SEC.6.

IC 12-10-3-13 Records; availability

Sec. 13. (a) The division shall maintain the following:

(1) Records on individuals that the division and adult protective services units have determined to be endangered adults and the protective services needed.

(2) Records of agencies, persons, or institutions who are determined to have permitted neglect, battery, or exploitation of endangered adults.

(3) Records of intake reports and cases received, for at least five (5) years.

The information maintained under this section must be available to law enforcement officials, state licensing agencies, and other officials and employees of municipal, county, and state government having a legitimate interest in the welfare of individuals who may be endangered

adults or who have a legitimate interest in the operation of agencies or institutions providing care to individuals served under this chapter.

[Pre-1992 Revision Citation: 4-28-5-9(b).]

As added by P.L.2-1992, SEC.4. Amended by P.L.47-2025, SEC.7.

IC 12-10-3-14 Referral of reports of endangerment

Sec. 14. The division shall refer reports of neglect, battery, or exploitation to appropriate adult protective services units.

[Pre-1992 Revision Citation: 4-28-5-9(c).]

As added by P.L.2-1992, SEC.4.

IC 12-10-3-15 Confidentiality of reports; exceptions

Sec. 15. (a) Reports made under this chapter and any other information obtained concerning the reports are confidential and may be made available only as determined necessary by the division:

(1) for purposes of providing services under this chapter;

(2) with the consent of any alleged victim named in the report; or

(3) upon the issuance of a court order releasing the information.

(b) The adult protective services unit shall share appropriate information to the extent that information concerning a report is needed to coordinate or implement services.

[Pre-1992 Revision Citation: 4-28-5-9(d).]

As added by P.L.2-1992, SEC.4. Amended by P.L.110-1996, SEC.3; P.L.47-2025, SEC.8.

IC 12-10-3-16 Repealed

[Pre-1992 Revision Citation: 4-28-5-9(e).]

As added by P.L.2-1992, SEC.4. Repealed by P.L.153-2011, SEC.20.

IC 12-10-3-17 Response to report of endangered adult in licensed health facility

Sec. 17. If an adult protective services unit receives a report alleging that an individual who is a resident of a facility licensed under IC 16-28 is an endangered adult, the adult protective services unit shall immediately communicate the report to the Indiana department of health under IC 16-28-4-1.

[Pre-1992 Revision Citation: 4-28-5-10.]

As added by P.L.2-1992, SEC.4. Amended by P.L.2-1993, SEC.77; P.L.281-2003, SEC.2; P.L.56-2023, SEC.87.

IC 12-10-3-18 Timely referral to appropriate responder

Sec. 18. If it appears that the immediate health or safety of an endangered adult is in danger, the division or adult protective services unit shall immediately refer the matter to the appropriate law enforcement agency and shall assist the law enforcement agency as requested by that agency. In all other cases, referral to the appropriate adult protective services unit shall be made within five (5) working days after the receipt of a report.

[Pre-1992 Revision Citation: 4-28-5-11(a).]

As added by P.L.2-1992, SEC.4.

IC 12-10-3-19 Court jurisdiction

Sec. 19. The circuit and superior courts with jurisdiction in the county in which the alleged endangered adult resides have original and concurrent jurisdiction over a matter filed under this chapter.

[Pre-1992 Revision Citation: 4-28-5-11(b).]

As added by P.L.2-1992, SEC.4.

IC 12-10-3-20 Protective services consented to by endangered adult and interfered with by another; judicial intervention

Sec. 20. If an endangered adult gives consent to receive protective services arranged by the division or adult protective services unit and another person interferes with the delivery of the services, the division or adult protective services unit may, through the prosecuting attorney's office of the county in which the endangered adult resides, petition the circuit or superior court for an order to do the following:

(1) Enjoin the interference with the delivery of the services.

(2) Implement the delivery of services the endangered adult has consented to receive.

[Pre-1992 Revision Citation: 4-28-5-11(c).]

As added by P.L.2-1992, SEC.4.

IC 12-10-3-21 Involuntary protective services; petition

Sec. 21. If an alleged endangered adult does not or is unable to consent to the receipt of protective services arranged by the division or the adult protective services unit or withdraws consent previously given, the adult protective services unit, either directly or through the prosecuting attorney's office in the county in which the endangered adult resides, may petition the court to require the alleged endangered adult to receive protective services. Any person upon consent of the adult protective services unit, may petition the court to require the alleged endangered adult to receive protective services. The petition must be under oath or affirmation and must include the following:

(1) The name, age, and residence of the alleged endangered adult who is to receive protective services.

(2) The nature of the problem or reason for the filing of the petition for protective order.

(3) The name and address of the petitioner and the name and address of the person or organization that may be required to complete the court ordered protective services. If the petitioner is an organization, the petition must contain information concerning the title and authority of the individual filing on behalf of that organization.

(4) Certification that:

(A) notice of the petition has been given to the alleged endangered adult, the alleged endangered adult's attorney, if any, or the alleged endangered adult's next of kin or guardian, if any; and

(B) section 21.5 of this chapter regarding notice to the alleged endangered adult's next of kin has been complied with.

If notice has not been given, a description of the attempts to give notice shall be given.

(5) The name and address of the individuals most closely related by blood or marriage to the alleged endangered adult, if known.

(6) A description of the proposed protective services to be provided.

(7) A statement that the adult protective services unit has been notified and consented to the petition if the petitioner is not the adult protective services unit.

[Pre-1992 Revision Citation: 4-28-5-11(d).]

As added by P.L.2-1992, SEC.4. Amended by P.L.110-1996, SEC.4; P.L.272-1999, SEC.28.

IC 12-10-3-21.5 Notice of petition

Sec. 21.5. Before a petition for:

(1) a protective order under section 21 of this chapter; or

(2) an emergency protective order under section 28 of this chapter;

of this chapter is filed, the petitioner must attempt to give actual notice of the petition to the alleged endangered adult's next of kin, if any. However, if the alleged endangered adult's next of kin cannot be located, notice to the last known address of the next of kin must be sent by certified mail on the same date that the petition is filed.

As added by P.L.110-1996, SEC.5.

IC 12-10-3-22 Hearing; counsel

Sec. 22. At a hearing at which a court determines whether an endangered adult should be required to receive protective services, the endangered adult is entitled to the following:

(1) To be represented by counsel.

(2) To have the court appoint counsel for the endangered adult if the court determines the endangered adult is indigent.

[Pre-1992 Revision Citation: 4-28-5-11(e).]

As added by P.L.2-1992, SEC.4.

IC 12-10-3-23 Mandatory protective services; grounds

Sec. 23. The court may require an individual to receive protective services only if the court finds, after a hearing, that the individual:

(1) is an endangered adult;

(2) is in need of protective services; and

(3) lacks the ability to make an informed decision concerning the endangered adult's need for protective services.

[Pre-1992 Revision Citation: 4-28-5-11(f).]

As added by P.L.2-1992, SEC.4.

IC 12-10-3-24 Protective services order; stipulations

Sec. 24. If, after a hearing, the court determines that an endangered adult should be required to receive protective services, the court shall issue a protective services order. The order must stipulate the following:

(1) The objectives of the protective services order.

(2) The least restrictive protective services necessary to attain the objectives of the protective services order that the endangered adult must receive.

(3) The duration during which the endangered adult must receive the protective services.

(4) That the adult protective services unit or other person designated by the court shall do the following:

(A) Provide or arrange for the provision of the protective services ordered by the court.

(B) Petition the court to modify or terminate the protective services order if:

(i) the protective services ordered by the court have not been effective in attaining the objectives of the protective services order;

(ii) the physical or mental health of the endangered adult is no longer in danger and the termination of the protective services order will not be likely to place the endangered adult's physical or mental health in danger; or

(iii) the endangered adult has consented to receive the protective services ordered by the court.

[Pre-1992 Revision Citation: 4-28-5-11(g).]

As added by P.L.2-1992, SEC.4.

IC 12-10-3-25 Modification or termination of protective services order; motion

Sec. 25. The court may modify or terminate a protective services order upon its own motion or upon the motion of any of the following:

(1) The endangered adult.

(2) The endangered adult's guardian, custodian, or guardian ad litem.

(3) The adult protective services unit.

(4) Any person providing services to the endangered adult under the protective services order.

[Pre-1992 Revision Citation: 4-28-5-11(h).]

As added by P.L.2-1992, SEC.4.

IC 12-10-3-26 Continuing jurisdiction hearing; necessary findings

Sec. 26. Every six (6) months after the date of the original protective services order or more often if ordered by the court, the adult protective services unit shall petition the court to hold a hearing on the question of continuing jurisdiction. For jurisdiction to continue, the court must find one (1) of the following:

(1) That the objectives of the order have not been attained, but that there is a reasonable probability that the objectives will be attained if the order is continued with or without modifications.

(2) That the objectives of the order have been attained, but that termination of the order will likely place the endangered adult's physical or mental health in danger.

[Pre-1992 Revision Citation: 4-28-5-11(i).]

As added by P.L.2-1992, SEC.4.

IC 12-10-3-27 Orders protecting or implementing delivery of protective services

Sec. 27. The court may issue an order to:

(1) enjoin a person from interference with the delivery of a protective service ordered under section 24 of this chapter; or

(2) direct a person to take actions to implement the delivery of the protective services ordered under section 24 of this chapter.

[Pre-1992 Revision Citation: 4-28-5-11(j).]

As added by P.L.2-1992, SEC.4. Amended by P.L.77-1992, SEC.2.

IC 12-10-3-28 Emergency protective orders; petition; hearing; stipulations; interference injunction; duration

Sec. 28. (a) If:

(1) an alleged endangered adult does not or is unable to consent to the receipt of protective services arranged by the division or the adult protective services unit or withdraws consent previously given; and

(2) the endangered adult is involved in a life threatening emergency;

the adult protective services unit, either directly or through the prosecuting attorney's office of the county in which the alleged endangered adult resides, may petition the superior or circuit court in the county where the alleged endangered adult resides for an emergency protective order.

(b) A petition for an emergency protective order must be under oath or affirmation and must include the following:

(1) The name, age, and residence of the endangered adult who is to receive emergency protective services.

(2) The nature of the problem and an allegation that a life threatening emergency exists.

(3) Evidence that immediate and irreparable injury will result if there is a delay in the provision of services.

(4) The name and address of the petitioner who is filing the petition and the name and address of the person or organization that may be required to complete the court ordered emergency protective services.

(5) Certification that:

(A) notice has been given to the alleged endangered adult, the alleged endangered adult's attorney, if any, or the alleged endangered adult's next of kin, if any; and

(B) section 21.5 of this chapter regarding notice to the alleged endangered adult's next of kin has been complied with.

If notice has not been given, a description of the attempts to give notice shall be given.

(6) A description of the emergency protective services to be provided.

(c) If, after the hearing of the petition, the court determines that the endangered adult should be required to receive emergency protective services, the court shall issue an emergency protective order if the court finds the following:

(1) The individual is an endangered adult.

(2) A life threatening emergency exists.

(3) The endangered adult is in need of the proposed emergency protective services.

The court may issue the order ex parte.

(d) An emergency protective order must stipulate the following:

(1) The objectives of the emergency protective order.

(2) The least restrictive emergency protective services necessary to attain the objectives of the emergency protective order that the endangered adult must receive.

(3) The duration during which the endangered adult must receive the emergency protective services.

(4) That the emergency protective services unit or other person designated by the court shall do the following:

(A) Provide or arrange for the provision of the emergency protective services ordered by the court.

(B) Petition the court to modify or terminate the emergency protective order if:

(i) the emergency protective services ordered by the court have not been effective in attaining the objectives of the emergency protective order;

(ii) the physical or mental health of the endangered adult is no longer in danger and the termination of the emergency protective order will not be likely to place the endangered adult's physical or mental health in danger; or

(iii) the endangered adult has consented to receive the emergency protective services ordered by the court.

(e) The court may issue an order to:

(1) enjoin a person from interfering with the delivery of services ordered by an emergency protective order issued under this section; or

(2) direct a person to take actions to implement the delivery of services ordered by an emergency protective order issued under this section.

(f) An emergency protective order issued under this section may not remain in effect for longer than:

(1) ten (10) days; or

(2) thirty (30) days if the adult protective services unit shows the court that an extraordinary need exists that requires the order to remain in effect for not more than thirty (30) days.

(g) If at the expiration of an order the adult protective services unit determines that the endangered adult is in need of further protective services and that the endangered adult does not consent to the receipt of the services, a petition may be filed under section 21 of this chapter.

[Pre-1992 Revision Citation: 4-28-5-11.5.]

As added by P.L.2-1992, SEC.4. Amended by P.L.77-1992, SEC.3; P.L.110-1996, SEC.6; P.L.272-1999, SEC.29.

IC 12-10-3-29 Immunity of division or unit personnel from civil or criminal liability

Sec. 29. An officer, agency, or employee of the division or adult protective services unit who performs duties in good faith under this chapter in rendering care to an endangered adult is immune from both civil and criminal liability arising from acts or omissions in rendering the service or care to the endangered adult.

[Pre-1992 Revision Citation: 4-28-5-12.]

As added by P.L.2-1992, SEC.4.

IC 12-10-3-29.5 Appointment as representative of endangered adult

Sec. 29.5. An adult protective services unit or a staff member of the adult protective services unit may not be designated as:

(1) a personal representative;

(2) a health care representative;

(3) a guardian;

(4) a guardian ad litem; or

(5) any other type of representative;

for an endangered adult.

As added by P.L.141-2006, SEC.40. Amended by P.L.109-2015, SEC.31; P.L.148-2024, SEC.9; P.L.47-2025, SEC.9.

IC 12-10-3-30 Annual report

Sec. 30. The division shall report to the general assembly before February 2 of each year concerning the division's activities under this chapter during the preceding calendar year. The report must include the recommendations of the division relating to the need for continuing care of endangered adults under this chapter and must be in an electronic format under IC 5-14-6.

[Pre-1992 Revision Citation: 4-28-5-13.]

As added by P.L.2-1992, SEC.4. Amended by P.L.21-1996, SEC.5; P.L.28-2004, SEC.89.

IC 12-10-3-31 Persons not needing protective services

Sec. 31. An individual is not in need of protective services under this chapter:

(1) solely for the reason that the individual is being provided spiritual treatment in accordance with a recognized religious method of healing instead of specified medical treatment; and

(2) if the individual would not be considered to be an endangered adult if the individual were receiving the medical treatment.

As added by P.L.77-1992, SEC.4.

IC 12-10-4 Chapter 4. Repealed

[Pre-1992 Revision Citations:

12-10-4-1	formerly 4-28-13-2(a)
12-10-4-2	formerly 4-28-13-2(b)
12-10-4-3	formerly 4-28-13-2(c)
12-10-4-4	formerly 4-28-13-2(d)
12-10-4-5	formerly 4-28-13-3
12-10-4-6	formerly 4-28-13-5.]

Repealed by P.L.153-2011, SEC.20.

IC 12-10-5 Chapter 5. Expired

[Pre-1992 Revision Citations:

12-10-5-1	New
12-10-5-2	formerly 4-28-13-4(a) part
12-10-5-3	formerly 4-28-13-4(a) part
12-10-5-4	formerly 4-28-13-4(c)
12-10-5-5	formerly 4-28-13-4(d) part
12-10-5-6	formerly 4-28-13-4(d) part
12-10-5-7	formerly 4-28-13-4(d) part
12-10-5-8	formerly 4-28-13-4(d) part
12-10-5-9	subsection (a) formerly 4-28-13-4(e); subsection (b) formerly 4-28-13-4(f)
12-10-5-10	formerly 4-28-13-4(b).]

Expired 12-31-2013 by P.L.153-2011, SEC.10.

IC 12-10-5.5 Chapter 5.5. Alzheimer's and Dementia Special Care Disclosure

12-10-5.5-1 "Alzheimer's and dementia special care" defined
12-10-5.5-2 "Health facility" defined
12-10-5.5-2.5 "Housing with services establishment" defined
12-10-5.5-3 Disclosure form; contents
12-10-5.5-4 Form; requirements of health facility and housing with services establishment
12-10-5.5-5 Form; requirements of division
12-10-5.5-6 Rules

IC 12-10-5.5-1 "Alzheimer's and dementia special care" defined

Sec. 1. As used in this chapter, "Alzheimer's and dementia special care" means care provided to a person diagnosed with Alzheimer's disease, a related disorder, or dementia who resides in a health facility or a housing with services establishment that:

(1) locks, secures, segregates, or provides a special program or special unit for residents with Alzheimer's disease, related disorders, or dementia; and

(2) advertises, markets, or promotes the health facility as providing Alzheimer's care services, dementia care services, or both.

As added by P.L.106-1997, SEC.4. Amended by P.L.48-2021, SEC.2.

IC 12-10-5.5-2 "Health facility" defined

Sec. 2. As used in this chapter, "health facility" means a facility that is licensed under or subject to IC 16-28.

As added by P.L.106-1997, SEC.4.

IC 12-10-5.5-2.5 "Housing with services establishment" defined

Sec. 2.5. As used in this chapter, "housing with services establishment" has the meaning set forth in IC 12-10-15-3.

As added by P.L.48-2021, SEC.3.

IC 12-10-5.5-3 Disclosure form; contents

Sec. 3. A health facility and a housing with services establishment that provides or offers Alzheimer's and dementia special care or programing shall prepare a written disclosure in a form provided by the division that has been developed in conjunction with the long term care ombudsman's office and that contains the following information:

(1) The health facility's or housing with services establishment's mission or philosophy statement concerning the needs of residents with Alzheimer's disease, a related disorder, or dementia.

(2) The process and criteria the health facility or housing with services establishment uses to determine placement, transfer, or discharge from Alzheimer's and dementia special care.

(3) The process for the assessment, establishment, and implementation of a plan of Alzheimer's and dementia special care, including how and when changes are made to a plan of care.

(4) The following information concerning the staff of the Alzheimer's and dementia special care unit:

(A) The staff-to-patient ratio for each shift.

(B) The positions and classifications of staff.

(C) The initial training or special education requirements of the staff.

(D) The qualities and amount of continuing education and in-service training required for staff.

(5) A description of the Alzheimer's and dementia special care unit and the unit's design features.

(6) The frequency and types of activities for the residents of the health facility or housing with services establishment who have Alzheimer's disease, a related disorder, or dementia.

(7) The extent that the health facility's Alzheimer's and dementia special care unit and program or housing with services establishment's program offers family support programs and solicits input from family members.

(8) Guidelines for using physical and chemical restraints in providing Alzheimer's and dementia special care.

(9) An itemization of the health facility's or housing with services establishment's charges and fees for Alzheimer's and dementia special care and related services.

(10) Any other features, services, or characteristics that the health facility or housing with services establishment believes distinguishes the health facility or housing with services establishment from Alzheimer's and dementia special care offered by other facilities and establishments.

As added by P.L.106-1997, SEC.4. Amended by P.L.48-2021, SEC.4.

IC 12-10-5.5-4 Form; requirements of health facility and housing with services establishment

Sec. 4. A health facility and a housing with services establishment shall do the following with the disclosure form required under section 3 of this chapter:

(1) Submit the form to the division in December of each year.

(2) Make the form available to any individual seeking information on services for an individual with Alzheimer's disease or a related disorder.

As added by P.L.106-1997, SEC.4. Amended by P.L.48-2021, SEC.5.

IC 12-10-5.5-5 Form; requirements of division

Sec. 5. The division shall do the following with the disclosure form received from each health facility and housing with services establishment under section 4 of this chapter:

(1) Make the form available to any individual upon request.

(2) Publish all the disclosure forms before February of each year in a single publication to disseminate to the public upon request.

As added by P.L.106-1997, SEC.4. Amended by P.L.48-2021, SEC.6.

IC 12-10-5.5-6 Rules

Sec. 6. The division may adopt rules under IC 4-22-2 necessary to implement this chapter.

As added by P.L.106-1997, SEC.4.

IC 12-10-5.7 Chapter 5.7. Dementia Care Specialist Program

12-10-5.7-1 "Area agency"
12-10-5.7-2 "Program"
12-10-5.7-3 "Specialist"
12-10-5.7-4 Authority to establish dementia care specialist program; administration of program
12-10-5.7-5 Authority to follow guidelines or training requirements
12-10-5.7-6 Authority for rulemaking

IC 12-10-5.7-1 "Area agency"

Sec. 1. As used in this chapter, "area agency" means an area agency on aging designated by the bureau under IC 12-10-1-4.

As added by P.L.146-2023, SEC.6.

IC 12-10-5.7-2 "Program"

Sec. 2. As used in this chapter, "program" means a dementia care specialist program established by an area agency under this chapter.

As added by P.L.146-2023, SEC.6.

IC 12-10-5.7-3 "Specialist"

Sec. 3. As used in this chapter, "specialist" means a dementia care specialist designated by an area agency to administer a program under section 4 of this chapter.

As added by P.L.146-2023, SEC.6.

IC 12-10-5.7-4 Authority to establish dementia care specialist program; administration of program

Sec. 4. (a) An area agency may establish a dementia care specialist program under which an area agency may designate an employee as a dementia care specialist for the area agency to administer the program.

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

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

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

(A) has dementia; or

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

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

(4) Providing any other service that is determined to be appropriate by the division or area agency that supports the aims and goals of the dementia strategic plan under IC 12-9.1-5 or supports a data collection and evaluation plan to determine health outcomes tied to the dementia care specialist programming.

As added by P.L.146-2023, SEC.6.

IC 12-10-5.7-5 Authority to follow guidelines or training requirements

Sec. 5. A specialist may follow any guidelines or training requirements developed by the dementia care specialist coordinator under IC 12-9.1-5-4.

As added by P.L.146-2023, SEC.6.

IC 12-10-5.7-6 Authority for rulemaking

Sec. 6. The division may adopt rules under IC 4-22-2 necessary to implement this chapter.

As added by P.L.146-2023, SEC.6.

IC 12-10-6 Chapter 6. Residential Care Assistance

12-10-6-1	Eligibility of county home residents; amount; rate; personal allowance
12-10-6-2	Repealed
12-10-6-2.1	Residential care assistance; eligibility; alternative placement for individuals with an intellectual disability; personal allowance and other amounts retained
12-10-6-3	Repealed
12-10-6-4	Excess income recipients; continued eligibility
12-10-6-5	Individuals with a mental illness; comprehensive care plan; rules
12-10-6-6	Application for assistance
12-10-6-7	Investigation of applicant
12-10-6-8	Investigative report and recommendation
12-10-6-9	Amount of assistance; determination
12-10-6-10	Monthly payments; warrants
12-10-6-11	Reconsideration; report of change; hearing
12-10-6-12	New county home admittees; aid in applying for assistance
12-10-6-13	Higher education award not to be considered income or resource for purposes of assistance eligibility
12-10-6-14	Repealed

IC 12-10-6-1 Eligibility of county home residents; amount; rate; personal allowance

Sec. 1. (a) An individual who:

(1) is at least sixty-five (65) years of age, is blind, or has a disability; and

(2) is a resident of a county home;

is eligible to receive assistance payments from the state if the individual would be eligible for assistance under the federal Supplemental Security Income program except for the fact that the individual is residing in a county home.

(b) The recipient shall be paid or allowed to retain from the recipient's income a monthly personal allowance. The amount:

(1) is fifty-two dollars ($52);

(2) is exempt from income eligibility consideration by the division; and

(3) may be exclusively used by the recipient for personal needs.

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

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

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

(1) gross earned income for that month; minus

(2) the sum of:

(A) sixteen dollars ($16); plus

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

(C) transportation expenses for that month; plus

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

[Pre-1992 Revision Citations: 4-28-15-1; 12-1-5.5-1(a); 12-1-5.5-1(b).]

As added by P.L.2-1992, SEC.4. Amended by P.L.2-1993, SEC.78; P.L.4-1993, SEC.37; P.L.5-1993, SEC.50; P.L.152-1995, SEC.2; P.L.24-1997, SEC.22; P.L.128-1999, SEC.6; P.L.272-1999, SEC.30; P.L.294-2001, SEC.1; P.L.141-2006, SEC.41; P.L.99-2007, SEC.60; P.L.229-2011, SEC.118.

IC 12-10-6-2 Repealed

[Pre-1992 Revision Citations: 4-28-15-2; 12-1-5.5-1.3(b).]

As added by P.L.2-1992, SEC.4. Amended by P.L.78-1992, SEC.1; P.L.2-1993, SEC.79; P.L.62-1993, SEC.4; P.L.1-1994, SEC.53; P.L.40-1994, SEC.18; P.L.111-1996, SEC.1; P.L.24-1997, SEC.23; P.L.128-1999, SEC.7; P.L.272-1999, SEC.31; P.L.215-2001, SEC.36; P.L.1-2002, SEC.51; P.L.294-2001, SEC.2. Repealed by P.L.1-2003, SEC.104.

IC 12-10-6-2.1 Residential care assistance; eligibility; alternative placement for individuals with an intellectual disability; personal allowance and other amounts retained

Sec. 2.1. (a) An individual who is incapable of residing in the individual's own home may apply for residential care assistance under this section. The determination of eligibility for residential care assistance is the responsibility of the division. Except as provided in subsection (h), an individual is eligible for residential care assistance if the division determines that the individual:

(1) is a recipient of Medicaid or the federal Supplemental Security Income program;

(2) is incapable of residing in the individual's own home because of dementia, mental illness, or a physical disability;

(3) requires a degree of care less than that provided by a health care facility licensed under IC 16-28;

(4) can be adequately cared for in a residential care setting; and

(5) has not made any asset transfer prohibited under the state plan or in 42 U.S.C. 1396p(c) in order to be eligible for Medicaid.

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

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

(1) evaluate a person seeking admission to a home or facility under subsection (a); or

(2) evaluate a person who has been admitted to a home or facility under subsection (a), including a review of the existing evaluations in the person's record at the home or facility.

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

(d) Except as provided in section 5 of this chapter, residential care consists of only room, board, and laundry, along with minimal administrative direction. The recipient may retain from the recipient's income a monthly personal allowance of fifty-two dollars ($52). This amount is exempt from income eligibility consideration by the division and may be exclusively used by the recipient for the recipient's personal needs. However, if the recipient's income is less than the amount of the personal allowance, the division shall pay to the recipient the difference between the amount of the personal allowance and the recipient's income. A reserve or an accumulated balance from such a source, together with other sources, may not be allowed to exceed the state's resource allowance allowed for adults eligible for state supplemental assistance or Medicaid as established by the rules of the office of Medicaid policy and planning.

(e) In addition to the amount that may be retained as a personal allowance under this section, an individual shall be allowed to retain an amount equal to the individual's state and local income tax liability. The amount that may be retained during a month may not exceed one-third (1/3) of the individual's state and local income tax liability for the calendar quarter

in which that month occurs. This amount is exempt from income eligibility consideration by the division. The amount retained shall be used by the individual to pay any state or local income taxes owed.

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

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

(1) gross earned income for that month; minus

(2) the sum of:

(A) sixteen dollars ($16); plus

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

(C) transportation expenses for that month; plus

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

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

(i) The director of the division may contract with the division of mental health and addiction or the division of disability and rehabilitative services to purchase services for individuals with a mental illness or a developmental disability by providing money to supplement the appropriation for community based residential care programs established under IC 12-22-2 or community based residential programs established under IC 12-11-1.1-1.

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

As added by P.L.1-2003, SEC.52. Amended by P.L.141-2006, SEC.42; P.L.99-2007, SEC.61; P.L.121-2008, SEC.1; P.L.143-2011, SEC.11; P.L.229-2011, SEC.119; P.L.6-2012, SEC.89; P.L.117-2015, SEC.18.

IC 12-10-6-3 Repealed

[Pre-1992 Revision Citations: 12-1-5.5-1.3(i), (j), (k).]

As added by P.L.2-1992, SEC.4. Amended by P.L.2-1993, SEC.80; P.L.4-1993, SEC.38; P.L.5-1993, SEC.51; P.L.152-1995, SEC.3; P.L.24-1997, SEC.24; P.L.1-2007, SEC.117; P.L.121-2008, SEC.2. Repealed by P.L.229-2011, SEC.272.

IC 12-10-6-4 Excess income recipients; continued eligibility

Sec. 4. (a) An individual who:

(1) is receiving residential care assistance under section 1 or 2.1 of this chapter; and

(2) has an increase in income that would make the individual ineligible for residential care assistance;

may elect to continue to be eligible for residential care assistance by paying the excess income to the home or facility that provides residential care.

(b) If an individual applies the excess income toward the residential care assistance under subsection (a), the division shall reduce the payment to the home or facility that provides residential care by the amount received by the home or facility.

[Pre-1992 Revision Citation: 12-1-5.5-9.]

As added by P.L.2-1992, SEC.4. Amended by P.L.27-1992, SEC.10; P.L.24-1997, SEC.25; P.L.1-2007, SEC.118.

IC 12-10-6-5 Individuals with a mental illness; comprehensive care plan;

rules

Sec. 5. (a) An individual who is determined under section 2.1(a)(2) of this chapter to be incapable of residing in the individual's own home because of mental illness may be admitted to a home or facility that provides residential care to the extent that money is available for the care.

(b) Within thirty (30) days after an individual with a mental illness is placed in a home or facility that provides residential care, a comprehensive care plan must be developed for the individual.

(c) The residential care facility, in cooperation with the community mental health center or an individual's managed care provider (as defined in IC 12-7-2-127(b)) serving the area in which the residential care facility is located, shall develop the comprehensive care plan for the individual. The plan must include the following:

(1) Psychosocial rehabilitation services that are provided within the community.

(2) A comprehensive range of activities to meet multiple levels of need, including the following:

(A) Recreational and socialization activities.

(B) Social skills.

(C) Educational, training, occupational, and work programs.

(D) Opportunities for progression into less restrictive and more independent living arrangements.

(3) Appropriate alternate placement if the individual's needs cannot be met by the facility.

(d) The Indiana department of health shall, in coordination with the division of mental health and addiction and the division, adopt rules under IC 4-22-2 to govern:

(1) residential care; and

(2) the comprehensive care plan;

provided to individuals with a mental illness who reside under this chapter in a home or facility that provides residential care.

[Pre-1992 Revision Citation: 4-28-15-3.]

As added by P.L.2-1992, SEC.4. Amended by P.L.40-1994, SEC.19; P.L.215-2001, SEC.37; P.L.99-2007, SEC.62; P.L.197-2011, SEC.40; P.L.85-2017, SEC.54; P.L.56-2023, SEC.88.

IC 12-10-6-6 Application for assistance

Sec. 6. (a) To obtain assistance under this chapter, an individual must apply to the local administrative unit designated by the division. The application must be:

(1) in writing or reduced to writing;

(2) made in the manner and upon the form prescribed by the division; and

(3) verified by the oath of the applicant.

(b) If an individual applying for assistance is mentally or physically unable to sign an application verified by the oath of the applicant, an application may be made by an interested individual acting in the applicant's behalf, and the application shall be verified upon the basis of information and belief of the interested individual.

(c) Each application must contain a statement of all of the following:

(1) The amount of property, both personal and real, in which the applicant has an interest.

(2) All income that the applicant has at the time of the filing of the application.

(3) Any other information prescribed by the division.

[Pre-1992 Revision Citation: 4-28-15-4.]

As added by P.L.2-1992, SEC.4. Amended by P.L.128-1999, SEC.8.

IC 12-10-6-7 Investigation of applicant

Sec. 7. Whenever the local administrative unit designated by the division receives an application for assistance under this chapter, an investigation shall be made of the

circumstances of the applicant to ascertain the facts supporting the application and any other information that may be required by the rules of the division.

[Pre-1992 Revision Citation: 4-28-15-5.]

As added by P.L.2-1992, SEC.4.

IC 12-10-6-8 Investigative report and recommendation

Sec. 8. Upon completion of the investigation, the local administrative unit designated by the division shall make a report and a recommendation to the division relative to the eligibility of the applicant for assistance, the amount of the assistance, and the date when the assistance should begin.

[Pre-1992 Revision Citation: 4-28-15-6 part.]

As added by P.L.2-1992, SEC.4.

IC 12-10-6-9 Amount of assistance; determination

Sec. 9. The division shall determine the amount of the assistance and the date on which the assistance should begin. In determining the amount of assistance, due account shall be taken of any income or property of the applicant and of any support that the applicant may receive from other sources, including any benefit the applicant is receiving from the Social Security Administration. The award made by the division and a subsequent modification of the award is binding upon the state and shall be complied with by the state until the award or modified award is vacated.

[Pre-1992 Revision Citation: 4-28-15-6 part.]

As added by P.L.2-1992, SEC.4.

IC 12-10-6-10 Monthly payments; warrants

Sec. 10. (a) The assistance shall be paid monthly to:

(1) the recipient; or

(2) the administrator of the county home if the local administrative unit designated by the division so designates;

upon warrant of the state comptroller from money appropriated to the division for that purpose.

(b) The state comptroller shall draw the warrants based upon a verified schedule of the recipients and the amount payable to each recipient, prepared and verified by the director of the division in accordance with awards made by the division.

[Pre-1992 Revision Citation: 4-28-15-6 part.]

As added by P.L.2-1992, SEC.4. Amended by P.L.9-2024, SEC.327.

IC 12-10-6-11 Reconsideration; report of change; hearing

Sec. 11. (a) All assistance granted under this chapter shall be reconsidered as frequently as is required by the rules of the division. After further investigation that the local administrative unit designated by the division considers necessary or that the division requires, the amount of assistance may be changed or entirely withdrawn if the division finds that the recipient's circumstances have altered sufficiently to warrant that action.

(b) Whenever assistance is withdrawn, revoked, suspended, or in any way changed, the division shall immediately report the decision to the local administrative unit designated by the division.

(c) If assistance is in any way changed, the recipient is entitled to a hearing under the rules adopted by the division.

[Pre-1992 Revision Citation: 4-28-15-7.]

As added by P.L.2-1992, SEC.4.

IC 12-10-6-12 New county home admittees; aid in applying for assistance

Sec. 12. When an individual is admitted to a county home, the administrator of the home

shall assist the resident in applying for assistance under this chapter.

[Pre-1992 Revision Citation: 4-28-15-8.]

As added by P.L.2-1992, SEC.4.

IC 12-10-6-13 Higher education award not to be considered income or resource for purposes of assistance eligibility

Sec. 13. If an individual receives a state or federal higher education award that is paid directly to an approved postsecondary educational institution for that individual's benefit:

(1) that individual is not required to report that award as income or as a resource of that individual when applying for assistance provided under this chapter; and

(2) the award may not be considered as income or a resource of the individual in determining initial or continuing eligibility for assistance under this chapter.

[Pre-1992 Revision Citation: 4-28-15-9.]

As added by P.L.2-1992, SEC.4. Amended by P.L.2-2007, SEC.154.

IC 12-10-6-14 Repealed

[Pre-1992 Revision Citation: 12-1-5.5-8.]

As added by P.L.2-1992, SEC.4. Amended by P.L.24-1997, SEC.26. Repealed by P.L.229-2011, SEC.272.

IC 12-10-7 Chapter 7. Adult Guardianship Services

12-10-7-1 "Incapacitated individual" defined
12-10-7-2 "Indigent adult" defined
12-10-7-3 "Provider" defined
12-10-7-4 "Region" defined
12-10-7-5 Establishment of program
12-10-7-6 Administration
12-10-7-7 Rules
12-10-7-8 Contracts for services; provider qualifications; specifications
12-10-7-9 Audits

IC 12-10-7-1 "Incapacitated individual" defined

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

(1) cannot be located upon reasonable inquiry;

(2) is unable:

(A) to manage in whole or in part the individual's property;

(B) to provide self-care; or

(C) to do either of the functions described in clauses (A) and (B);

because of mental illness, dementia, physical illness, infirmity, habitual drunkenness, excessive use of drugs, confinement, detention, duress, fraud, undue influence of others on the individual, or other disability (as that term is used in IC 12-10-10-3 or IC 12-14-15-1); or

(3) has a developmental disability.

[Pre-1992 Revision Citation: 4-28-17-4.]

As added by P.L.2-1992, SEC.4. Amended by P.L.21-1996, SEC.6.

IC 12-10-7-2 "Indigent adult" defined

Sec. 2. As used in this chapter, "indigent adult" means an individual who:

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

(2) has no appropriate person to serve as guardian; and

(3) either:

(A) has an annual gross income of not more than one hundred twenty-five percent (125%) of the federal income poverty level as determined annually by the federal Office of Management and Budget under 42 U.S.C. 9902; or

(B) demonstrates the inability to obtain privately provided guardianship services.

[Pre-1992 Revision Citation: 4-28-17-5.]

As added by P.L.2-1992, SEC.4.

IC 12-10-7-3 "Provider" defined

Sec. 3. As used in this chapter, "provider" refers to a regional guardianship services provider.

[Pre-1992 Revision Citation: 4-28-17-7.]

As added by P.L.2-1992, SEC.4.

IC 12-10-7-4 "Region" defined

Sec. 4. As used in this chapter, "region" means a service provision region established by the division by rule adopted under IC 4-22-2.

[Pre-1992 Revision Citation: 4-28-17-8.]

As added by P.L.2-1992, SEC.4.

IC 12-10-7-5 Establishment of program

Sec. 5. The adult guardianship services program is established to provide services within the limits of available funding for indigent incapacitated adults.

[Pre-1992 Revision Citation: 4-28-17-9.]
As added by P.L.2-1992, SEC.4.

IC 12-10-7-6 Administration

Sec. 6. The director shall administer the program on a statewide basis.

[Pre-1992 Revision Citation: 4-28-17-18(a).]
As added by P.L.2-1992, SEC.4.

IC 12-10-7-7 Rules

Sec. 7. The secretary shall adopt rules under IC 4-22-2 to implement this chapter.

[Pre-1992 Revision Citation: 4-28-17-18(b).]
As added by P.L.2-1992, SEC.4. Amended by P.L.35-2016, SEC.13.

IC 12-10-7-8 Contracts for services; provider qualifications; specifications

Sec. 8. (a) The division shall contract in writing for the provision of the guardianship services required in each region with a nonprofit corporation that is:

(1) qualified to receive tax deductible contributions under Section 170 of the Internal Revenue Code; and

(2) located in the region.

(b) The division shall establish qualifications to determine eligible providers in each region.

(c) Each contract between the division and a provider must specify a method for the following:

(1) The establishment of a guardianship committee within the provider, serving under the provider's board of directors.

(2) The provision of money and services by the provider in an amount equal to at least twenty-five percent (25%) of the total amount of the contract and the provision by the division of the remaining amount of the contract. The division shall establish guidelines to determine the value of services provided under this subdivision.

(3) The establishment of procedures to avoid a conflict of interest for the provider in providing necessary services to each incapacitated individual.

(4) The identification and evaluation of indigent adults in need of guardianship services.

(5) The adoption of individualized service plans to provide the least restrictive type of guardianship or related services for each incapacitated individual, including the following:

(A) Designation as a representative payee by:

(i) the Social Security Administration;

(ii) the United States Office of Personnel Management;

(iii) the United States Department of Veterans Affairs; or

(iv) the United States Railroad Retirement Board.

(B) Limited guardianship under IC 29-3.

(C) Guardianship of the person or estate under IC 29-3.

(D) The appointment of:

(i) a health care representative under IC 16-36-1-7 or IC 16-36-7; or

(ii) a power of attorney under IC 30-5.

(6) The periodic reassessment of each incapacitated individual.

(7) The provision of legal services necessary for the guardianship.

(8) The training and supervision of paid and volunteer staff.

(9) The establishment of other procedures and programs required by the division.

[Pre-1992 Revision Citation: 4-28-17-19.]
As added by P.L.2-1992, SEC.4. Amended by P.L.21-1996, SEC.7; P.L.24-1997, SEC.27; P.L.50-2021, SEC.1.

IC 12-10-7-9 Audits

Sec. 9. (a) Each provider is subject to periodic audit of the adult guardianship services program by an independent certified public accountant.

(b) The results of the audit required under subsection (a) must be submitted to the division.

[Pre-1992 Revision Citation: 4-28-17-20.]

As added by P.L.2-1992, SEC.4. Amended by P.L.21-1996, SEC.8; P.L.24-1997, SEC.28.

IC 12-10-8 Chapter 8. Repealed

[Pre-1992 Revision Citations:

12-10-8-1	formerly 4-28-17-1
12-10-8-2	formerly 4-28-17-10
12-10-8-3	formerly 4-28-17-11
12-10-8-4	formerly 4-28-17-12
12-10-8-5	formerly 4-28-17-13
12-10-8-6	formerly 4-28-17-14
12-10-8-7	formerly 4-28-17-15
12-10-8-8	formerly 4-28-17-16
12-10-8-9	formerly 4-28-17-17.]

Repealed by P.L.24-1997, SEC.66.

IC 12-10-9 Chapter 9. Repealed

[Pre-1992 Revision Citations:

12-10-9-1	formerly 4-28-23-1 part
12-10-9-2	formerly 4-28-23-2 part
12-10-9-3	formerly 4-28-23-3 part
12-10-9-4	formerly 4-28-23-4 part
12-10-9-5	formerly 4-28-23-5
12-10-9-6	formerly 4-28-23-6
12-10-9-7	formerly 4-28-23-7
12-10-9-8	subsection (a) formerly 4-28-23-8(a) part; subsection (b) formerly 4-28-23-8(b) part; subsection (c) formerly 4-28-23-8(b) part
12-10-9-9	formerly 4-28-23-9
12-10-9-10	formerly 4-28-23-10
12-10-9-11	formerly 4-28-23-11.]

Repealed by P.L.24-1997, SEC.66.

IC 12-10-10 Chapter 10. Community and Home Options to Institutional Care for the Elderly and Disabled Program

12-10-10-1	"Case management"
12-10-10-1.5	"Activities of daily living"
12-10-10-2	"Community and home care services"
12-10-10-3	"Individual with a disability"
12-10-10-4	"Eligible individual"
12-10-10-4.5	Repealed
12-10-10-5	"Program"
12-10-10-6	Establishment of program; administration; duties of division
12-10-10-6.3	Repealed
12-10-10-6.5	Restrictions on adoption of rules or criteria governing eligibility
12-10-10-6.7	Collaborative workgroup; development of policies
12-10-10-7	Agency conducting case management not to provide services; exception
12-10-10-7.5	Prioritization of program funding by area agency on aging
12-10-10-8	Distribution of funds for home health services
12-10-10-9	Eligible individuals' relatives training program; reimbursement for provision of services by relative
12-10-10-10	Services funding; source
12-10-10-11	Reporting requirement; contents; submission to board and general assembly; funding
12-10-10-12	Negotiation of reimbursement rates
12-10-10-13	Area agencies on aging representative at board meeting; report
12-10-10-14	Medicaid diversion pilot program; administration; requirements; report; expiration

IC 12-10-10-1 "Case management"

Sec. 1. As used in this chapter, "case management" means a service conducted locally by an area agency on aging that includes the following:

(1) Assessment of an individual to determine the individual's functional impairment level and corresponding need for services.

(2) Development of a plan of care that:

(A) addresses an eligible individual's needs;

(B) identifies and considers family and community resources that are potentially available to meet the individual's needs; and

(C) is consistent with a person centered approach to client care.

(3) Supervision of the implementation of appropriate and available services for an eligible individual.

(4) Advocacy on behalf of an eligible individual's interests.

(5) Monitoring the quality of community and home care services provided to an eligible individual.

(6) Reassessment of the plan of care to determine the continuing need and effectiveness of the community and home care services provided to an eligible individual under this chapter.

(7) Provision of information and referral services to individuals in need of community and home care services.

[Pre-1992 Revision Citation: 4-28-6.1-2.]

As added by P.L.2-1992, SEC.4. Amended by P.L.150-1995, SEC.5; P.L.154-1995, SEC.1; P.L.87-2017, SEC.2.

IC 12-10-10-1.5 "Activities of daily living"

Sec. 1.5. As used in this chapter, "activities of daily living" refers to an activity described in the long term care services assessment used by the division to determine eligibility for the program.

As added by P.L.150-1995, SEC.6. Amended by P.L.174-2025, SEC.19.

IC 12-10-10-2 "Community and home care services"

Sec. 2. As used in this chapter, "community and home care services" means services provided within the limits of available funding to an eligible individual. The term includes the following:

(1) Homemaker services and attendant care, including personal care services.

(2) Respite care services and other support services for primary or family caregivers.

(3) Adult day care services.

(4) Home health services and supplies.

(5) Home delivered meals.

(6) Transportation.

(7) Attendant care services provided by a registered personal services attendant under IC 12-10-17.1 to persons described in IC 12-10-17.1-6.

(8) Other services necessary to prevent and reduce:

(A) hospitalization and institutionalization; and

(B) the need for Medicaid home and community based services;

of eligible individuals when feasible.

(9) Other services, not covered by Medicaid, including equipment and building modifications, necessary to:

(A) prevent individuals with intellectual or developmental disabilities from being institutionalized; and

(B) help an individual described in clause (A) to transition out of a health facility licensed under IC 16-28 or a group home (as defined by IC 31-9-2-48.5).

(10) Support services that provide education, resources, and strategies to help caregivers and family members of individuals with dementia.

[Pre-1992 Revision Citation: 4-28-6.1-3.]

As added by P.L.2-1992, SEC.4. Amended by P.L.150-1995, SEC.7; P.L.154-1995, SEC.2; P.L.255-2001, SEC.10; P.L.141-2006, SEC.43; P.L.209-2018, SEC.3; P.L.167-2025, SEC.2.

IC 12-10-10-3 "Individual with a disability"

Sec. 3. As used in this chapter, "individual with a disability" refers to an individual with a severe chronic disability that is attributable to a mental or physical impairment or combination of mental and physical impairments that is likely to continue indefinitely.

[Pre-1992 Revision Citation: 4-28-6.1-4.]

As added by P.L.2-1992, SEC.4. Amended by P.L.99-2007, SEC.63.

IC 12-10-10-4 "Eligible individual"

Sec. 4. (a) As used in this chapter, "eligible individual" means an individual who meets the following criteria:

(1) Is a resident of Indiana.

(2) Is:

(A) at least sixty (60) years of age; or

(B) an individual with a disability.

(3) Except as provided in subdivision (5), for an individual who applies initially to the program:

(A) before July 1, 2017, has assets that do not exceed five hundred thousand dollars ($500,000), as determined by the division; and

(B) after June 30, 2017, has assets that do not exceed two hundred fifty thousand dollars ($250,000). In determining assets under this clause, the division shall exclude an additional twenty thousand dollars ($20,000) in countable assets.

(4) Qualifies under criteria developed by the board as having an impairment that places the individual at risk of losing the individual's independence, as described in subsection (b).

(5) An individual who applied initially to the program under IC 12-10-10.5 (expired

June 30, 2017) between December 31, 2014, and June 30, 2017, within:

(A) Area 1;

(B) Area 4;

(C) Area 13; or

(D) Area 14;

of the area agencies on aging and had assets that did not exceed two hundred fifty thousand dollars ($250,000). In determining assets under this subdivision, the division shall exclude an additional twenty thousand dollars ($20,000) in countable assets.

(b) For purposes of subsection (a), an individual is at risk of losing the individual's independence if the individual is unable to perform any of the following:

(1) Two (2) or more activities of daily living. The use by or on behalf of the individual of any of the following services or devices does not make the individual ineligible for services under this chapter:

(A) Skilled nursing assistance.

(B) Supervised community and home care services, including skilled nursing supervision.

(C) Adaptive medical equipment and devices.

(D) Adaptive nonmedical equipment and devices.

(2) One (1) activity of daily living if, using the needs based assessment established under section 6.7(1) of this chapter and in accordance with written standards that are established by the division under subsection (g), the area agency on aging determines that addressing the single activity of daily living would significantly reduce the likelihood of the individual's loss of independence and the need for additional services.

(3) An activity that with targeted intervention or assistance with the activity, using the needs based assessment established under section 6.7(1) of this chapter and in accordance with written standards that are established by the division under subsection (g), the area agency on aging determines would significantly reduce the likelihood of the individual's loss of independence and the need for additional services.

(c) Subject to standards established under section 6.7(6) of this chapter, the division shall establish a cost participation schedule for an eligible individual based on the eligible individual's income and countable assets. The cost participation schedule must comply with the following:

(1) Exclude from cost participation an eligible individual whose income and countable assets do not exceed one hundred fifty percent (150%) of the federal income poverty level.

(2) In calculating income and countable assets for an eligible individual, deduct the medical expenses of the following:

(A) The individual.

(B) The spouse of the individual.

(C) The dependent children of the individual.

(3) Exclude twenty thousand dollars ($20,000) of an eligible individual's countable assets from consideration in determining an eligible individual's cost participation.

(d) The division may require annual reverification for eligible individuals who the division determines are likely to experience a material increase in income or assets. An individual shall submit the information requested by the division to carry out the reverification allowed by this subsection.

(e) A case manager from an area agency on aging shall perform the following:

(1) Initial verification of an individual's income and assets.

(2) Annual reverification of an eligible individual's income and assets, as may be required by the division under subsection (d).

(f) The division may not require a family or other person to provide services as a condition of an individual's eligibility for or participation in the program.

(g) The division shall establish written standards setting forth criteria that the area

agencies on aging shall use in determining whether an individual who is unable to perform one (1) activity of daily living under subsection (b)(2) or one (1) activity under subsection (b)(3) is eligible for the program.

[Pre-1992 Revision Citation: 4-28-6.1-5.]

As added by P.L.2-1992, SEC.4. Amended by P.L.150-1995, SEC.8; P.L.246-2005, SEC.99; P.L.99-2007, SEC.64; P.L.87-2017, SEC.3; P.L.86-2018, SEC.156.

IC 12-10-10-4.5 Repealed

As added by P.L.150-1995, SEC.9. Repealed by P.L.174-2025, SEC.20.

IC 12-10-10-5 "Program"

Sec. 5. As used in this chapter, "program" refers to the community and home options to institutional care for the elderly and disabled program established by this chapter.

[Pre-1992 Revision Citation: 4-28-6.1-6.]

As added by P.L.2-1992, SEC.4.

IC 12-10-10-6 Establishment of program; administration; duties of division

Sec. 6. (a) The community and home options to institutional care for the elderly and disabled program is established. The division shall administer the program and shall do the following:

(1) Adopt rules under IC 4-22-2 for the coordination of the program.

(2) Administer state and federal money for the program.

(3) Develop and implement a process for the management and operation of the program locally through the area agencies on aging based upon criteria developed by the division.

(4) Approve the selection of community and home care services providers based upon criteria developed by the division.

(5) Review and approve community and home care services plans developed by services providers.

(6) Provide training and technical assistance for the staff providers.

(7) Select or contract with agencies throughout Indiana to provide community and home care services.

(8) Assist the office in applying for Medicaid waivers from the United States Department of Health and Human Services to fund community and home care services needed by eligible individuals under this chapter.

(9) Have self-directed care options and services available for an eligible individual who chooses self-directed care services.

(b) Except as provided in subsection (c), the division may not require a provider seeking to provide services under the program to be certified under the Medicaid program or a Medicaid waiver program.

(c) The division shall require a provider seeking to provide any of the following services under the program to be certified under the Medicaid program or a Medicaid waiver program:

(1) Attendant care services.

(2) Clinical therapeutic services.

(3) Home and community assistance.

(4) Home health aide services.

(5) Integrated home care coordination.

(6) Respite care services.

(7) Nursing services.

(8) Adult day services.

(9) Services provided under a structured family caregiving arrangement.

[Pre-1992 Revision Citation: 4-28-6.1-13.]

As added by P.L.2-1992, SEC.4. Amended by P.L.150-1995, SEC.10; P.L.154-1995, SEC.3; P.L.112-1997, SEC.2; P.L.47-2009, SEC.1; P.L.167-2025, SEC.3.

IC 12-10-10-6.3 Repealed

As added by P.L.150-1995, SEC.11. Repealed by P.L.174-2025, SEC.21.

IC 12-10-10-6.5 Restrictions on adoption of rules or criteria governing eligibility

Sec. 6.5. (a) The division shall not adopt any rule governing the eligibility of an individual under this chapter that is more restrictive than the definition of eligible individual in section 4 of this chapter.

(b) The division and the board shall not adopt an eligibility criterion that is more restrictive than the definition of eligible individual described in section 4 of this chapter.

(c) Any:

(1) eligibility rule adopted by the division; or

(2) eligibility criterion adopted by the division or the board;

must be specific to the program established under this chapter and may not be defined by reference to a rule, guideline, or procedure for another program or service, for a service provided under a Medicaid waiver, or for institutional care.

As added by P.L.150-1995, SEC.12.

IC 12-10-10-6.7 Collaborative workgroup; development of policies

Sec. 6.7. The division shall convene collaborative workgroups with the area agencies on aging to develop policies that establish the following:

(1) A person-centered planning process, supported by a needs-based assessment tool, that may be integrated with existing case management systems, to be used in determining a client's needs and plan of care under section 1(2) of this chapter. The needs-based assessment must:

(A) document available supports and unmet needs that impact a client's ability to ensure a safe and independent living environment; and

(B) include a standardized caregiver assessment.

(2) The percentage of program dollars adequate to provide case management services.

(3) Training necessary to effectively carry out this chapter.

(4) Data collection standards.

(5) Program performance measures.

(6) A cost participation schedule for program recipients as required by section 4(c) of this chapter.

As added by P.L.87-2017, SEC.4.

IC 12-10-10-7 Agency conducting case management not to provide services; exception

Sec. 7. (a) Except as provided in subsection (b), the case management under this chapter of an individual leading to participation in the program may not be conducted by any agency that delivers services under the program.

(b) If the division determines that there is no alternative agency capable of delivering services to the individual, the area agency on aging that performs the assessment under the program may also deliver the services.

[Pre-1992 Revision Citation: 4-28-6.1-14.]

As added by P.L.2-1992, SEC.4. Amended by P.L.150-1995, SEC.13; P.L.154-1995, SEC.4.

IC 12-10-10-7.5 Prioritization of program funding by area agency on aging

Sec. 7.5. An area agency on aging shall prioritize program funding to do the following:

(1) Identify individuals who are:

(A) at risk of impairment with respect to activities of daily living;
(B) eligible for the program; and
(C) not eligible to receive Medicaid.
(2) Provide community and home care services to individuals described in subdivision (1) for the purpose of:
(A) preventing and reducing:
(i) hospitalizations; and
(ii) institutionalizations; and
(B) reducing the need for Medicaid home and community based services.

As added by P.L.167-2025, SEC.4.

IC 12-10-10-8 Distribution of funds for home health services

Sec. 8. Except as provided in section 9 of this chapter, state money for home health services under this chapter must be distributed only to licensed health care professionals, facilities, and agencies.

[Pre-1992 Revision Citation: 4-28-6.1-15.]

As added by P.L.2-1992, SEC.4.

IC 12-10-10-9 Eligible individuals' relatives training program; reimbursement for provision of services by relative

Sec. 9. (a) The division shall establish a program to train relatives of eligible individuals to provide homemaker and personal care services to those eligible individuals.

(b) Relatives of eligible individuals who complete the training program established under this section are eligible for reimbursement under this chapter or under the Medicaid program for the provision of homemaker and personal care services to those eligible individuals. Reimbursement under the Medicaid program is limited to those cases in which the provision of homemaker and personal care services to an eligible individual by a relative results in financial hardship to the relative.

[Pre-1992 Revision Citation: 4-28-6.1-16(b), (c).]

As added by P.L.2-1992, SEC.4.

IC 12-10-10-10 Services funding; source

Sec. 10. Federal social services block grant money shall be used to fund services under this chapter that are not otherwise reimbursable under the Medicaid program.

[Pre-1992 Revision Citation: 4-28-6.1-16(d).]

As added by P.L.2-1992, SEC.4.

IC 12-10-10-11 Reporting requirement; contents; submission to board and general assembly; funding

Sec. 11. (a) Before October 1 of each year, the division, in conjunction with the office of the secretary, shall prepare a report for review by the board and the general assembly. The report must include the following information regarding clients and services of the community and home options to institutional care for the elderly and disabled program and other long term care home and community based programs:

(1) The amount and source of all local, state, and federal dollars spent.
(2) The use of the community and home options to institutional care for the elderly and disabled program in supplementing the funding of services provided to clients through other programs.
(3) The number and types of participating providers.
(4) An examination of:
(A) demographic characteristics; and
(B) impairment and medical characteristics.
(5) A comparison of costs for all publicly funded long term care programs.

(6) Client care outcomes.

(7) A determination of the estimated number of applicants for services from the community and home options to institutional care for the elderly and disabled program who have:

(A) one (1) assessed activity of daily living that cannot be performed;

(B) two (2) assessed activities of daily living that cannot be performed; and

(C) three (3) or more assessed activities of daily living that cannot be performed;

and the estimated effect of the results under clauses (A), (B), and (C) on program funding, program savings, client access, client care outcomes, and comparative costs with other long term care programs.

(b) After receiving the report described in subsection (a), the board may do the following:

(1) Review and comment on the report.

(2) Solicit public comments and testimony on the report.

(3) Incorporate its own opinions into the report.

(c) The board shall submit the report in an electronic format under IC 5-14-6 along with any additions made under subsection (b) to the general assembly after November 15 and before December 31 each year.

(d) Funding for the report must come entirely from:

(1) funds already available for similar purposes;

(2) discretionary funds available to the division or the office of the secretary;

(3) reversion funds; and

(4) private funds and grants.

As added by P.L.150-1995, SEC.14. Amended by P.L.2-1996, SEC.233; P.L.28-2004, SEC.91.

IC 12-10-10-12 Negotiation of reimbursement rates

Sec. 12. (a) The office of the secretary, in consultation with the local area agencies on aging, shall negotiate reimbursement rates for services provided under this chapter.

(b) Payments for services under this chapter may not be counted in a Medicaid recipient's spend down requirement in IC 12-15.

(c) In negotiating the reimbursement rates described in subsection (a), the office of the secretary shall consider the:

(1) location; and

(2) availability;

of providers who provide services under this chapter.

As added by P.L.246-2005, SEC.100. Amended by P.L.167-2025, SEC.5.

IC 12-10-10-13 Area agencies on aging representative at board meeting; report

Sec. 13. One (1) or more representatives of the area agencies on aging shall appear at each regularly scheduled meeting of the community and home options to institutional care for the elderly and disabled board established by IC 12-10-11-1 and report on the progress of the program.

As added by P.L.87-2017, SEC.5.

IC 12-10-10-14 Medicaid diversion pilot program; administration; requirements; report; expiration

Sec. 14. (a) As used in this section, "telehealth enhanced chronic care services" means the delivery of telehealth services to manage an eligible individual's chronic condition.

(b) The office of the secretary may establish a Medicaid diversion pilot program for the purpose of evaluating the effectiveness of home modification and telehealth enhanced chronic care services provided by:

(1) Area 7; and

(2) Area 9;

of the area agencies on aging to eligible individuals in reducing Medicaid expenditures.

(c) Subject to approval by the office of the secretary, the Indiana Association of Area Agencies on Aging, in collaboration with the University of Notre Dame Wilson Sheehan Lab for Economic Opportunities, shall administer a pilot program established under this section.

(d) As part of a pilot program established under this section, Area 7 and Area 9 of the area agencies on aging shall do the following:

(1) Seek opportunities for:

(A) partnerships with;

(B) grant funding from; and

(C) other resources from;

organizations or entities to supplement available program funding.

(2) Provide home modification and telehealth enhanced chronic care services to the number of eligible individuals sufficient to facilitate the pilot program, as determined by the University of Notre Dame Wilson Sheehan Lab for Economic Opportunities.

(e) Not later than November 1, 2026, the University of Notre Dame Wilson Sheehan Lab for Economic Opportunities shall prepare and submit a report on the results of a pilot program established under this section to the legislative council in an electronic format under IC 5-14-6.

(f) A pilot program established under this section is subject to available program funding.

(g) This section does not preclude Area 7 or Area 9 of the area agencies on aging from providing other community and home care services to an eligible individual participating in the pilot program.

(h) This section expires December 31, 2026.

As added by P.L.167-2025, SEC.6.

IC 12-10-10.5 Chapter 10.5. Expired

Expired 6-30-2017 by P.L.145-2014, SEC.5.

IC 12-10-11 Chapter 11. Community and Home Options to Institutional Care for the Elderly and Disabled Board

12-10-11-1 Establishment of board
12-10-11-2 Membership; appointment; vacancy; notice to public of nomination process
12-10-11-3 Per diem; expenses reimbursement
12-10-11-4 Meetings
12-10-11-5 Officers; election
12-10-11-6 Deliberations procedures
12-10-11-7 Staff services
12-10-11-8 Duties
12-10-11-9 Board review of proposed rules on community and home options to institutional care for the elderly and disabled program; failure to review voids rules

IC 12-10-11-1 Establishment of board

Sec. 1. The community and home options to institutional care for the elderly and disabled board is established.

[Pre-1992 Revision Citation: 4-28-6.1-7.]

As added by P.L.2-1992, SEC.4.

IC 12-10-11-2 Membership; appointment; vacancy; notice to public of nomination process

Sec. 2. (a) The board consists of the following seventeen (17) members:

(1) The director of the division of 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 nominated by two (2) or more organizations that:

(A) represent senior citizens; and

(B) have statewide membership.

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

(4) One (1) citizen 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 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 registered nurse 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.

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

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

(A) represent direct service workers; and

(B) have statewide membership.

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

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

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

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

A member described in this subsection may be reappointed to successive terms. However, 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.

[Pre-1992 Revision Citation: 4-28-6.1-8.]

As added by P.L.2-1992, SEC.4. Amended by P.L.150-1995, SEC.15; P.L.137-2005, SEC.1; P.L.145-2006, SEC.68; P.L.210-2015, SEC.17; P.L.32-2021, SEC.28; P.L.42-2024, SEC.80; P.L.131-2024, SEC.6.

IC 12-10-11-3 Per diem; expenses reimbursement

Sec. 3. (a) Each member of the board who is not a state employee is entitled to the minimum salary per diem provided by IC 4-10-11-2.1(b). Such a member is also entitled to reimbursement for mileage, traveling expenses and other expenses actually incurred in connection with the member's duties, as provided in the state travel policies and procedures established by the Indiana department of administration and approved by the budget agency.

(b) Each member of the board who is a state employee is entitled to reimbursement for traveling expenses and other expenses actually incurred in connection with the member's duties, as provided in the state travel policies and procedures established by the Indiana department of administration and approved by the budget agency.

(c) Each member of the board who is a member of the general assembly is entitled to receive the same per diem, mileage, and travel allowances paid to members of the general assembly serving on interim study committees established by the legislative council. Per diem, mileage, and travel allowances paid under this subsection shall be paid from appropriations made to the legislative council or the legislative services agency.

(d) Expenses paid under subsections (a) and (b) shall be paid from appropriations made to the family and social services administration.

[Pre-1992 Revision Citation: 4-28-6.1-9.]

As added by P.L.2-1992, SEC.4. Amended by P.L.42-2024, SEC.81.

IC 12-10-11-4 Meetings

Sec. 4. The board shall meet at the call of the chairperson at least six (6) times a year.

[Pre-1992 Revision Citation: 4-28-6.1-10 part.]

As added by P.L.2-1992, SEC.4. Amended by P.L.42-2024, SEC.82.

IC 12-10-11-5 Officers; election

Sec. 5. Each year the board shall elect from its membership a chairperson and vice chairperson. The chairperson elected under this section shall serve until a successor is elected in the following calendar year.

[Pre-1992 Revision Citation: 4-28-6.1-10 part.]

As added by P.L.2-1992, SEC.4. Amended by P.L.42-2024, SEC.83.

IC 12-10-11-6 Deliberations procedures

Sec. 6. The board shall establish procedures to govern its deliberations.

[Pre-1992 Revision Citation: 4-28-6.1-10 part.]

As added by P.L.2-1992, SEC.4.

IC 12-10-11-7 Staff services

Sec. 7. The division of aging shall provide staff services for the board.

[Pre-1992 Revision Citation: 4-28-6.1-11.]

As added by P.L.2-1992, SEC.4. Amended by P.L.42-2024, SEC.84.

IC 12-10-11-8 Duties

Sec. 8. The board shall do the following:

(1) Establish long term goals of the state for the provision of a continuum of care for the elderly and individuals with a disability based on the following:

(A) Individual independence, dignity, and privacy.

(B) Long term care services that are:

(i) integrated, accessible, and responsible; and

(ii) available in home and community settings.

(C) Individual choice in planning and managing long term care.

(D) Access to an array of long term care services:

(i) for an individual to receive care that is appropriate for the individual's needs; and

(ii) to enable a case manager to have cost effective alternatives available in the construction of care plans and the delivery of services.

(E) Long term care services that include home care, community based services, assisted living, congregate care, adult foster care, and institutional care.

(F) Maintaining an individual's dignity and self-reliance to protect the fiscal interests of both taxpayers and the state.

(G) Long term care services that are fiscally sound.

(H) Services that:

(i) promote behavioral health; and

(ii) prevent and treat mental illness and addiction.

(2) Review state policies on community and home care services.

(3) Recommend the adoption of rules under IC 4-22-2.

(4) Recommend legislative changes affecting community and home care services.

(5) Recommend the coordination of the board's activities with the activities of other boards and state agencies concerned with community and home care services.

(6) Evaluate cost effectiveness, quality, scope, and feasibility of a state administered system of community and home care services.

(7) Evaluate programs for financing services to those in need of a continuum of care.

(8) Evaluate state expenditures for community and home care services, taking into

account efficiency, consumer choice, competition, and equal access to providers.

(9) Develop policies that support the participation of families and volunteers in meeting the long term care needs of individuals.

(10) Encourage the development of funding for a continuum of care from private resources, including insurance.

(11) Develop a cost of services basis and a program of cost reimbursement for those persons who can pay all or a part of the cost of the services rendered. The division shall use this cost of services basis and program of cost reimbursement in administering IC 12-10-10. The cost of services basis and program of cost reimbursement must include a client cost share formula that:

(A) imposes no charges for an eligible individual whose income does not exceed one hundred fifty percent (150%) of the federal income poverty level; and

(B) does not impose charges for the total cost of services provided to an individual under the community and home options to institutional care for the elderly and disabled program unless the eligible individual's income exceeds three hundred fifty percent (350%) of the federal income poverty level.

The calculation of income for an eligible individual must include the deduction of the individual's medical expenses and the medical expenses of the individual's spouse and dependent children who reside in the eligible individual's household.

(12) Establish long term goals for the provision of guardianship services for adults.

(13) Coordinate activities and programs with the activities of other boards and state agencies concerning the provision of guardianship services.

(14) Recommend statutory changes affecting the guardianship of indigent adults.

(15) Review a proposed rule concerning the community and home options to institutional care for the elderly and disabled program under IC 12-10-10 as required under section 9 of this chapter.

[Pre-1992 Revision Citation: 4-28-6.1-12.]

As added by P.L.2-1992, SEC.4. Amended by P.L.77-1994, SEC.1; P.L.114-1997, SEC.1; P.L.24-1997, SEC.29; P.L.137-2005, SEC.2; P.L.99-2007, SEC.65; P.L.143-2011, SEC.12; P.L.209-2018, SEC.4.

IC 12-10-11-9 Board review of proposed rules on community and home options to institutional care for the elderly and disabled program; failure to review voids rules

Sec. 9. (a) The board shall be given the opportunity to review and recommend changes to a proposed rule concerning the community and home options to institutional care for the elderly and disabled program under IC 12-10-10 for:

(1) elderly individuals; or

(2) individuals with disabilities;

before the proposed rule may be published in the Indiana Register. The proposed rule must be distributed to the board at least one (1) month before the board's next regularly scheduled meeting.

(b) If the proposing agency fails to give the board the opportunity to review and recommend changes to a proposed rule described in subsection (a), the rule:

(1) is void; and

(2) must be withdrawn by the proposing agency.

As added by P.L.137-2005, SEC.3. Amended by P.L.209-2018, SEC.5.

IC 12-10-11.5 Chapter 11.5. Long Term Care Services

12-10-11.5-1 "Institution"
12-10-11.5-2 Subjectivity; responsibility of ensuring costs
12-10-11.5-3 Establishment of home and community based long term care services
12-10-11.5-4 Eligibility
12-10-11.5-4.5 Functional eligibility assessments and determinations; report
12-10-11.5-5 Access to services
12-10-11.5-6 Repealed
12-10-11.5-7 Use of volunteers
12-10-11.5-8 Repealed
12-10-11.5-9 Issuance of written findings of inspection; time frame

IC 12-10-11.5-1 "Institution"

Sec. 1. As used in this chapter, "institution" means any of the following:

(1) A health facility licensed under IC 16-28 as a comprehensive care facility.

(2) An intermediate care facility for individuals with intellectual disabilities.

As added by P.L.274-2003, SEC.5. Amended by P.L.35-2016, SEC.14; P.L.173-2018, SEC.2.

IC 12-10-11.5-2 Subjectivity; responsibility of ensuring costs

Sec. 2. (a) This chapter is subject to funding available to the office of the secretary of family and social services.

(b) The secretary and the director of the state budget agency are responsible for ensuring that the cost of the services provided under this chapter does not exceed the total amount of funding, including state and federal funds, that is made available by the budget agency for the program established under this chapter to provide long term care, including home and community based services.

As added by P.L.274-2003, SEC.5.

IC 12-10-11.5-3 Establishment of home and community based long term care services

Sec. 3. The office of the secretary of family and social services shall establish a comprehensive program of home and community based long term care services to provide eligible individuals with care that is not more costly than services provided to similarly situated individuals who reside in institutions.

As added by P.L.274-2003, SEC.5.

IC 12-10-11.5-4 Eligibility

Sec. 4. An individual who has resided in the state for at least ninety (90) days shall be eligible for the home and community based long term care services program if the individual:

(1) participates in, or has been determined to be eligible for, the community and home options to institutional care for the elderly and disabled program established by IC 12-10-10-6; or

(2) meets the following requirements, which must meet the general eligibility standards for an individual receiving services under a home and community based Medicaid waiver:

(A) Has an income of not more than three hundred percent (300%) of the federal Supplemental Security Income level.

(B) Is unable to perform at least three (3) activities of daily living determined by an assessment conducted by an area agency on aging case manager or any other agency the state has contracted with to perform assessments.

(C) Is at risk of being placed in an institution or is currently residing in an institution and has been determined to be eligible for services under IC 12-10-10 or under a home and community based Medicaid waiver.

As added by P.L.274-2003, SEC.5.

IC 12-10-11.5-4.5 Functional eligibility assessments and determinations; report

Sec. 4.5. (a) As used in this section, "functional eligibility assessment" means a review of an individual's functional impairment level to determine whether an individual meets the eligibility requirements for the state's Medicaid aged and disabled waiver.

(b) As used in this section, "functional eligibility determination" means making a final decision concerning whether an individual meets the proper level of care requirements to receive services under the state's Medicaid aged and disabled waiver.

(c) Not later than June 30, 2025, the office shall provide at least one (1) statewide option other than the area agencies on aging for functional eligibility determinations for the state's Medicaid aged and disabled waiver.

(d) Not later than October 1, 2023, and every subsequent two (2) years, the office of the secretary, in consultation with home and community based health care providers that provide Medicaid services and the area agencies on aging, shall report the following information and analysis to the budget committee and the legislative council in an electronic format under IC 5-14-6:

(1) The average length of time taken by each area agency on aging to conduct functional eligibility assessments and make functional eligibility determinations for individuals seeking home and community based Medicaid services.

(2) The average length of time taken by each entity approved by the office of the secretary to conduct functional eligibility assessments and make functional eligibility determinations for individuals seeking home and community based Medicaid services under the state's Medicaid aged and disabled waiver.

(3) A plan for determining functional eligibility of individuals seeking home and community based Medicaid services not later than seventy-two (72) hours from the completion of an eligibility assessment, including a time frame for implementation of the plan and specific metrics and compliance measures that will be used to improve the time frame for functional eligibility assessments and functional eligibility determinations.

(e) The office of the secretary shall:

(1) publish the report described in subsection (d) on the office of the secretary's website; and

(2) share the report with all home and community based providers that provide services for the Medicaid aged and disabled waiver.

(f) This section expires December 1, 2029.

As added by P.L.149-2023, SEC.7.

IC 12-10-11.5-5 Access to services

Sec. 5. The state shall provide access to the following long term care services that are appropriate and needed for an individual who is eligible for these services under this chapter:

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

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

(B) any state Medicaid waiver.

(2) Personal care services.

(3) Self-directed care.

(4) Assisted living.

(5) Adult family care.

(6) Adult day care services.

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

(8) Housing modifications.

(9) Adaptive medical equipment and devices.

(10) Adaptive nonmedical equipment and devices.

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

As added by P.L.274-2003, SEC.5. Amended by P.L.210-2015, SEC.18.

IC 12-10-11.5-6 Repealed

As added by P.L.274-2003, SEC.5. Amended by P.L.28-2004, SEC.92; P.L.97-2004, SEC.50; P.L.205-2013, SEC.182; P.L.53-2014, SEC.98. Repealed by P.L.174-2025, SEC.22.

IC 12-10-11.5-7 Use of volunteers

Sec. 7. When possible, the office of the secretary of family and social services shall make use of volunteers and volunteer groups, including faith based groups, when executing its duties under this chapter.

As added by P.L.274-2003, SEC.5.

IC 12-10-11.5-8 Repealed

As added by P.L.224-2017, SEC.1. Amended by P.L.173-2018, SEC.3; P.L.10-2019, SEC.56; P.L.56-2023, SEC.89; P.L.149-2023, SEC.8. Repealed by P.L.174-2025, SEC.23.

IC 12-10-11.5-9 Issuance of written findings of inspection; time frame

Sec. 9. If the division performs inspections for compliance with state and federal home and community based services requirements, the division shall issue written findings to the person inspected not later than thirty (30) calendar days after the date of inspection.

As added by P.L.173-2018, SEC.4.

IC 12-10-12 Chapter 12. Expired

[Pre-1992 Revision Citations:

12-10-12-1	formerly 12-1-22-1 part
12-10-12-2	formerly 12-1-22-5.1(a)
12-10-12-3	formerly 12-1-22-1 part
12-10-12-4	New
12-10-12-5	formerly 12-1-22-2(a)
12-10-12-6	formerly 12-1-22-2(b)
12-10-12-7	formerly 12-1-22-3
12-10-12-8	formerly 12-1-22-4 part
12-10-12-9	formerly 12-1-22-4 part
12-10-12-10	formerly 12-1-22-4 part
12-10-12-11	formerly 12-1-22-5(a) part
12-10-12-12	formerly 12-1-22-5(a) part
12-10-12-13	formerly 12-1-22-5(b) part
12-10-12-14	formerly 12-1-22-5(b) part
12-10-12-15	formerly 12-1-22-5(b) part
12-10-12-16	formerly 12-1-22-5(c) part
12-10-12-17	formerly 12-1-22-5(c) part
12-10-12-18	formerly 12-1-22-5(c) part
12-10-12-19	formerly 12-1-22-5(c) part
12-10-12-20	formerly 12-1-22-5(d) part
12-10-12-21	formerly 12-1-22-5(d) part
12-10-12-22	formerly 12-1-22-5(d) part
12-10-12-23	formerly 12-1-22-5(e)
12-10-12-24	formerly 12-1-22-5(f)
12-10-12-25	formerly 12-1-22-5(g)
12-10-12-26	formerly 12-1-22-5(h)
12-10-12-27	formerly 12-1-22-5.1(b)
12-10-12-28	formerly 12-1-22-5.1(c)
12-10-12-29	formerly 12-1-22-5.1(d)
12-10-12-30	formerly 12-1-22-5.1(e)
12-10-12-31	formerly 12-1-22-5.1(f) part
12-10-12-32	formerly 12-1-22-5.1(f) part
12-10-12-33	formerly 12-1-22-6(a)
12-10-12-34	formerly 12-1-22-6(b).]

Expired 6-30-2016 by P.L.210-2015, SEC.20.

IC 12-10-13 Chapter 13. Long Term Care Ombudsman Program

12-10-13-1 Repealed
12-10-13-2 Repealed
12-10-13-3 Repealed
12-10-13-3.2 Legal assistance developer
12-10-13-3.3 Legal representative
12-10-13-3.6 Long term care facility
12-10-13-4 Office
12-10-13-4.5 Ombudsman
12-10-13-5 Repealed
12-10-13-6 State ombudsman
12-10-13-7 Establishment of office
12-10-13-8 Appointing of state long term care ombudsman
12-10-13-9 Appointment of acting state ombudsman
12-10-13-10 Qualifications
12-10-13-11 Prohibition on previous employment of state ombudsman
12-10-13-12 Eligibility; pecuniary interest prohibition
12-10-13-13 Technical experts; staff
12-10-13-14 Investigation and resolution of complaints and concerns
12-10-13-15 Disclosure of records with informed consent
12-10-13-16 Repealed
12-10-13-16.2 Ombudsman; access to persons, places, records, and other information
12-10-13-16.4 Ombudsman; access to medical, financial, and social records of resident or client; consent
12-10-13-16.5 Access to records of a long term care facility
12-10-13-16.6 Ombudsman; access to records of state or local government agency or entity
12-10-13-16.7 Immunity for the release or disclosure of records
12-10-13-16.8 Coordination among government agencies; toll free telephone number for reporting problems; nondisclosure of identity of complainant, resident, or client
12-10-13-17 Rules
12-10-13-18 Civil immunity
12-10-13-19 Annual report; distribution
12-10-13-20 Violations
12-10-13-21 Independent legal counsel for state ombudsman
12-10-13-22 Addressing of grievances and complaints

IC 12-10-13-1 Repealed

[Pre-1992 Revision Citation: 16-10-4.5-1.]

As added by P.L.2-1992, SEC.4. Repealed by P.L.139-1993, SEC.24.

IC 12-10-13-2 Repealed

[Pre-1992 Revision Citation: 16-10-4.5-5.]

As added by P.L.2-1992, SEC.4. Repealed by P.L.139-1993, SEC.24.

IC 12-10-13-3 Repealed

[Pre-1992 Revision Citation: 16-10-4.5-6.]

As added by P.L.2-1992, SEC.4. Amended by P.L.139-1993, SEC.5; P.L.4-1993, SEC.39; P.L.5-1993, SEC.52. Repealed by P.L.168-2018, SEC.8.

IC 12-10-13-3.2 Legal assistance developer

Sec. 3.2. As used in this chapter, "legal assistance developer" has the meaning set forth in 42 U.S.C. 3058j.

As added by P.L.168-2018, SEC.9.

IC 12-10-13-3.3 Legal representative

Sec. 3.3. As used in this chapter, "legal representative" means:

(1) a guardian;
(2) a health care representative acting under IC 16-36-1 or IC 16-36-7;
(3) an attorney-in-fact for health care appointed under IC 30-5-5-16;
(4) an attorney-in-fact appointed under IC 30-5-5 who does not hold health care powers; or
(5) the personal representative of the estate;

of a resident of a long term care facility.

As added by P.L.139-1993, SEC.6. Amended by P.L.1-1994, SEC.54; P.L.168-2018, SEC.10; P.L.50-2021, SEC.2.

IC 12-10-13-3.6 Long term care facility

Sec. 3.6. As used in this chapter, "long term care facility" means any of the following:
(1) A facility licensed under or subject to IC 16-28-2.
(2) An adult care home as a residential care facility.
(3) A facility certified as a Medicaid waiver facility for the aged and disabled population.

As added by P.L.139-1993, SEC.7. Amended by P.L.2-1995, SEC.47; P.L.168-2018, SEC.11.

IC 12-10-13-4 Office

Sec. 4. As used in this chapter, "office" refers to the long term care ombudsman office established by this chapter. The term includes individuals approved to act in the capacity of ombudsmen by the long term care ombudsmen office.

[Pre-1992 Revision Citation: 16-10-4.5-7.]

As added by P.L.2-1992, SEC.4. Amended by P.L.139-1993, SEC.8.

IC 12-10-13-4.5 Ombudsman

Sec. 4.5. As used in this chapter, "ombudsman" means an individual or entity designated by the state ombudsman to investigate and resolve local complaints and concerns regarding the health, safety, welfare, or rights of residents.

As added by P.L.139-1993, SEC.9. Amended by P.L.168-2018, SEC.12.

IC 12-10-13-5 Repealed

[Pre-1992 Revision Citation: 16-10-4.5-8.]

As added by P.L.2-1992, SEC.4. Repealed by P.L.139-1993, SEC.24.

IC 12-10-13-6 State ombudsman

Sec. 6. As used in this chapter, "state ombudsman" refers to the individual appointed by the secretary or the secretary's designee to run the state long term care ombudsman program and office under 42 U.S.C. 3001 et seq. and this chapter.

[Pre-1992 Revision Citation: 16-10-4.5-9.]

As added by P.L.2-1992, SEC.4. Amended by P.L.139-1993, SEC.10; P.L.168-2018, SEC.13.

IC 12-10-13-7 Establishment of office

Sec. 7. The division shall establish the long term care ombudsman office in compliance with 42 U.S.C. 3001 et seq.

[Pre-1992 Revision Citation: 16-10-4.5-10.]

As added by P.L.2-1992, SEC.4. Amended by P.L.168-2018, SEC.14.

IC 12-10-13-8 Appointing of state long term care ombudsman

Sec. 8. Subject to sections 10 through 12 of this chapter, the secretary or the secretary's designee shall appoint the state long term care ombudsman to direct the office on a full-time basis.

[Pre-1992 Revision Citation: 16-10-4.5-11(a).]

As added by P.L.2-1992, SEC.4. Amended by P.L.139-1993, SEC.11; P.L.35-2016, SEC.15.

IC 12-10-13-9 Appointment of acting state ombudsman

Sec. 9. The secretary or the secretary's designee shall appoint an acting state ombudsman within thirty (30) days of a vacancy in the position of state ombudsman. The acting state ombudsman has the powers and duties of the state ombudsman.

[Pre-1992 Revision Citation: 16-10-4.5-11(b).]

As added by P.L.2-1992, SEC.4. Amended by P.L.35-2016, SEC.16.

IC 12-10-13-10 Qualifications

Sec. 10. The state ombudsman must have familiarity with the following:

(1) Gerontology or long term care.

(2) The legal system.

(3) Dispute or problem resolution techniques, including investigation, mediation, and negotiation.

(4) Knowledge of Medicare and Medicaid funding of long term care.

[Pre-1992 Revision Citation: 16-10-4.5-11(c).]

As added by P.L.2-1992, SEC.4. Amended by P.L.168-2018, SEC.15.

IC 12-10-13-11 Prohibition on previous employment of state ombudsman

Sec. 11. The state ombudsman may not have been employed by a long term care facility within one (1) year preceding the proposed appointment by the secretary or the secretary's designee.

[Pre-1992 Revision Citation: 16-10-4.5-11(d).]

As added by P.L.2-1992, SEC.4. Amended by P.L.139-1993, SEC.12; P.L.35-2016, SEC.17; P.L.168-2018, SEC.16.

IC 12-10-13-12 Eligibility; pecuniary interest prohibition

Sec. 12. The state ombudsman or a member of the state ombudsman's immediate family may not have had a pecuniary interest in a long term care facility within three (3) years preceding the director's proposed appointment.

[Pre-1992 Revision Citation: 16-10-4.5-11(e).]

As added by P.L.2-1992, SEC.4. Amended by P.L.139-1993, SEC.13; P.L.168-2018, SEC.17.

IC 12-10-13-13 Technical experts; staff

Sec. 13. The state ombudsman may employ technical experts and other employees to carry out the purposes of the office.

[Pre-1992 Revision Citation: 16-10-4.5-11(f).]

As added by P.L.2-1992, SEC.4.

IC 12-10-13-14 Investigation and resolution of complaints and concerns

Sec. 14. The office shall receive, investigate, and attempt to resolve complaints and concerns that:

(1) are made by or on behalf of a patient, resident, or client of a long term care facility, except for an individual with a developmental disability who is receiving waiver services; and

(2) involve the health, safety, welfare, or rights of a resident.

[Pre-1992 Revision Citation: 16-10-4.5-12(a).]

As added by P.L.2-1992, SEC.4. Amended by P.L.139-1993, SEC.14; P.L.272-1999, SEC.32; P.L.168-2018, SEC.18.

IC 12-10-13-15 Disclosure of records with informed consent

Sec. 15. At the conclusion of an investigation of a complaint, the office may, with the

informed consent of the resident or the resident's legal representative, disclose records, findings, and documentation of an investigated case maintained by the office to parties associated with a resident involved in the investigation.

[Pre-1992 Revision Citation: 16-10-4.5-12(b).]

As added by P.L.2-1992, SEC.4. Amended by P.L.168-2018, SEC.19.

IC 12-10-13-16 Repealed

[Pre-1992 Revision Citation: 16-10-4.5-12(c).]

As added by P.L.2-1992, SEC.4. Amended by P.L.139-1993, SEC.15. Repealed by P.L.168-2018, SEC.20.

IC 12-10-13-16.2 Ombudsman; access to persons, places, records, and other information

Sec. 16.2. In accordance with this chapter, an ombudsman must be provided access to the following:

(1) Long term care facilities and the residents of the long term care facilities.

(2) As provided in section 16.4 of this chapter, a resident's medical, financial, and social records.

(3) If the resident is incapable of giving consent, as determined by the attending physician or as otherwise determined under state law, the name, address, and telephone number of the resident's legal representative.

As added by P.L.139-1993, SEC.16. Amended by P.L.168-2018, SEC.21.

IC 12-10-13-16.4 Ombudsman; access to medical, financial, and social records of resident or client; consent

Sec. 16.4. (a) An ombudsman must be provided access to a resident's medical, financial, and social records. Except as provided in subsections (c) and (d), the ombudsman must obtain consent under subsection (b) before having access to the records.

(b) Consent to have access to a resident's medical, financial, and social records shall be given in one (1) of the following forms:

(1) In writing by the resident.

(2) Orally by the resident.

(3) Through the use of auxiliary aids and services.

(4) In writing by the legal representative of the resident if:

(A) the resident is incapable of giving consent, as determined by the attending physician or as otherwise determined under state law; and

(B) the legal representative has the authority to give consent.

(5) Visually by the resident.

(c) If consent to have access to a resident's medical, financial, and social records cannot be obtained under subsection (b), an ombudsman may inspect the records of a resident if the resident is incapable of giving consent, as determined by the attending physician or as otherwise determined under state law, and:

(1) has no legal representative;

(2) has a legal representative but the legal representative cannot be contacted within three (3) days; or

(3) has a legal representative but the legal representative does not have the authority to give consent to have access to the records.

(d) If an ombudsman has:

(1) been denied access to a resident's medical, financial, and social records by the resident's legal representative;

(2) reasonable cause to believe that the resident's legal representative is not acting in the best interests of the resident; and

(3) received written approval from the state ombudsman;

the ombudsman may inspect the records of the resident.
As added by P.L.139-1993, SEC.17. Amended by P.L.168-2018, SEC.22.

IC 12-10-13-16.5 Access to records of a long term care facility

Sec. 16.5. An ombudsman shall be given appropriate access to the records of a long term care facility, including the following:

(1) Administrative policies.

(2) Licensing and certification records.

(3) Survey results.

As added by P.L.139-1993, SEC.18. Amended by P.L.168-2018, SEC.23.

IC 12-10-13-16.6 Ombudsman; access to records of state or local government agency or entity

Sec. 16.6. A state or local government agency or entity that has records that are relevant to a complaint or an investigation conducted by an ombudsman shall provide the ombudsman with access to the records.
As added by P.L.139-1993, SEC.19.

IC 12-10-13-16.7 Immunity for the release or disclosure of records

Sec. 16.7. A long term care facility or an employee of a long term care facility is immune from:

(1) civil or criminal liability; and

(2) actions taken under a professional disciplinary procedure;

for the release or disclosure of records to an ombudsman under this chapter.
As added by P.L.139-1993, SEC.20. Amended by P.L.168-2018, SEC.24.

IC 12-10-13-16.8 Coordination among government agencies; toll free telephone number for reporting problems; nondisclosure of identity of complainant, resident, or client

Sec. 16.8. The office shall do the following:

(1) Promote effective coordination between the office and the following:

(A) Programs that provide legal services for the elderly.

(B) The adult protective services program.

(C) The attorney general's division of Medicaid fraud.

(D) The Indiana department of health.

(E) Indiana protection and advocacy services.

(F) The state's legal assistance developer.

(2) Establish a statewide toll free telephone line to receive reports of residents' complaints concerning long term care facilities.

(3) Ensure that the identity of a complainant or resident will not be disclosed without:

(A) the complainant's or resident's written consent; or

(B) a court order.

As added by P.L.139-1993, SEC.21. Amended by P.L.168-2018, SEC.25; P.L.56-2023, SEC.90.

IC 12-10-13-17 Rules

Sec. 17. The secretary shall adopt rules under IC 4-22-2 necessary to carry out this chapter.

[Pre-1992 Revision Citation: 16-10-4.5-13.]
As added by P.L.2-1992, SEC.4. Amended by P.L.2-1993, SEC.86; P.L.139-1993, SEC.22; P.L.35-2016, SEC.18.

IC 12-10-13-18 Civil immunity

Sec. 18. A representative of the office is not civilly liable for the good faith performance of official duties.

[Pre-1992 Revision Citation: 16-10-4.5-14.]

As added by P.L.2-1992, SEC.4.

IC 12-10-13-19 Annual report; distribution

Sec. 19. (a) The office shall prepare a report each year on the operations of the office.

(b) A copy of the report shall be provided to the following:

(1) The governor.

(2) The general assembly. The report must be in an electronic format under IC 5-14-6.

(3) The division.

(4) The secretary.

(5) The Assistant Secretary for Aging of the Administration for Community Living.

(6) Each area agency on aging within Indiana.

(7) The Indiana department of health.

[Pre-1992 Revision Citation: 16-10-4.5-15.]

As added by P.L.2-1992, SEC.4. Amended by P.L.28-2004, SEC.93; P.L.168-2018, SEC.26; P.L.56-2023, SEC.91.

IC 12-10-13-20 Violations

Sec. 20. A person who:

(1) intentionally prevents the work of the office;

(2) knowingly offers compensation to the office in an effort to affect the outcome of an investigation or a potential investigation; or

(3) retaliates against a resident, an employee, or another person who files a complaint or provides information to the office;

commits a Class B misdemeanor.

[Pre-1992 Revision Citation: 16-10-4.5-16.]

As added by P.L.2-1992, SEC.4. Amended by P.L.139-1993, SEC.23; P.L.168-2018, SEC.27.

IC 12-10-13-21 Independent legal counsel for state ombudsman

Sec. 21. The office shall make available independent legal counsel for the state ombudsman for the following:

(1) Representation of the state ombudsman against a lawsuit or other legal action that is brought or threatened to be brought against the state ombudsman in connection with the state ombudsman's performance of the state ombudsman's official duties of the state long term care ombudsman program.

(2) Advice and counsel for the state ombudsman in protecting a resident's rights.

(3) The drafting of rules, policies, and procedures for the operation of the state long term care ombudsman program.

(4) Advice concerning complaint resolution of complex cases.

As added by P.L.168-2018, SEC.28.

IC 12-10-13-22 Addressing of grievances and complaints

Sec. 22. The office shall ensure that grievances and complaints are addressed concerning the following:

(1) Action taken or failure to take action on behalf of a resident.

(2) Designation or revocation of designation of local:

(A) host agencies; or

(B) representatives of the state long term care ombudsman program and office.

As added by P.L.168-2018, SEC.29.

IC 12-10-14 Chapter 14. Representative Payees and Bill Payers

12-10-14-1	"Bill payer"
12-10-14-2	"Representative payee"
12-10-14-3	Establishment of program; eligibility
12-10-14-4	Administration of program
12-10-14-5	Training
12-10-14-6	Repealed
12-10-14-7	Assistance to representative payees and bill payers; bank services
12-10-14-8	Public liaisons; spreading of information; referral of potential clients
12-10-14-9	Fiduciary duties of representative payees and bill payers
12-10-14-10	Legal counsel
12-10-14-11	Local programs; sponsors and coordinators; training, assistance, and monitoring by bureau
12-10-14-12	Monitoring, audits, and review of accounts

IC 12-10-14-1 "Bill payer"

Sec. 1. As used in this chapter, "bill payer" means a person appointed by the secretary or the secretary's designee under this chapter to provide one (1) or more of the following services in order to assist a low income individual who is able to make responsible decisions about financial matters but needs assistance:

(1) Paying bills each month and keeping records.

(2) Establishing a budget.

(3) Opening, organizing, and sending out mail.

(4) Assisting the individual in check writing, with all checks to be signed by the individual.

(5) Balancing checkbooks.

(6) Making referrals to other agencies when necessary.

As added by P.L.141-1993, SEC.1. Amended by P.L.35-2016, SEC.19.

IC 12-10-14-2 "Representative payee"

Sec. 2. As used in this chapter, "representative payee" means a person appointed by the United States Social Security Administration, the United States Office of Personnel Management, the United States Department of Veterans Affairs, or the United States Railroad Retirement Board to provide one (1) or more of the following financial management services in order to assist an individual who is receiving government benefits and is medically incapable of making responsible financial decisions:

(1) Spending benefits received by the individual in the individual's best interests as necessary to provide for food, shelter, utilities, medical care, and personal needs.

(2) Keeping an accurate record of all financial transactions.

(3) Maintaining control over the individual's benefits and signing all checks for the individual's expenditures.

(4) Referring the individual to other agencies if the individual needs additional assistance.

As added by P.L.141-1993, SEC.1. Amended by P.L.24-1997, SEC.30.

IC 12-10-14-3 Establishment of program; eligibility

Sec. 3. The division may establish, within the bureau, a representative payee and bill payer program to assist low income individuals who:

(1) are not able to manage their financial matters; and

(2) do not have relatives or friends to assist them in managing their financial matters.

As added by P.L.141-1993, SEC.1.

IC 12-10-14-4 Administration of program

Sec. 4. The bureau may administer the program. The bureau may provide staff and logistical support for the program, including office space, telephone communications, office supplies, and postage.
As added by P.L.141-1993, SEC.1.

IC 12-10-14-5 Training

Sec. 5. The bureau may provide for the training of representative payees and bill payers.
As added by P.L.141-1993, SEC.1.

IC 12-10-14-6 Repealed

As added by P.L.141-1993, SEC.1. Repealed by P.L.24-1997, SEC.66.

IC 12-10-14-7 Assistance to representative payees and bill payers; bank services

Sec. 7. The bureau may assist representative payees and bill payers and may negotiate bank services for the program.
As added by P.L.141-1993, SEC.1.

IC 12-10-14-8 Public liaisons; spreading of information; referral of potential clients

Sec. 8. The bureau may designate volunteers, who may be representative payees or bill payers, as public liaisons to inform interested agencies and persons about the program and to undertake to increase public awareness of the program and referral of potential clients to the program.
As added by P.L.141-1993, SEC.1.

IC 12-10-14-9 Fiduciary duties of representative payees and bill payers

Sec. 9. A person acting as a representative payee or a bill payer is considered to be acting in a fiduciary capacity and is liable for acts or omissions constituting a breach of fiduciary duties imposed by law.
As added by P.L.141-1993, SEC.1.

IC 12-10-14-10 Legal counsel

Sec. 10. The bureau may enter into a memorandum of understanding with legal counsel for an association that represents the interests of retired persons to obtain assistance for the representative payee and bill payer program.
As added by P.L.141-1993, SEC.1.

IC 12-10-14-11 Local programs; sponsors and coordinators; training, assistance, and monitoring by bureau

Sec. 11. (a) The bureau may enter into memoranda of understanding with local representative payee and bill payer program sponsors allowing local sponsors to administer a local representative payee and bill payer program with the bureau assisting and monitoring the local program sponsor.

(b) The bureau may designate a local program sponsor with a local coordinator to assist in the administration of a local program. A local program sponsor designated under this subsection must have a local advisory council.

(c) The bureau may provide training and technical assistance to local coordinators and local program sponsors.
As added by P.L.141-1993, SEC.1.

IC 12-10-14-12 Monitoring, audits, and review of accounts

Sec. 12. The bureau may do any of the following:

(1) Monitor:
(A) representative payees and bill payers; and
(B) local program sponsors.
(2) Audit any transaction of a representative payee and bill payer.
(3) Review bank statements and cancelled checks for accounts managed by representative payees.

As added by P.L.141-1993, SEC.1.

IC 12-10-15 Chapter 15. Filing Disclosure Documents for Housing With Services Establishments

12-10-15-1 Applicability of chapter
12-10-15-1.5 "Administrator" defined
12-10-15-2 "Health related services" defined
12-10-15-3 "Housing with services establishment" defined
12-10-15-4 "Operator" defined
12-10-15-5 "Resident" defined
12-10-15-6 "Supportive services" defined
12-10-15-7 Filing of disclosure document; contents
12-10-15-8 Names and mailing addresses required in disclosure document
12-10-15-9 Housing with services establishment contracts
12-10-15-10 Annual disclosure document
12-10-15-11 Amendment of disclosure document
12-10-15-12 Standardized disclosure document
12-10-15-13 Regulatory authority of Indiana department of health not affected
12-10-15-14 Rules
12-10-15-15 Enforcement; penalties
12-10-15-16 Provision of information on influenza to residents; deemed compliance

IC 12-10-15-1 Applicability of chapter

Sec. 1. This chapter applies to a person who enters into a contract or extends the term of an existing contract with an individual to reside in a housing with services establishment.
As added by P.L.73-1998, SEC.7.

IC 12-10-15-1.5 "Administrator" defined

Sec. 1.5. As used in this chapter, "administrator" means a natural person who administers, manages, supervises, or is in general administrative charge of a housing with services establishment.
As added by P.L.184-2003, SEC.3.

IC 12-10-15-2 "Health related services" defined

Sec. 2. As used in this chapter, “health related services" means home health services as listed under IC 16-27-1-5(b) and IC 16-27-1-5(c), attendant and personal care services, professional nursing services, and the central storage and distribution of medications.
As added by P.L.73-1998, SEC.7.

IC 12-10-15-3 "Housing with services establishment" defined

Sec. 3. (a) As used in this chapter, "housing with services establishment" means an establishment providing sleeping accommodations to at least five (5) residents and offering or providing for a fee:

(1) at least one (1) regularly scheduled health related service; or

(2) at least two (2) regularly scheduled supportive services;

whether offered or provided directly by the establishment or by another person arranged for by the establishment.

(b) The term does not include the following:

(1) A comprehensive care facility licensed under IC 16-28-2.

(2) A hospital licensed under IC 16-21.

(3) A group home licensed under IC 31-27 or IC 12-28-4.

(4) An establishment that serves as a shelter for battered women or other similar purpose.

(5) Private homes in which the residents are related by kinship, law, or affinity with the person offering the services.

(6) An organized condominium, cooperative, common interest community, or owner’s

association where at least eighty percent (80%) of the units that comprise the condominium, cooperative, or common interest community are occupied by individuals who are the owners, members, or shareholders of the units.

As added by P.L.73-1998, SEC.7. Amended by P.L.145-2006, SEC.69.

IC 12-10-15-4 "Operator" defined

Sec. 4. As used in this chapter, "operator" means a person that operates a housing with services establishment.

As added by P.L.73-1998, SEC.7.

IC 12-10-15-5 "Resident" defined

Sec. 5. As used in this chapter, "resident" means an individual who has a contract to reside in a housing with services establishment.

As added by P.L.73-1998, SEC.7.

IC 12-10-15-6 "Supportive services" defined

Sec. 6. As used in this chapter, "supportive services" means help with personal laundry, handling or assisting with personal funds of the residents, or arranging for medical services, health related services, or social services. The term does not include making referrals, assisting a resident in contacting a service provider of the resident’s choice, or contacting a service provider in an emergency.

As added by P.L.73-1998, SEC.7.

IC 12-10-15-7 Filing of disclosure document; contents

Sec. 7. (a) An operator shall file a disclosure document for each housing with services establishment with the director. If an operator fails to file a disclosure document, the operator may not:

(1) enter into or extend the term of a contract with an individual to reside in a housing with services establishment; or

(2) use the term "assisted living" to describe the housing with services establishment's services and operations to the public.

(b) The operator's disclosure document must be filed with the director on forms prescribed by the director and must be verified by the operator. The disclosure document must contain the following information:

(1) An initial disclosure statement, as described in section 11 of this chapter.

(2) The contract to be executed between the housing with services establishment and the resident.

(3) Any other information required by the director under this chapter.

(c) An operator of a housing with services establishment that has filed a disclosure document as provided in this section shall notify the director within thirty (30) days after a change in the:

(1) business name or address of the establishment;

(2) name or mailing address of the owner or owners; or

(3) name or mailing address of the managing agent.

The director may not charge a fee for submission of the notice.

(d) An operator of a new housing with services establishment must file a disclosure document within sixty (60) days of the first occurrence of the following:

(1) The first contract with a resident is signed.

(2) The first resident moves into the housing with services establishment.

(e) Upon receipt of a disclosure document, the director shall mark the disclosure document to indicate that the document has been filed.

As added by P.L.73-1998, SEC.7.

IC 12-10-15-8 Names and mailing addresses required in disclosure document

Sec. 8. An operator shall provide the following information concerning the operator's housing with services establishment to the director with the operator's disclosure document:

(1) The business name, street address, and mailing address of the establishment.

(2) The name and mailing address of the owner or owners of the establishment. If the owner or owners are not natural persons, the operator must provide identification of the type of business entity of the owner or owners, and the name and addresses of the officers and members of the governing body, or comparable persons for other types of business entities of the owner or owners.

(3) The name and mailing address of the managing agent, whether through management agreement or lease arrangement, of the establishment, if different from the owner or owners, and the name of the on-site manager, if any.

(4) The name and address of at least one (1) individual who is responsible for dealing with the director on all matters subject to this chapter.

As added by P.L.73-1998, SEC.7. Amended by P.L.1-1999, SEC.34.

IC 12-10-15-9 Housing with services establishment contracts

Sec. 9. (a) Each resident or the resident's representative must be given a complete copy of the contract between the establishment and the resident or the resident's representative and all supporting documents and attachments and any changes whenever changes are made.

(b) A housing with services establishment contract must include the following elements in the contract or through supporting documents or attachments in clear and understandable language:

(1) Name, street address, and mailing address of the housing with services establishment.

(2) The name and mailing address of the owner or owners of the housing with services establishment and, if the owner or owners are not natural persons, identification of the type of business entity of the owner or owners.

(3) The name and mailing address of the managing agent, through management agreement or lease arrangement, of the establishment, if different from the owner or owners.

(4) A statement describing the disclosure document and licensure status, if any, of the housing with services establishment and any person providing health related services or supportive services under arrangement with the operator.

(5) The term of the contract.

(6) A description of the services to be provided to the resident in the base rate to be paid by the resident or on the resident's behalf.

(7) A description of any additional services available for an additional fee from the housing with services establishment directly or through arrangements with the establishment.

(8) The fee schedules outlining the cost of any additional services.

(9) A description of the process through which the contract may be modified, amended, or terminated.

(10) A description of the housing with services establishment’s complaint resolution process available to the residents.

(11) The resident’s designated representative, if any.

(12) The housing with services establishment's referral procedures if the contract is terminated.

(13) The criteria used by the housing with services establishment to determine who may continue to reside in the establishment. The criteria must address the following:

(A) When a resident must be transferred because the establishment and the resident are unable to develop a means for assuring that the resident is able to respond to an emergency in a manner that is consistent with local fire and safety requirements.

(B) When the establishment is unable to assure that the resident's physical, mental, and psychosocial needs can be met.

(14) A description of the process for assuring that the resident's needs are assessed on admission and periodically thereafter in conjunction with the resident and the resident's representative and for assuring that the resident's physical, mental, and psychosocial needs are met within the terms of the contract criteria for residence provided under subdivision (13).

(15) The billing and payment procedures and requirements.

(c) The housing with services establishment contract must state that:

(1) except as stated in the contract, residency in the housing with services establishment may not be terminated due to a change in a resident's health or care needs;

(2) the ability of a resident to engage in activities away from the establishment regardless of the time, duration, and distance of the activities may not be restricted;

(3) except to protect the rights and activities of other residents, the housing with services establishment may not restrict the ability of the resident to have visitors and to receive family members and guests; and

(4) except as stated in the contract and identified in the disclosure document, an operator may not:

(A) restrict the ability of a resident to use a home health agency, home health provider, or case management service of the resident's choice; or

(B) require a resident to use home health services.

(d) Except where the resident's health or safety or the health or safety of others are endangered, an operator shall provide at least thirty (30) days notice to the resident or the resident's designated representative before terminating the resident's residency.

As added by P.L.73-1998, SEC.7.

IC 12-10-15-10 Annual disclosure document

Sec. 10. Unless extended by the written consent of the director, each year after the initial year in which an operator has filed a disclosure document under section 7 of this chapter, the operator shall file with the director within four (4) months after the end of the operator's fiscal year an annual disclosure document.

As added by P.L.73-1998, SEC.7.

IC 12-10-15-11 Amendment of disclosure document

Sec. 11. (a) An operator shall amend its initial disclosure document filed with the director under sections 7 and 8 of this chapter at any time if necessary to prevent the initial or annual disclosure document from containing any material misstatement of fact or omission of a material fact.

(b) Upon the sale of a housing with services establishment to a new owner, the new owner shall amend the currently filed disclosure document to reflect the fact of sale and any other fact that is required to be disclosed in the disclosure document.

As added by P.L.73-1998, SEC.7.

IC 12-10-15-12 Standardized disclosure document

Sec. 12. (a) The director shall develop a standardized disclosure document to be filed by the housing with services establishment.

(b) The standardized disclosure document must include the following:

(1) The name and mailing address of the owner or owners of the housing with services establishment and, if the owner or owners are not individuals, identification of the type of business entity of the owner or owners.

(2) The name and mailing address of the managing agent, through management agreement or lease arrangement, of the establishment, if different from the owner or owners.

(3) A description of the services to be provided to the resident in the base rate to be paid by the resident or on the resident's behalf.

(4) A description of additional services available for an additional fee from the establishment directly or through arrangements with the establishment.

(5) Fee schedules outlining the cost of additional services.

(6) A description of the process through which the contract may be modified, amended, or terminated.

(7) A description of the establishment's complaint resolution process available to the residents and the establishment's referral procedures if the contract is terminated.

(8) The criteria used by the establishment to determine who may continue to reside in the housing with services establishment.

(c) The disclosure document must be:

(1) provided to a prospective resident or prospective resident's legal guardian; and

(2) made readily available to a resident or a resident's legal guardian.

As added by P.L.73-1998, SEC.7.

IC 12-10-15-13 Regulatory authority of Indiana department of health not affected

Sec. 13. This chapter does not preclude the authority of the Indiana department of health to regulate:

(1) a home health agency, as provided in IC 16-27 and rules adopted under IC 16-27; or

(2) a health facility, as provided in IC 16-28 and rules adopted under IC 16-28.

As added by P.L.73-1998, SEC.7. Amended by P.L.56-2023, SEC.92.

IC 12-10-15-14 Rules

Sec. 14. (a) The secretary shall adopt rules under IC 4-22-2 necessary to carry out this chapter.

(b) The secretary shall adopt rules concerning the following:

(1) Procedures for the posting of notices at housing with services establishments, area agencies on aging, and centers for independent living (as defined by IC 12-12-8-1) that advise residents of their rights under this chapter.

(2) Procedures for residents and their representatives to file complaints with the director concerning violations of this chapter.

As added by P.L.73-1998, SEC.7. Amended by P.L.184-2003, SEC.4; P.L.35-2016, SEC.20.

IC 12-10-15-15 Enforcement; penalties

Sec. 15. (a) The director shall enforce this chapter.

(b) The director may impose a penalty of not less than one hundred dollars ($100) but not more than one thousand dollars ($1,000) for each day of violation of this chapter. However, the total penalty for each violation may not exceed ten thousand dollars ($10,000).

(c) A person aggrieved by a penalty imposed under this section may request a review under IC 4-21.5-3-7. If a request for a hearing is not filed within fifteen (15) days after the penalty is imposed, the determination of the director and the penalty is final.

(d) If the director determines that a housing with services establishment has had substantial and repeated violations of this chapter, the director may prohibit a housing with services establishment from using the term "assisted living" to describe the housing with services establishment's services and operations to the public.

(e) If the director determines that an operator or administrator of a housing with services establishment has intentionally violated this chapter or has made fraudulent and material misrepresentations to a resident, the director may request the attorney general to investigate and take appropriate action against the operator or administrator.

(f) Penalties collected under this section shall be deposited in the state general fund.

As added by P.L.184-2003, SEC.5.

IC 12-10-15-16 Provision of information on influenza to residents; deemed compliance

Sec. 16. (a) An operator shall, not later than September 1 of each year, provide each resident of a housing with services establishment information concerning influenza, including the following:

(1) The means by which influenza is spread.

(2) The causes and symptoms of influenza.

(3) Risks associated with influenza.

(4) The most recent influenza vaccination recommendations of the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention.

(5) The availability, effectiveness, and contraindications of an influenza vaccination.

(b) This section does not require an operator to provide or pay for an influenza vaccination.

(c) An operator is deemed to be in compliance with the requirements of this section if the operator provides a resident the latest vaccination information statement concerning influenza vaccinations issued by the Centers for Disease Control and Prevention.

As added by P.L.110-2018, SEC.1.

IC 12-10-16 Chapter 16. Indiana Prescription Drug Program

12-10-16-1 "Account" defined
12-10-16-2 "Program" defined
12-10-16-3 Administration of program
12-10-16-4 Reports on recommendations
12-10-16-5 Adoption of rules
12-10-16-6 Payment of expenses and costs

IC 12-10-16-1 "Account" defined

Sec. 1. "Account" refers to the Indiana prescription drug account established under IC 4-12-8.

As added by P.L.21-2000, SEC.8. Amended by P.L.291-2001, SEC.77.

IC 12-10-16-2 "Program" defined

Sec. 2. "Program" refers to the Indiana prescription drug program established under section 3 of this chapter.

As added by P.L.21-2000, SEC.8.

IC 12-10-16-3 Administration of program

Sec. 3. The office of the secretary shall administer a program implementing the recommendations of the prescription drug advisory committee to provide access to needed pharmaceuticals to ensure the health and welfare of Indiana's low-income senior citizens.

As added by P.L.21-2000, SEC.8.

IC 12-10-16-4 Reports on recommendations

Sec. 4. The office of the secretary shall report to the budget committee on the recommendations made by the prescription drug advisory committee.

As added by P.L.21-2000, SEC.8.

IC 12-10-16-5 Adoption of rules

Sec. 5. The office may adopt rules under IC 4-22-2 to implement the program.

As added by P.L.21-2000, SEC.8. Amended by P.L.93-2024, SEC.107.

IC 12-10-16-6 Payment of expenses and costs

Sec. 6. The administrative expenses and benefit costs of the program shall be paid from the account.

As added by P.L.21-2000, SEC.8. Amended by P.L.291-2001, SEC.78.

IC 12-10-17 Chapter 17. Repealed

Repealed by P.L.141-2006, SEC.115.

IC 12-10-17.1 Chapter 17.1. Individuals in Need of Self-Directed In-Home Care

12-10-17.1-1 Applicability of chapter
12-10-17.1-2 "Ancillary services" defined
12-10-17.1-3 "Attendant care services" defined
12-10-17.1-4 "Basic services" defined
12-10-17.1-5 "Health related services" defined
12-10-17.1-6 "Individual in need of self-directed in-home care" defined
12-10-17.1-7 "Licensed health professional" defined
12-10-17.1-8 "Personal services attendant" defined
12-10-17.1-9 "Self-directed in-home health care" defined
12-10-17.1-10 Registration; prohibition
12-10-17.1-11 Registration requirement
12-10-17.1-12 Registration by the division; duties of the division
12-10-17.1-13 Physician's written opinion
12-10-17.1-14 Employer; immunity; liability
12-10-17.1-15 Responsibilities of individuals in need of self-directed in-home care
12-10-17.1-16 Rules
12-10-17.1-17 Contracts
12-10-17.1-18 Payments not considered income
12-10-17.1-19 Demonstration projects; research
12-10-17.1-20 Rules
12-10-17.1-21 Rules

IC 12-10-17.1-1 Applicability of chapter

Sec. 1. This chapter does not apply to the following:

(1) An individual who provides attendant care services and who is employed by and under the direct control of a home health agency (as defined in IC 12-15-34-1).

(2) An individual who provides attendant care services and who is employed by and under the direct control of a licensed hospice program under IC 16-25.

(3) An individual who provides attendant care services and who is employed by and under the control of an employer that is not the individual who is receiving the services.

(4) A practitioner (as defined in IC 25-1-9-2(a)) who is practicing under the scope of the practitioner's license (as defined in IC 25-1-9-3).

As added by P.L.141-2006, SEC.44. Amended by P.L.36-2022, SEC.1.

IC 12-10-17.1-2 "Ancillary services" defined

Sec. 2. As used in this chapter, "ancillary services" means services ancillary to the basic services provided to an individual in need of self-directed in-home care who needs at least one (1) of the basic services (as defined in section 4 of this chapter). The term includes the following:

(1) Homemaker services, including shopping, laundry, cleaning, and seasonal chores.

(2) Companion services, including transportation, letter writing, mail reading, and escort services.

(3) Assistance with cognitive tasks, including managing finances, planning activities, and making decisions.

As added by P.L.141-2006, SEC.44.

IC 12-10-17.1-3 "Attendant care services" defined

Sec. 3. As used in this chapter, "attendant care services" means those basic and ancillary services that the individual chooses to direct and supervise a personal services attendant to perform and that enable an individual in need of self-directed in-home care to live in the individual's home and community rather than in an institution and to carry out functions of daily living, self-care, and mobility.

As added by P.L.141-2006, SEC.44.

IC 12-10-17.1-4 "Basic services" defined

Sec. 4. As used in this chapter, "basic services" means a function that could be performed by the individual in need of self-directed in-home care if the individual did not have a physical disability. The term includes the following:

(1) Assistance in getting in and out of beds, wheelchairs, and motor vehicles.

(2) Assistance with routine bodily functions, including:

(A) health related services (as defined in section 5 of this chapter);

(B) bathing and personal hygiene;

(C) dressing and grooming; and

(D) feeding, including preparation and cleanup.

As added by P.L.141-2006, SEC.44. Amended by P.L.99-2007, SEC.67.

IC 12-10-17.1-5 "Health related services" defined

Sec. 5. As used in this chapter, "health related services" means those medical activities that, in the written opinion of the attending physician submitted to the case manager of the individual in need of self-directed in-home care, could be performed by the individual if the individual were physically capable, and if the medical activities can be safely performed in the home, and:

(1) are performed by a person who has been trained or instructed on the performance of the medical activities by an individual in need of self-directed in-home care who is, in the written opinion of the attending physician submitted to the case manager of the individual in need of self-directed in-home care, capable of training or instructing the person who will perform the medical activities; or

(2) are performed by a person who has received training or instruction from a licensed health professional, within the professional's scope of practice, in how to properly perform the medical activity for the individual in need of self-directed in-home care.

As added by P.L.141-2006, SEC.44.

IC 12-10-17.1-6 "Individual in need of self-directed in-home care" defined

Sec. 6. As used in this chapter, "individual in need of self-directed in-home care" means an individual with a disability, or person responsible for making health related decisions for the individual with a disability, who:

(1) is a participant in the community and home options to institutional care for the elderly and disabled program under IC 12-10-10;

(2) is in need of attendant care services because of impairment;

(3) requires assistance to complete functions of daily living, self-care, and mobility, including those functions included in attendant care services;

(4) chooses to self-direct a paid personal services attendant to perform attendant care services; and

(5) assumes the responsibility to initiate self-directed in-home care and exercise judgment regarding the manner in which those services are delivered, including the decision to employ, train, and dismiss a personal services attendant.

As added by P.L.141-2006, SEC.44. Amended by P.L.99-2007, SEC.68; P.L.174-2025, SEC.24.

IC 12-10-17.1-7 "Licensed health professional" defined

Sec. 7. As used in this chapter, "licensed health professional" means any of the following:

(1) A registered nurse.

(2) A licensed practical nurse.

(3) A physician with an unlimited license to practice medicine or osteopathic medicine.

(4) A licensed dentist.

(5) A licensed chiropractor.

(6) A licensed optometrist.

(7) A licensed pharmacist.
(8) A licensed physical therapist.
(9) A licensed occupational therapist.
(10) A certified psychologist.
(11) A licensed podiatrist.
(12) A licensed speech-language pathologist or audiologist.

As added by P.L.141-2006, SEC.44. Amended by P.L.197-2007, SEC.3.

IC 12-10-17.1-8 "Personal services attendant" defined

Sec. 8. As used in this chapter, "personal services attendant" means an individual who is registered to provide attendant care services under this chapter and who has entered into a contract with an individual and acts under the individual's direction to provide attendant care services that could be performed by the individual if the individual were physically capable.

As added by P.L.141-2006, SEC.44.

IC 12-10-17.1-9 "Self-directed in-home health care" defined

Sec. 9. As used in this chapter, "self-directed in-home health care" means the process by which an individual, who is prevented by a disability from performing basic and ancillary services that the individual would perform if the individual did not have a disability, chooses to direct and supervise a paid personal services attendant to perform those services in order for the individual to live in the individual's home and community rather than an institution.

As added by P.L.141-2006, SEC.44. Amended by P.L.99-2007, SEC.69.

IC 12-10-17.1-10 Registration; prohibition

Sec. 10. (a) An individual may not provide attendant care services for compensation from the community and home options to institutional care for the elderly and disabled program for an individual in need of self-directed in-home care services unless the individual is registered under section 12 of this chapter.

(b) An individual who is a legally responsible relative of an individual in need of self-directed in-home care, including a parent of a minor individual and a spouse, is precluded from providing attendant care services for compensation under this chapter.

As added by P.L.141-2006, SEC.44. Amended by P.L.174-2025, SEC.25.

IC 12-10-17.1-11 Registration requirement

Sec. 11. An individual who desires to provide attendant care services must register with the division or with an organization designated by the division.

As added by P.L.141-2006, SEC.44.

IC 12-10-17.1-12 Registration by the division; duties of the division

Sec. 12. (a) The division shall register an individual who provides the following:

(1) A personal resume containing information concerning the individual's qualifications, work experience, and any credentials the individual may hold. The individual must certify that the information contained in the resume is true and accurate.

(2) The individual's:

(A) limited criminal history check from the Indiana central repository for criminal history information under IC 10-13-3;

(B) expanded criminal history check under IC 20-26-2-1.5; or

(C) criminal history check from another source allowed by law.

(3) If applicable, the individual's state nurse aide registry report from the Indiana department of health. This subdivision does not require an individual to be a nurse aide.

(4) Three (3) letters of reference.

(5) A registration fee. The division shall establish the amount of the registration fee.

(6) Proof that the individual is at least eighteen (18) years of age.

(7) Any other information required by the division.

(b) A registration is valid for two (2) years. A personal services attendant may renew the personal services attendant's registration by updating any information in the file that has changed and by paying the fee required under subsection (a)(5). The limited criminal history check and report required under subsection (a)(2) and (a)(3) must be updated every two (2) years.

(c) The division and any organization designated under section 11 of this chapter shall maintain a file for each personal services attendant that contains:

(1) comments related to the provision of attendant care services submitted by an individual in need of self-directed in-home care who has employed the personal services attendant; and

(2) the items described in subsection (a)(1) through (a)(4).

(d) Upon request, the division shall provide to an individual in need of self-directed in-home care the following:

(1) Without charge, a list of personal services attendants who are registered with the division and available within the requested geographic area.

(2) A copy of the information of a specified personal services attendant who is on file with the division under subsection (c). The division may charge a fee for shipping, handling, and copying expenses.

(e) The limited criminal history check requirement described in subsection (a)(2) may be satisfied by fulfilling the components of an expanded criminal history check under IC 20-26-2-1.5 and is subject to the conditions described in IC 16-27-2-4(c).

As added by P.L.141-2006, SEC.44. Amended by P.L.133-2018, SEC.1; P.L.56-2023, SEC.93.

IC 12-10-17.1-13 Physician's written opinion

Sec. 13. The case manager of an individual in need of self-directed in-home care shall maintain an attending physician's written opinion submitted under section 5 of this chapter in a case file that is maintained for the individual by the case manager.

As added by P.L.141-2006, SEC.44.

IC 12-10-17.1-14 Employer; immunity; liability

Sec. 14. (a) A personal services attendant who is hired by the individual in need of self-directed in-home care is an employee of the individual in need of self-directed in-home care.

(b) The division is not liable for any actions of a personal services attendant or an individual in need of self-directed in-home care.

(c) A personal services attendant and an individual in need of self-directed in-home care are each liable for any negligent or wrongful act or omission in which the person personally participates.

As added by P.L.141-2006, SEC.44.

IC 12-10-17.1-15 Responsibilities of individuals in need of self-directed in-home care

Sec. 15. (a) Except as provided in subsection (b), an individual in need of self-directed in-home care is responsible for recruiting, hiring, training, paying, certifying any employment related documents, dismissing, and supervising in the individual's home during service hours a personal services attendant who provides attendant care services for the individual.

(b) If an individual in need of self-directed in-home care is:

(1) less than twenty-one (21) years of age; or

(2) unable to direct in-home care because of a brain injury or mental deficiency;

the individual's parent, spouse, legal guardian, or a person possessing a valid power of

attorney for the individual, may make employment, care, and training decisions and certify any employment related documents on behalf of the individual.

(c) An individual in need of self-directed in-home care or an individual under subsection (b) and the individual's case manager shall develop an authorized care plan. The authorized care plan must include a list of weekly services or tasks that must be performed to comply with the authorized care plan.

As added by P.L.141-2006, SEC.44.

IC 12-10-17.1-16 Rules

Sec. 16. The division shall adopt rules under IC 4-22-2 concerning:

(1) the method of payment to a personal services attendant who provides authorized services under this chapter; and

(2) record keeping requirements for personal attendant services.

As added by P.L.141-2006, SEC.44.

IC 12-10-17.1-17 Contracts

Sec. 17. The individual in need of self-directed in-home care and the personal services attendant must each sign a contract, in a form approved by the division, that includes, at a minimum, the following provisions:

(1) The responsibilities of the personal services attendant.

(2) The frequency the personal services attendant will provide attendant care services.

(3) The duration of the contract.

(4) The hourly wage of the personal services attendant. The wage may not be less than the federal minimum wage or more than the rate that the recipient is eligible to receive under the community and home options to institutional care for the elderly and disabled program for attendant care services.

(5) Reasons and notice agreements for early termination of the contract.

As added by P.L.141-2006, SEC.44. Amended by P.L.174-2025, SEC.26.

IC 12-10-17.1-18 Payments not considered income

Sec. 18. The office shall not, to the extent permitted by federal law, consider as income money paid under this chapter to or on behalf of an individual in need of self-directed in-home care to enable the individual to employ registered personal services attendants, for purposes of determining the individual's income eligibility for services under this chapter.

As added by P.L.141-2006, SEC.44. Amended by P.L.174-2025, SEC.27.

IC 12-10-17.1-19 Demonstration projects; research

Sec. 19. The division may:

(1) initiate demonstration projects to test new ways of providing attendant care services; and

(2) research ways to best provide attendant care services in urban and rural areas.

As added by P.L.141-2006, SEC.44.

IC 12-10-17.1-20 Rules

Sec. 20. The division and office may adopt rules under IC 4-22-2 that are necessary to implement this chapter.

As added by P.L.141-2006, SEC.44. Amended by P.L.174-2025, SEC.28.

IC 12-10-17.1-21 Rules

Sec. 21. The division shall adopt rules under IC 4-22-2 concerning the following:

(1) The receipt, review, and investigation of complaints concerning the:

(A) neglect;

(B) abuse;

(C) mistreatment; or

(D) misappropriation of property;

of an individual in need of self-directed in-home care by a personal services attendant.

(2) Establishing notice and administrative hearing procedures in accordance with IC 4-21.5.

(3) Appeal procedures, including judicial review of administrative hearings.

(4) Procedures to place a personal services attendant who has been determined to have been guilty of:

(A) neglect;

(B) abuse;

(C) mistreatment; or

(D) misappropriation of property;

of an individual in need of self-directed in-home care on the state nurse aide registry.

As added by P.L.141-2006, SEC.44.

IC 12-10-18 Chapter 18. Reports of Missing Endangered Adults

12-10-18-0.5	Missing endangered adult or veteran at risk as high risk missing person
12-10-18-1	Notification and investigative report
12-10-18-2	Investigative report prepared within five hours
12-10-18-3	Public notification
12-10-18-4	Law enforcement agency investigation
12-10-18-5	Notification of law enforcement agency if missing endangered adult or veteran at risk found
12-10-18-6	Broadcaster and newspaper civil immunity

IC 12-10-18-0.5 Missing endangered adult or veteran at risk as high risk missing person

Sec. 0.5. (a) A missing endangered adult is a high risk missing person under IC 5-2-17. A law enforcement agency receiving a report of a missing endangered adult shall follow the procedures in IC 5-2-17 in addition to the procedures described in this chapter.

(b) A missing veteran at risk is a high risk missing person under IC 5-2-17. A law enforcement agency receiving a report of a missing veteran at risk shall follow the procedures in IC 5-2-17 in addition to the procedures described in this chapter.

As added by P.L.92-2007, SEC.2. Amended by P.L.40-2024, SEC.14.

IC 12-10-18-1 Notification and investigative report

Sec. 1. (a) A law enforcement agency that receives a notification concerning a missing endangered adult or missing veteran at risk from:

(1) the missing endangered adult's or missing veteran at risk's:
  (A) guardian;
  (B) custodian; or
  (C) guardian ad litem; or
(2) an individual who:
  (A) provides the missing endangered adult or missing veteran at risk with home health aid services;
  (B) possesses a health care power of attorney that was executed under IC 30-5-5-16 for the missing endangered adult or missing veteran at risk; or
  (C) has evidence that the missing endangered adult or missing veteran at risk has a condition that may prevent the missing endangered adult or missing veteran at risk from returning home without assistance;

shall prepare an investigative report on the missing endangered adult or missing veteran at risk if, based on the notification, the law enforcement agency has reason to believe that an endangered adult or veteran at risk is missing.

(b) The investigative report described in subsection (a) may include the following:

(1) Relevant information obtained from the notification concerning the missing endangered adult or missing veteran at risk, including the following:
  (A) A physical description of the missing endangered adult or missing veteran at risk.
  (B) The date, time, and place that the missing endangered adult or missing veteran at risk was last seen.
  (C) The missing endangered adult's or missing veteran at risk's address.
(2) Information gathered by a preliminary investigation, if one was made.
(3) A statement by the law enforcement officer in charge setting forth that officer's assessment of the case based upon the evidence and information received.

As added by P.L.140-2005, SEC.3. Amended by P.L.50-2021, SEC.3; P.L.40-2024, SEC.15.

IC 12-10-18-2 Investigative report prepared within five hours

Sec. 2. The law enforcement agency shall prepare the investigative report described by section 1 of this chapter as soon as practicable, and if possible not later than five (5) hours

after the law enforcement agency receives notification of a missing endangered adult or missing veteran at risk.

As added by P.L.140-2005, SEC.3. Amended by P.L.40-2024, SEC.16.

IC 12-10-18-3 Public notification

Sec. 3. (a) Upon completion of the report described by section 1 of this chapter, if the law enforcement agency has reason to believe that public notification may assist in locating the missing endangered adult or missing veteran at risk, the law enforcement agency may immediately forward the contents of the report to:

(1) all law enforcement agencies that have jurisdiction in the location where the missing endangered adult or missing veteran at risk lives and all law enforcement agencies that have jurisdiction in the location where the missing endangered adult or missing veteran at risk was last seen;

(2) all law enforcement agencies to which the person who made the notification concerning the missing endangered adult or missing veteran at risk requests the report be sent, if the law enforcement agency determines that the request is reasonable in light of the information received;

(3) all law enforcement agencies that request a copy of the report;

(4) one (1) or more broadcasters that broadcast in an area where the missing endangered adult or missing veteran at risk may be located;

(5) the Indiana data and communication system (IDACS);

(6) the National Crime Information Center's Missing Person File, if appropriate; and

(7) the Indiana clearinghouse for information on missing children, missing veterans at risk, and missing endangered adults, established by IC 10-13-5-5, to disseminate information concerning the:

(A) missing endangered adult to be broadcast as part of the silver alert program; or

(B) missing veteran at risk to be broadcast as part of the green alert program.

(b) Upon completion of the report described by section 1 of this chapter, a law enforcement agency may forward a copy of the contents of the report to one (1) or more newspapers distributed in an area where the missing endangered adult or missing veteran at risk may be located.

(c) After forwarding the contents of the report to a broadcaster or newspaper under this section, the law enforcement agency may request that the broadcaster or newspaper:

(1) notify the public that there is an endangered adult medical alert or a missing veteran at risk alert; and

(2) broadcast or publish:

(A) a description of the missing endangered adult or missing veteran at risk; and

(B) any other relevant information that would assist in locating the missing endangered adult or missing veteran at risk.

(d) A broadcaster or newspaper that receives a request concerning a missing endangered adult or missing veteran at risk under subsection (c) may, at the discretion of the broadcaster or newspaper:

(1) notify the public that there is an endangered adult medical alert or a missing veteran at risk alert; and

(2) broadcast or publish:

(A) a description of the missing endangered adult or missing veteran at risk; and

(B) any other relevant information that would assist in locating the missing endangered adult or missing veteran at risk.

As added by P.L.140-2005, SEC.3. Amended by P.L.43-2009, SEC.12; P.L.40-2024, SEC.17.

IC 12-10-18-4 Law enforcement agency investigation

Sec. 4. A law enforcement agency may begin an investigation concerning a missing endangered adult or missing veteran at risk as soon as possible after receiving notification

of the missing endangered adult or missing veteran at risk.
As added by P.L.140-2005, SEC.3. Amended by P.L.40-2024, SEC.18.

IC 12-10-18-5 Notification of law enforcement agency if missing endangered adult or veteran at risk found

Sec. 5. An individual described in section 1(a)(1) or 1(a)(2) of this chapter who notifies a law enforcement agency concerning a missing endangered adult or missing veteran at risk shall notify the law enforcement agency when the missing endangered adult or missing veteran at risk is found.
As added by P.L.140-2005, SEC.3. Amended by P.L.40-2024, SEC.19.

IC 12-10-18-6 Broadcaster and newspaper civil immunity

Sec. 6. (a) A broadcaster or newspaper that receives a report of a missing endangered adult or missing veteran at risk from a law enforcement agency under section 3 of this chapter is immune from civil liability for an act or omission related to:

(1) the broadcast or publication of information contained in the report, including:
(A) a description of the missing endangered adult or missing veteran at risk; and
(B) any other relevant information that would assist in locating the missing endangered adult or missing veteran at risk; or

(2) the decision of the broadcaster or newspaper not to broadcast or publish information contained in the report.

(b) The civil immunity described in subsection (a) does not apply to an act or omission that constitutes gross negligence or willful, wanton, or intentional misconduct.
As added by P.L.140-2005, SEC.3. Amended by P.L.40-2024, SEC.20.

IC 12-10-19 Chapter 19. Repealed

Repealed by P.L.174-2025, SEC.29.

IC 12-10.5 ARTICLE 10.5. RESPITE CARE SERVICES

Ch. 1. Caretaker Support Program
Ch. 2. Continuum of Care

IC 12-10.5-1 Chapter 1. Caretaker Support Program

12-10.5-1-1 "Caretaker"
12-10.5-1-2 "Special needs"
12-10.5-1-3 Establishment of program
12-10.5-1-4 Administration of program; adoption of rules
12-10.5-1-5 Eligibility for program
12-10.5-1-6 Included services
12-10.5-1-7 Development of client cost share formula
12-10.5-1-8 Use of volunteers
12-10.5-1-9 Rule adoption; consultation with interested parties; requirements for rules; publication of comments received

IC 12-10.5-1-1 "Caretaker"

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

(1) provides ongoing care for an individual who:

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

(B) has special needs; and

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

As added by P.L.274-2003, SEC.6.

IC 12-10.5-1-2 "Special needs"

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

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

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

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

As added by P.L.274-2003, SEC.6.

IC 12-10.5-1-3 Establishment of program

Sec. 3. The caretaker support program is established.

As added by P.L.274-2003, SEC.6.

IC 12-10.5-1-4 Administration of program; adoption of rules

Sec. 4. (a) The division of aging established by IC 12-9.1-1-1 shall administer the caretaker support program established under this chapter.

(b) The division of aging shall do the following:

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

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

As added by P.L.274-2003, SEC.6. Amended by P.L.37-2005, SEC.1; P.L.141-2006, SEC.45.

IC 12-10.5-1-5 Eligibility for program

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

(1) a caretaker; or

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

is eligible for the caretaker support program.

As added by P.L.274-2003, SEC.6.

IC 12-10.5-1-6 Included services

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

(1) Information for caretakers about available services.

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

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

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

As added by P.L.274-2003, SEC.6.

IC 12-10.5-1-7 Development of client cost share formula

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

As added by P.L.274-2003, SEC.6.

IC 12-10.5-1-8 Use of volunteers

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

As added by P.L.274-2003, SEC.6.

IC 12-10.5-1-9 Rule adoption; consultation with interested parties; requirements for rules; publication of comments received

Sec. 9. (a) Before finally adopting a rule under IC 4-22-2 to implement this chapter, the division shall consult with and fully consider any comments submitted by:

(1) caretakers providing care for a special needs individual under this chapter;

(2) individuals with special needs receiving care from a caretaker under this chapter;

(3) area agencies on aging;

(4) consumers and providers of home and community based services under IC 12-10-10 and IC 12-10-11.5; and

(5) any other agency, volunteer group, faith based group, or individual that the division considers appropriate;

to ensure that the rule complies with the requirements set forth in subsection (b).

(b) Rules adopted under this chapter must:

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

(2) serve distinct populations, including:

(A) the aged;

(B) persons with developmental disabilities; and

(C) persons with physical disabilities;

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

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

(A) requirements for proof of financial responsibility; and

(B) monitoring, enforcement, reporting, or other administrative requirements; and

(4) otherwise comply with IC 12-10-10, IC 12-10-11.5, and this chapter.

(c) Before submitting a rule adopted under this chapter to the attorney general for final approval under IC 4-22-2-31, the division shall submit to the publisher (as defined in IC 4-22-2-3(f)) for publication in the Indiana Register the division's written response to any comments received from the parties described in subsection (a). Submissions to the publisher

shall be made in the electronic format specified by the publisher.
As added by P.L.37-2005, SEC.2. Amended by P.L.123-2006, SEC.26; P.L.249-2023, SEC.47.

IC 12-10.5-2 Chapter 2. Continuum of Care

12-10.5-2-1 Provision of standards of and promotion of best practices for program
12-10.5-2-2 Rules
12-10.5-2-3 Rule adoption; consultation with interested parties; requirements for rules; publication of comments received
12-10.5-2-4 Continuum of care

IC 12-10.5-2-1 Provision of standards of and promotion of best practices for program

Sec. 1. The division shall:

(1) provide standards for the training of; and

(2) promote best practices for;

continuum of care program providers.

As added by P.L.274-2003, SEC.6.

IC 12-10.5-2-2 Rules

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

As added by P.L.274-2003, SEC.6. Amended by P.L.37-2005, SEC.3.

IC 12-10.5-2-3 Rule adoption; consultation with interested parties; requirements for rules; publication of comments received

Sec. 3. (a) Before finally adopting a rule under IC 4-22-2 to implement this chapter, the division shall consult with and fully consider any comments submitted by:

(1) continuum of care providers providing care under this chapter;

(2) individuals receiving care under this chapter;

(3) area agencies on aging;

(4) consumers and providers of home and community based services under IC 12-10-10 and IC 12-10-11.5; and

(5) any other agency, volunteer group, faith based group, or individual that the division considers appropriate;

to ensure that the rule complies with the requirements set forth in subsection (b).

(b) Rules adopted under this chapter must:

(1) include protections for the rights, safety, and welfare of individuals receiving care under this chapter;

(2) serve distinct populations, including:

(A) the aged;

(B) persons with developmental disabilities; and

(C) persons with physical disabilities;

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

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

(A) requirements for proof of financial responsibility; and

(B) monitoring, enforcement, reporting, or other administrative requirements; and

(4) otherwise comply with IC 12-10-10, IC 12-10-11.5, and this chapter.

(c) Before submitting a rule adopted under this chapter to the attorney general for final approval under IC 4-22-2-31, the division shall submit to the publisher (as defined in IC 4-22-2-3(f)) for publication in the Indiana Register the division's written response to any comments received from the parties described in subsection (a). Submissions to the publisher shall be made in the electronic format specified by the publisher.

As added by P.L.37-2005, SEC.4. Amended by P.L.123-2006, SEC.27; P.L.249-2023, SEC.48.

IC 12-10.5-2-4 Continuum of care

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

As added by P.L.143-2011, SEC.13.

IC 12-11 ARTICLE 11. SERVICES FOR INDIVIDUALS WITH DISABILITIES

Ch. 1.	Repealed
Ch. 1.1.	Bureau of Disabilities Services; Community Based Services
Ch. 2.	Repealed
Ch. 2.1.	Service Coordination Services for Developmentally Disabled Individuals
Ch. 3.	Repealed
Ch. 4.	Repealed
Ch. 5.	Repealed
Ch. 6.	Other Services for Individuals With Developmental Disabilities
Ch. 7.	Repealed
Ch. 8.	Institute for Autism
Ch. 10.	Repealed
Ch. 11.1.	Repealed
Ch. 12.	Repealed
Ch. 13.	Statewide Waiver Ombudsman
Ch. 14.	Achieving a Better Life Experience (ABLE) Program
Ch. 15.	Expired
Ch. 15.5.	Expired
Ch. 16.	Direct Support Professional Registry and Training

IC 12-11-1 Chapter 1. Repealed

[Pre-1992 Revision Citations:

12-11-1-1	formerly 4-28-20-1
12-11-1-2	formerly 4-28-20-2
12-11-1-3	formerly 4-28-20-3
12-11-1-4	formerly 4-28-20-4
12-11-1-5	formerly 4-28-20-5
12-11-1-6	formerly 4-28-20-6
12-11-1-7	formerly 4-28-20-7
12-11-1-8	formerly 4-28-20-8; 16-13-22-8.]

Repealed by P.L.272-1999, SEC.66.

IC 12-11-1.1 Chapter 1.1. Bureau of Disabilities Services; Community Based Services

12-11-1.1-1	Establishment; services; approving entities and providers; supported living service arrangements; community based services; administration
12-11-1.1-2	Medicaid funding; payment for services
12-11-1.1-3	Contracts to provide services
12-11-1.1-4	Continuing eligibility for Medicaid
12-11-1.1-5	Continuing approved placement of individuals in certain facilities
12-11-1.1-6	Individuals with autism not excluded
12-11-1.1-7	Community residential facilities operated by division
12-11-1.1-8	Repealed
12-11-1.1-9	Rules
12-11-1.1-10	Provider assessment
12-11-1.1-11	Issuance of citation for violations; requirements; remedies; considerations in determining remedy

IC 12-11-1.1-1 Establishment; services; approving entities and providers; supported living service arrangements; community based services; administration

Sec. 1. (a) The bureau of disabilities services is established within the division.

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

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

(1) Are provided under public supervision.

(2) Are designed to meet the developmental needs of individuals with a developmental disability.

(3) Meet all required state and federal standards.

(4) Are provided by qualified personnel.

(5) To the extent appropriate, are provided in home and community based settings in which individuals without disabilities participate.

(6) Are provided in conformity with a service plan developed under IC 12-11-2.1-2.

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

(1) The bureau shall ensure that an entity approved to provide day services, identified day habilitation, including facility based or community based habilitation, prevocational services, or employment services under home and community based services waivers (as defined in IC 12-8-1.6-2) is accredited by an approved national accrediting body described in subsection (j).

(2) The bureau shall ensure that an entity approved to provide residential habilitation and support services under home and community based services waivers (as defined in IC 12-8-1.6-2) is accredited by an approved national accrediting body.

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

(1) Supervised group living programs, which serve at least four (4) individuals and not more than eight (8) individuals, are funded by Medicaid, and are licensed by the division.

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

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

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

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

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

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

(1) individuals with a developmental disability; and

(2) families of individuals with a developmental disability.

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

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

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

(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 ISO-9001 human services QA system.

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

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

(k) An entity that is accredited by an approved national accrediting body is not subject to reapproval surveys or routine monitoring surveys by the division or bureau, including any reapproval survey under a home and community based services waiver (as defined in IC 12-8-1.6-2). However, the bureau may perform validation surveys and complaint investigations of an entity accredited by an approved national accrediting body.

(l) The bureau shall monitor services provided by the following:

(1) An entity that provides services to an individual with funds provided by the bureau or under the authority of the bureau.

(2) An entity that has entered into a provider agreement under IC 12-15-11 to provide Medicaid in-home waiver services.

(m) The bureau shall establish and administer a complaint process for the following:

(1) An individual who receives services from an entity with funds provided through the bureau or under the authority of the bureau.

(2) An entity that has entered into a provider agreement under IC 12-15-11 to provide Medicaid in-home waiver services.

As added by P.L.272-1999, SEC.33. Amended by P.L.243-2003, SEC.11; P.L.99-2007, SEC.70; P.L.22-2010, SEC.1; P.L.153-2011, SEC.11; P.L.154-2012, SEC.1; P.L.130-2013, SEC.1; P.L.210-2015, SEC.21; P.L.74-2022, SEC.6; P.L.241-2023, SEC.6; P.L.174-2025,

SEC.30.

IC 12-11-1.1-2 Medicaid funding; payment for services

Sec. 2. (a) Except as specified by the terms of the Medicaid program:

(1) an individual who receives services under this chapter; and

(2) the parents of the individual, if the individual is less than eighteen (18) years of age;

are liable for the cost of services and supports.

(b) The bureau shall make every effort to assure that individualized service plans developed for individuals with a developmental disability maximize the amount of Medicaid funding available to meet the needs of the individual.

(c) The bureau may provide reimbursement for services identified in an individual's individual service plan that are not eligible for Medicaid reimbursement and for which the individual does not have the resources to pay.

As added by P.L.272-1999, SEC.33. Amended by P.L.99-2007, SEC.71.

IC 12-11-1.1-3 Contracts to provide services

Sec. 3. The division may contract with:

(1) community intellectual disability and other developmental disabilities centers;

(2) corporations; or

(3) individuals;

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

As added by P.L.272-1999, SEC.33. Amended by P.L.117-2015, SEC.19.

IC 12-11-1.1-4 Continuing eligibility for Medicaid

Sec. 4. An individual with a developmental disability who is eligible for Medicaid remains eligible for Medicaid if transferred to community based services described in section 1(e) of this chapter.

As added by P.L.272-1999, SEC.33. Amended by P.L.99-2007, SEC.72.

IC 12-11-1.1-5 Continuing approved placement of individuals in certain facilities

Sec. 5. The bureau may continue the approved placement of an individual with a developmental disability in a child caring institution licensed under IC 31-27, a county home regulated by IC 12-30-3, or a health facility licensed under IC 16-28 if:

(1) the individual was placed in the institution, home, or facility before July 1, 1985; and

(2) the placement continues to be appropriate for the individual, as determined by the bureau.

As added by P.L.272-1999, SEC.33. Amended by P.L.145-2006, SEC.70; P.L.99-2007, SEC.73.

IC 12-11-1.1-6 Individuals with autism not excluded

Sec. 6. An individual who has been diagnosed to have autism may not be excluded from services for individuals with a developmental disability because the individual has autism.

As added by P.L.272-1999, SEC.33. Amended by P.L.99-2007, SEC.74.

IC 12-11-1.1-7 Community residential facilities operated by division

Sec. 7. Subject to the availability of money, the division may operate community residential facilities for individuals with a developmental disability who are hard to place, if private providers cannot be found to operate facilities for those individuals. Placement of individuals in these facilities is governed by IC 12-11-2.1.

As added by P.L.272-1999, SEC.33. Amended by P.L.99-2007, SEC.75.

IC 12-11-1.1-8 Repealed

As added by P.L.272-1999, SEC.33. Repealed by P.L.188-2013, SEC.7.

IC 12-11-1.1-9 Rules

Sec. 9. The secretary may adopt rules under IC 4-22-2 to carry out this chapter.

As added by P.L.272-1999, SEC.33. Amended by P.L.35-2016, SEC.21.

IC 12-11-1.1-10 Provider assessment

Sec. 10. (a) The office may assess providers of community based services to individuals with a developmental disability who otherwise qualify to receive ICF/IID (as defined in IC 16-29-4-2) based services in an amount not to exceed six percent (6%) of all service revenue included on the annual plan of care excluding resident living allowances.

(b) The assessments shall be paid to the office not later than the tenth day of the month for each month that the individual is in service. The office or the office's designee may withhold Medicaid payments to a provider described in subsection (a) that fails to pay an assessment within thirty (30) days after the due date. The amount withheld may not exceed the amount of the assessments due.

(c) The community services quality assurance fund is created. The fund shall be administered by the office.

(d) Revenue from the assessments under this section shall be deposited into the fund. Money in the fund must be used for community services for persons with developmental disabilities.

(e) Money in the fund at the end of a state fiscal year does not revert to the state general fund.

(f) If federal financial participation to match the assessments in subsection (a) becomes unavailable under federal law, the authority to impose the assessments terminates on the date that the federal statutory, regulatory, or interpretive change takes effect.

As added by P.L.259-2003, SEC.1. Amended by P.L.246-2005, SEC.101; P.L.35-2016, SEC.22.

IC 12-11-1.1-11 Issuance of citation for violations; requirements; remedies; considerations in determining remedy

Sec. 11. (a) Upon a determination by the bureau that a provider has violated this article or a rule adopted under this article, the director shall issue a citation under IC 4-21.5-3-6 to the provider. The citation must state the following:

(1) The nature of the violation.

(2) The classification of the violation.

(3) The corrective actions required of the provider to remedy the breach and to protect clients of the provider.

(4) Any penalty imposed on the provider.

(b) A person aggrieved by a citation issued under this section may request a review under IC 4-21.5-3-7. If a request for a hearing is not filed within the fifteen (15) day period, the determination contained in the citation is final.

(c) The bureau may impose the following remedies for a violation of this article or a rule adopted under this article:

(1) Issuance of an order for immediate correction of the violation.

(2) Imposition of a fine not to exceed ten thousand dollars ($10,000).

(3) Suspension of new clients by the provider for a period not to exceed ninety (90) days.

(4) Revocation of the provider's license or issuance of a probationary license.

(5) A requirement that the provider comply with any plan of correction approved or directed by the division.

(d) In determining appropriate remedies under this section for a violation, the bureau shall

consider the following:

(1) Whether the violation occurred for reasons beyond the provider's control.

(2) Whether the provider has demonstrated that the provider has taken the appropriate steps to reasonably ensure that the violation will not recur.

(3) The history of violations by the provider.

(4) The effect of the violation on the client.

(5) The degree of the violation.

As added by P.L.153-2011, SEC.12.

IC 12-11-2 Chapter 2. Repealed

[Pre-1992 Revision Citations:

12-11-2-1	formerly 4-28-22-1
12-11-2-2	formerly 4-28-22-3
12-11-2-3	formerly 4-28-22-4
12-11-2-4	formerly 4-28-22-5
12-11-2-5	formerly 4-28-22-6
12-11-2-6	formerly 4-28-22-7
12-11-2-7	formerly 4-28-22-8
12-11-2-8	formerly 4-28-22-9
12-11-2-9	formerly 4-28-22-10
12-11-2-10	formerly 4-28-22-11
12-11-2-11	formerly 4-28-22-12
12-11-2-12	formerly 4-28-22-13.]

Repealed by P.L.272-1999, SEC.66.

IC 12-11-2.1 Chapter 2.1. Service Coordination Services for Developmentally Disabled Individuals

12-11-2.1-1 Diagnostic assessment
12-11-2.1-2 Service coordination services
12-11-2.1-3 Services provided through individual service plan
12-11-2.1-4 Placement authority
12-11-2.1-5 Authorizing services for individual in community based setting
12-11-2.1-6 Approval of placement in intermediate care facility
12-11-2.1-7 Service plan for individual discharged or on outpatient status from state institution
12-11-2.1-8 Repealed
12-11-2.1-9 Memorandum of understanding concerning referrals
12-11-2.1-10 Personal and vocational counselors required
12-11-2.1-11 Decertified individuals receiving services; resources
12-11-2.1-12 Rules

IC 12-11-2.1-1 Diagnostic assessment

Sec. 1. (a) The bureau shall determine whether or not an individual has a developmental disability. For individuals for whom there is not enough current information available to make a determination of eligibility, the bureau shall use the results of a diagnostic assessment in determining whether an individual has a developmental disability. A diagnostic assessment must include the following:

(1) Diagnostic information concerning the individual's functioning level and medical and habilitation needs.

(2) All information necessary for the use of the office of Medicaid policy and planning, the Indiana department of health, and the division.

(3) The use of all appropriate assessments conducted under rules adopted under IC 16-28.

(b) An individual who is found not to have a developmental disability may appeal the bureau's finding under IC 4-21.5.

(c) If an individual is determined to have a developmental disability, the office shall determine whether the individual meets the appropriate federal level of care requirements.

As added by P.L.272-1999, SEC.34. Amended by P.L.99-2007, SEC.76; P.L.197-2011, SEC.41; P.L.85-2017, SEC.55; P.L.56-2023, SEC.94.

IC 12-11-2.1-2 Service coordination services

Sec. 2. The bureau shall, within the limits of available resources, provide service coordination services to individuals with a developmental disability. Service coordination services must include the development of an individual service plan.

As added by P.L.272-1999, SEC.34. Amended by P.L.99-2007, SEC.77.

IC 12-11-2.1-3 Services provided through individual service plan

Sec. 3. All services provided to an individual must be provided under the individual service plan of the individual with a disability. To the extent that services described in IC 12-11-1.1-1(e) are available and meet the individual's needs, services provided to an individual shall be provided in the least restrictive environment possible.

As added by P.L.272-1999, SEC.34. Amended by P.L.14-2000, SEC.29; P.L.99-2007, SEC.78.

IC 12-11-2.1-4 Placement authority

Sec. 4. The bureau shall serve as the placement authority for individuals with a developmental disability under service plans developed under this chapter, including all placements in an intermediate care facility.

As added by P.L.272-1999, SEC.34. Amended by P.L.99-2007, SEC.79; P.L.188-2013, SEC.8.

IC 12-11-2.1-5 Authorizing services for individual in community based setting

Sec. 5. When authorizing services for an individual with a developmental disability in a community based setting, the bureau shall give equal consideration based on need between:

(1) individuals who resided with a family member, relative, or guardian immediately before the community based residential placement; and

(2) individuals being placed from:

(A) an intermediate care facility; or

(B) a nursing facility.

As added by P.L.272-1999, SEC.34. Amended by P.L.99-2007, SEC.80; P.L.188-2013, SEC.9.

IC 12-11-2.1-6 Approval of placement in intermediate care facility

Sec. 6. The bureau may not approve the initial placement of a developmentally disabled individual in an intermediate care facility for individuals with intellectual disabilities serving more than eight (8) individuals or a nursing facility unless:

(1) the individual has medical needs; and

(2) the placement is appropriate to the individual's needs.

As added by P.L.272-1999, SEC.34. Amended by P.L.35-2016, SEC.23; P.L.32-2021, SEC.29.

IC 12-11-2.1-7 Service plan for individual discharged or on outpatient status from state institution

Sec. 7. Before an individual with a developmental disability is:

(1) discharged from a state institution; or

(2) placed on outpatient status under IC 12-26-14 by a state institution;

the bureau shall develop a service plan for the individual under section 2 of this chapter.

As added by P.L.272-1999, SEC.34. Amended by P.L.99-2007, SEC.81.

IC 12-11-2.1-8 Repealed

As added by P.L.272-1999, SEC.34. Amended by P.L.99-2007, SEC.82. Repealed by P.L.188-2013, SEC.10.

IC 12-11-2.1-9 Memorandum of understanding concerning referrals

Sec. 9. The division of mental health and addiction and the division shall enter into a memorandum of understanding concerning referrals to the bureau of developmentally disabled individuals discharged from or on an outpatient status from a state institution operated by the division of mental health and addiction.

As added by P.L.272-1999, SEC.34. Amended by P.L.215-2001, SEC.39.

IC 12-11-2.1-10 Personal and vocational counselors required

Sec. 10. The division shall require service coordination personnel and vocational counselors to coordinate their services.

As added by P.L.272-1999, SEC.34.

IC 12-11-2.1-11 Decertified individuals receiving services; resources

Sec. 11. (a) An individual who:

(1) is receiving services for individuals with a developmental disability that are funded by Medicaid; and

(2) has been decertified by the office because the individual fails to meet appropriate federal level of care requirements;

must continue to receive the same services, unless an appropriate individual service plan has been developed outlining the services needed by the individual to live in the least restrictive environment.

(b) After available federal, local, and individual resources have been used, unencumbered state appropriations that are available, as determined by the budget director, must be used to implement plans developed under subsection (a).

As added by P.L.272-1999, SEC.34. Amended by P.L.99-2007, SEC.83.

IC 12-11-2.1-12 Rules

Sec. 12. The secretary may adopt rules under IC 4-22-2 to carry out this chapter.

As added by P.L.272-1999, SEC.34. Amended by P.L.35-2016, SEC.24.

IC 12-11-3 Chapter 3. Repealed

[Pre-1992 Revision Citations:

12-11-3-1	formerly 4-28-26-1 part
12-11-3-2	formerly 4-28-26-1 part
12-11-3-3	formerly 4-28-26-2
12-11-3-4	formerly 4-28-26-3
12-11-3-5	formerly 4-28-26-4
12-11-3-6	formerly 4-28-26-5.]

Repealed by P.L.272-1999, SEC.66.

IC 12-11-4 Chapter 4. Repealed

[Pre-1992 Revision Citations:

12-11-4-1	formerly 12-1-23-1
12-11-4-2	formerly 12-1-23-2
12-11-4-3	formerly 12-1-23-4(a)
12-11-4-4	formerly 12-1-23-4(b)
12-11-4-5	formerly 12-1-23-4(c)
12-11-4-6	formerly 12-1-23-4(d)
12-11-4-7	formerly 12-1-23-5(a)
12-11-4-8	formerly 12-1-23-5(b)
12-11-4-9	formerly 12-1-23-5(c)
12-11-4-10	formerly 12-1-23-5(d)
12-11-4-11	formerly 12-1-23-6.]

Repealed by P.L.272-1999, SEC.66.

IC 12-11-5 Chapter 5. Repealed

[Pre-1992 Revision Citations:
12-11-5-1 formerly 16-7-15-2(a)
12-11-5-2 formerly 16-7-15-2(b)
12-11-5-3 formerly 16-7-15-3
12-11-5-4 formerly 16-7-15-4
12-11-5-5 formerly 16-7-15-5.]

Repealed by P.L.272-1999, SEC.66.

IC 12-11-6 Chapter 6. Other Services for Individuals With Developmental Disabilities

12-11-6-1 Planning, research, and development of other services; coordination of programs and services; crisis assistance program
12-11-6-2 Rules
12-11-6-3 Repealed

IC 12-11-6-1 Planning, research, and development of other services; coordination of programs and services; crisis assistance program

Sec. 1. The division is responsible for the following:

(1) Planning, research, and the development of developmental services directed toward the prevention and alleviation of developmental disabilities or toward the social, personal, physical, or economic habilitation or rehabilitation of an individual with such a disability.

(2) The coordination of the various governmental services, activities, and programs in Indiana relating to individuals with a developmental disability.

(3) Administering the state aided services for individuals with a developmental disability.

(4) Before July 1, 2020, in coordination with the task force established by IC 12-11-15.5-2, developing a plan to establish a statewide crisis assistance program not later than July 1, 2021, for individuals with developmental disabilities.

[Pre-1992 Revision Citation: 4-28-10-28(a).]

As added by P.L.2-1992, SEC.5. Amended by P.L.1-1993, SEC.125; P.L.99-2007, SEC.84; P.L.262-2019, SEC.2.

IC 12-11-6-2 Rules

Sec. 2. The secretary may adopt rules under IC 4-22-2 to implement this chapter.

[Pre-1992 Revision Citation: 4-28-10-28(c).]

As added by P.L.2-1992, SEC.5. Amended by P.L.35-2016, SEC.25.

IC 12-11-6-3 Repealed

As added by P.L.112-1997, SEC.3. Repealed by P.L.272-1999, SEC.66.

IC 12-11-7 Chapter 7. Repealed

[Pre-1992 Revision Citations:

12-11-7-1	New
12-11-7-2	formerly 4-28-25-1
12-11-7-3	formerly 4-28-25-2 part
12-11-7-4	formerly 4-28-25-2 part
12-11-7-5	formerly 4-28-25-3(a)
12-11-7-6	formerly 4-28-25-3(b)
12-11-7-7	formerly 4-28-25-3(c)
12-11-7-8	formerly 4-28-25-4
12-11-7-9	formerly 4-28-25-5.]

Repealed by P.L.53-2014, SEC.99.

IC 12-11-8 Chapter 8. Institute for Autism

12-11-8-1 "Autism"
12-11-8-2 Autism resource center
12-11-8-3 Duties; statewide needs assessment; report of assessment results

IC 12-11-8-1 "Autism"

Sec. 1. As used in this chapter, "autism" means 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.

[Pre-1992 Revision Citation: 4-28-24-1.]

As added by P.L.2-1992, SEC.5. Amended by P.L.151-1995, SEC.5; P.L.107-1997, SEC.2; P.L.210-2015, SEC.22.

IC 12-11-8-2 Autism resource center

Sec. 2. The Developmental Training Center at Indiana University in Bloomington shall operate an autism resource center to be known as the Indiana resource center for autism.

[Pre-1992 Revision Citation: 4-28-24-2.]

As added by P.L.2-1992, SEC.5. Amended by P.L.210-2015, SEC.23.

IC 12-11-8-3 Duties; statewide needs assessment; report of assessment results

Sec. 3. (a) The Indiana resource center for autism in cooperation with the appropriate state agencies shall do the following:

(1) Provide informational services about autism.

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

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

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

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

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

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

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

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

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

[Pre-1992 Revision Citation: 4-28-24-3.]

As added by P.L.2-1992, SEC.5. Amended by P.L.1-1993, SEC.128; P.L.215-2001, SEC.42; P.L.28-2004, SEC.94; P.L.99-2007, SEC.85; P.L.210-2015, SEC.24; P.L.56-2023, SEC.95.

IC 12-11-10 Chapter 10. Repealed

Repealed by P.L.272-1999, SEC.66.

IC 12-11-11.1 Chapter 11.1. Repealed

Repealed by P.L.272-1999, SEC.66.

IC 12-11-12 Chapter 12. Repealed

Repealed by P.L.272-1999, SEC.66.

IC 12-11-13 Chapter 13. Statewide Waiver Ombudsman

12-11-13-1 Applicability
12-11-13-2 "Ombudsman"
12-11-13-3 Position established
12-11-13-4 Appointment of acting ombudsman
12-11-13-5 Consultation with experts regarding duties
12-11-13-6 Investigation and resolution of complaints
12-11-13-7 Access to records required
12-11-13-8 Immunity of provider of services
12-11-13-9 Agency providing access to relevant records
12-11-13-10 Ombudsman providing coordination and confidentiality
12-11-13-11 Rules
12-11-13-12 Immunity from civil liability
12-11-13-13 Annual report on operations of program
12-11-13-14 Duty to report to legislative committee
12-11-13-15 Receipt of complaints
12-11-13-16 Offenses regarding ombudsman

IC 12-11-13-1 Applicability

Sec. 1. (a) Except as provided in subsection (b), this chapter applies only to an individual who:

(1) has a disability; and

(2) receives services administered by the bureau.

(b) This chapter does not apply to an individual served by the long term care ombudsman program established under IC 12-10-13.

As added by P.L.272-1999, SEC.35. Amended by P.L.174-2025, SEC.31; P.L.243-2025, SEC.3.

IC 12-11-13-2 "Ombudsman"

Sec. 2. As used in this chapter, "ombudsman" refers to the statewide bureau of disabilities services ombudsman established by section 3 of this chapter. The term includes individuals approved to act in the capacity of ombudsmen by the statewide bureau of disabilities services ombudsman.

As added by P.L.272-1999, SEC.35. Amended by P.L.174-2025, SEC.32; P.L.243-2025, SEC.4.

IC 12-11-13-3 Position established

Sec. 3. The statewide bureau of disabilities services ombudsman position is established within the division.

As added by P.L.272-1999, SEC.35. Amended by P.L.174-2025, SEC.33; P.L.243-2025, SEC.5.

IC 12-11-13-4 Appointment of acting ombudsman

Sec. 4. The secretary or the secretary's designee shall appoint an acting ombudsman within thirty (30) days of a vacancy in the position of the ombudsman. The acting ombudsman has the powers and duties of the ombudsman.

As added by P.L.272-1999, SEC.35. Amended by P.L.35-2016, SEC.26.

IC 12-11-13-5 Consultation with experts regarding duties

Sec. 5. The ombudsman may consult with experts in fulfilling the duties of the ombudsman.

As added by P.L.272-1999, SEC.35.

IC 12-11-13-6 Investigation and resolution of complaints

Sec. 6. (a) The ombudsman shall receive, investigate, and attempt to resolve complaints and concerns that are made by or on behalf of an individual described in section 1 of this chapter.

(b) At the conclusion of an investigation of a complaint, the ombudsman shall report the ombudsman's findings to the complainant.

(c) If the ombudsman does not investigate a complaint, the ombudsman shall notify the complainant of the decision not to investigate and the reasons for the decision.

As added by P.L.272-1999, SEC.35.

IC 12-11-13-7 Access to records required

Sec. 7. (a) An ombudsman must be provided access to the following:

(1) An individual described in section 1 of this chapter.

(2) An entity that provides services to an individual described in section 1 of this chapter.

(3) Records of an individual described in section 1 of this chapter, including records held by an entity that provides services to the individual.

(4) If an individual described in section 1 of this chapter is incapable of giving consent, as determined by the attending physician or as otherwise determined under state law, the name, address, and telephone number of the individual's legal representative.

Except as provided in subsections (c) and (d), the ombudsman must obtain consent under subsection (b) before having access to the records described in subdivision (3).

(b) Consent to have access to an individual's records shall be given in one (1) of the following forms:

(1) In writing by the individual.

(2) Orally by the individual in the presence of a witness.

(3) In writing by the legal representative of the individual if:

(A) the individual is incapable of giving consent, as determined by the attending physician or as otherwise determined under state law; and

(B) the legal representative has the authority to give consent.

(c) If consent to have access to an individual's records cannot be obtained under subsection (b), an ombudsman may inspect the records of the individual if the individual is incapable of giving consent, as determined by the attending physician or as otherwise determined under state law, and:

(1) has no legal representative;

(2) has a legal representative but the legal representative cannot be contacted within three (3) days; or

(3) has a legal representative but the legal representative does not have the authority to give consent to have access to the records.

(d) If an ombudsman has:

(1) been denied access to an individual's records by the individual's legal representative;

(2) reasonable cause to believe that the individual's legal representative is not acting in the best interests of the individual; and

(3) received written approval from the state ombudsman;

the ombudsman may inspect the records of the individual.

As added by P.L.272-1999, SEC.35. Amended by P.L.174-2025, SEC.34; P.L.243-2025, SEC.6.

IC 12-11-13-8 Immunity of provider of services

Sec. 8. A provider of services or an employee of a provider of services is immune from:

(1) civil or criminal liability; and

(2) actions taken under a professional disciplinary procedure;

for the release or disclosure of records to the ombudsman under this chapter.

As added by P.L.272-1999, SEC.35. Amended by P.L.174-2025, SEC.35; P.L.243-2025, SEC.7.

IC 12-11-13-9 Agency providing access to relevant records

Sec. 9. A state or local government agency or entity that has records that are relevant to a complaint or an investigation conducted by the ombudsman shall provide the ombudsman with access to the records.

As added by P.L.272-1999, SEC.35.

IC 12-11-13-10 Ombudsman providing coordination and confidentiality

Sec. 10. The ombudsman shall do the following:

(1) Promote effective coordination among the following:

(A) Programs that provide legal services for individuals with a disability.

(B) The division.

(C) Providers of services to individuals with disabilities.

(D) Providers of other necessary or appropriate services.

(2) Ensure that the identity of an individual described in section 1 of this chapter will not be disclosed without:

(A) the individual's written consent; or

(B) a court order.

As added by P.L.272-1999, SEC.35. Amended by P.L.99-2007, SEC.86; P.L.174-2025, SEC.36; P.L.243-2025, SEC.8.

IC 12-11-13-11 Rules

Sec. 11. The secretary may adopt rules under IC 4-22-2 necessary to carry out this chapter.

As added by P.L.272-1999, SEC.35. Amended by P.L.35-2016, SEC.27.

IC 12-11-13-12 Immunity from civil liability

Sec. 12. The ombudsman is not civilly liable for the good faith performance of official duties.

As added by P.L.272-1999, SEC.35.

IC 12-11-13-13 Annual report on operations of program

Sec. 13. (a) The ombudsman shall prepare a report each year on the operations of the program.

(b) A copy of the report required under subsection (a) shall be provided to the following:

(1) The governor.

(2) The legislative council. The report must be in an electronic format under IC 5-14-6.

(3) The division.

(4) The interim study committee on public health, behavioral health, and human services established by IC 2-5-1.3-4 in an electronic format under IC 5-14-6.

As added by P.L.272-1999, SEC.35. Amended by P.L.28-2004, SEC.95; P.L.3-2009, SEC.5; P.L.53-2014, SEC.100.

IC 12-11-13-14 Duty to report to legislative committee

Sec. 14. The ombudsman shall report:

(1) annually; or

(2) upon request;

to the interim study committee on public health, behavioral health, and human services established by IC 2-5-1.3-4 in an electronic format under IC 5-14-6.

As added by P.L.272-1999, SEC.35. Amended by P.L.3-2009, SEC.6; P.L.53-2014, SEC.101.

IC 12-11-13-15 Receipt of complaints

Sec. 15. The division shall:

(1) establish a statewide toll free telephone line continuously open to receive complaints regarding individuals described in section 1 of this chapter; and

(2) forward all complaints received from the toll free telephone line to the ombudsman.

As added by P.L.272-1999, SEC.35. Amended by P.L.174-2025, SEC.37; P.L.243-2025, SEC.9.

IC 12-11-13-16 Offenses regarding ombudsman

Sec. 16. A person who:

(1) intentionally prevents the work of the ombudsman;

(2) knowingly offers compensation to the ombudsman in an effort to affect the outcome of an investigation or a potential investigation; or

(3) knowingly or intentionally retaliates against a resident, a client, an employee, or another person who files a complaint or provides information to the ombudsman;

commits a Class B misdemeanor.

As added by P.L.272-1999, SEC.35.

IC 12-11-14 Chapter 14. Achieving a Better Life Experience (ABLE) Program

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12-11-14-2 "Authority"
12-11-14-3 "Board"
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12-11-14-22 Expenses of authority; exhausting of funds
12-11-14-23 Audit; transmission of audit
12-11-14-24 Taxation exemption; property of account owner; funds in ABLE account

IC 12-11-14-1 "ABLE account"

Sec. 1. As used in this chapter, "ABLE account" refers to an achieving a better life experience (ABLE) account established by an eligible individual that:

(1) is maintained under a qualified ABLE program; and

(2) meets the requirements of Section 529A of the Internal Revenue Code.

As added by P.L.12-2016, SEC.8.

IC 12-11-14-2 "Authority"

Sec. 2. As used in this chapter, "authority" refers to the achieving a better life experience (ABLE) authority created by section 9 of this chapter.

As added by P.L.12-2016, SEC.8.

IC 12-11-14-3 "Board"

Sec. 3. As used in this chapter, "board" refers to the ABLE board of the authority established by section 10 of this chapter.

As added by P.L.12-2016, SEC.8.

IC 12-11-14-4 "Contracting state"

Sec. 4. As used in this chapter, "contracting state" means a state that has entered into a contract with Indiana to:

(1) provide residents of the contracting state access to Indiana's qualified ABLE program; or

(2) provide residents of Indiana access to the contracting state's qualified ABLE program.

As added by P.L.12-2016, SEC.8.

IC 12-11-14-5 "Designated beneficiary"

Sec. 5. As used in this chapter, "designated beneficiary" means the eligible individual who has established an ABLE account and is the owner of the account.

As added by P.L.12-2016, SEC.8.

IC 12-11-14-6 "Eligible individual"

Note: This version of section effective until 1-1-2026. See also following version of this section, effective 1-1-2026.

Sec. 6. As used in this chapter, "eligible individual" means an individual who during a taxable year:

(1) is entitled to benefits based on blindness or disability under Title II or Title XVI of the federal Social Security Act and the blindness or disability occurred before the individual became twenty-six (26) years of age; or

(2) has a disability certification that has been filed as set forth in Section 529A of the Internal Revenue Code.

As added by P.L.12-2016, SEC.8.

IC 12-11-14-6 "Eligible individual"

Note: This version of section effective 1-1-2026. See also preceding version of this section, effective until 1-1-2026.

Sec. 6. As used in this chapter, "eligible individual" means an individual who during a taxable year:

(1) is entitled to benefits based on blindness or disability under Title II or Title XVI of the federal Social Security Act and the blindness or disability occurred before the individual became forty-six (46) years of age; or

(2) has a disability certification that has been filed as set forth in Section 529A of the Internal Revenue Code.

As added by P.L.12-2016, SEC.8. Amended by P.L.236-2023, SEC.125.

IC 12-11-14-7 "Qualified ABLE program"

Sec. 7. As used in this chapter, "qualified ABLE program" refers to the achieving a better life experience (ABLE) program established under this chapter under which a person may make contributions for a taxable year for the benefit of an eligible individual to an ABLE account to meet the qualified disability expenses of the designated beneficiary in compliance with Section 529A of the Internal Revenue Code.

As added by P.L.12-2016, SEC.8.

IC 12-11-14-8 "Qualified disability expense"

Sec. 8. As used in this chapter, "qualified disability expense" means any expenses related to the eligible individual's blindness or disability that are incurred for the benefit of an eligible individual who is the designated beneficiary, including the following expenses:

(1) Education.
(2) Housing.
(3) Transportation.
(4) Employment training and support.
(5) Assistive technology and personal support services.
(6) Health.
(7) Prevention and wellness.
(8) Management and administration.
(9) Legal fees.
(10) Oversight and monitoring.

(11) Funeral and burial.

(12) Other expenses approved by the federal government for a qualified ABLE program.

As added by P.L.12-2016, SEC.8.

IC 12-11-14-9 Creation of ABLE authority; body corporate and politic; authority to establish qualified ABLE program; tax exemption; contracting; public agency

Sec. 9. (a) The achieving a better life experience (ABLE) authority is created. The authority is a body corporate and politic.

(b) The authority:

(1) is not an agency of the state; and

(2) is an instrumentality of the state performing essential governmental functions.

(c) The authority may establish a qualified ABLE program.

(d) Because the management and operation of a qualified ABLE program and all funds and ABLE accounts established under this chapter constitute the performance of an essential public function, the following are exempt from taxation by the state and by any political subdivision of the state:

(1) The authority's management and operations.

(2) The authority's property and assets.

(3) All property and assets held by or for the authority except individual ABLE accounts.

(4) The investment income and earnings (whether interest, gains, or dividends) on:

(A) the authority's property and assets; and

(B) all property and assets held by or for the authority;

including all funds and accounts established under this article except individual ABLE accounts.

(e) The authority may contract with public or private entities or persons for the provision of all or any portion of the services the board considers necessary for the management and operation of the authority, including the qualified ABLE program and all funds and accounts of the authority.

(f) The authority is a public agency for purposes of IC 5-14-1.5 and IC 5-14-3. However, the data, information, and records (including medical records) relating to designated beneficiaries of and individual contributors to an ABLE account, including any records that reveal personally identifiable information about such individuals, are confidential for purposes of IC 5-14-3-4(a), are excepted from IC 5-14-3, and may not be disclosed by the authority, unless access to the records is specifically required by a state or federal statute or is ordered by a court under the rules of discovery. The board is a governing body for purposes of IC 5-14-1.5.

As added by P.L.12-2016, SEC.8.

IC 12-11-14-10 Establishment of ABLE board; members; appointments; chairperson; reimbursement; quorum

Sec. 10. (a) The ABLE board of the authority is established. The board consists of the following:

(1) The following four (4) ex officio members:

(A) The treasurer of state.

(B) The secretary of family and social services.

(C) The budget director.

(D) The executive director of the Indiana housing and community development authority.

(2) Five (5) appointed members who:

(A) are appointed by the governor; and

(B) consist of the following:

(i) One (1) member who has significant experience in actuarial analysis, accounting, investment management, or other areas of finance that are relevant to the authority.

(ii) One (1) member who has significant legal expertise and knowledge of estate planning.

(iii) One (1) member who is a representative of a statewide organization that advocates on behalf of individuals with disabilities.

(iv) One (1) member who is an individual with a disability.

(v) One (1) member who is a family member of an individual with a disability.

(b) A certificate of appointment or reappointment of each member shall be filed with the authority, and this certificate is conclusive evidence of the due and proper appointment of the member.

(c) Not more than three (3) of the appointed members of the board may belong to the same political party.

(d) An appointed member serves a four (4) year term. An appointed member shall hold over after the expiration of the member's term until the member's successor is appointed and qualified.

(e) The governor may reappoint an appointed member of the board.

(f) A vacancy shall be filled for the balance of an unexpired term in the same manner as the original appointment.

(g) The treasurer of state shall serve as chairperson of the board. The board shall annually elect one (1) of its ex officio members as vice chairperson and may elect any other officer the board desires. The board shall meet at the call of the chairperson and as provided in the bylaws of the authority.

(h) The governor may remove an appointed member for misfeasance, malfeasance, willful neglect of duty, or other cause.

(i) An appointed member of the board is not entitled to the minimum salary per diem provided by IC 4-10-11-2.1(b). However, each appointed member is entitled to reimbursement for traveling expenses and other expenses actually incurred in connection with the member's duties.

(j) An ex officio member of the board is entitled to reimbursement for traveling expenses and other expenses actually incurred in connection with the member's duties.

(k) An ex officio member of the board may designate a person to serve as an ex officio member of the board in the absence of the ex officio member.

(l) The majority of the members of the board constitute a quorum for the purposes of conducting the board's business and exercising the board's powers and for all other purposes. Vacant positions may not be counted when determining whether a majority of the members is present.

(m) The affirmative vote of a majority of all the members of the board who are present is necessary for the authority to take action. A vacancy in the membership of the board does not impair the right of a quorum to exercise all the rights and perform all the duties of the authority. An action taken by the board under this article may be authorized by:

(1) resolution at any regular or special meeting; or

(2) unanimous consent of all the members who have not abstained.

A resolution takes effect immediately upon adoption and need not be published or posted.
As added by P.L.12-2016, SEC.8.

IC 12-11-14-10.5 Treasurer of state administers, manages, and directs the affairs of the board

Sec. 10.5. The treasurer of state, as chairperson of the board, shall administer, manage, and direct the affairs of the board under the policies and direction of the board. In carrying out these duties, the chairperson may do the following:

(1) Approve all accounts for salaries and allowable expenses of the board, including:
(A) the employment of attorneys, consultants, employees, and agents that may be necessary to assist the chairperson in carrying out the duties; and
(B) the setting of compensation of persons described in clause (A).
(2) Approve all expenses incidental to the operation of the authority.
(3) Perform those duties and functions that are delegated to the chairperson by the board or that are necessary to carry out the duties of the chairperson under this chapter.

As added by P.L.217-2017, SEC.77.

IC 12-11-14-11 Board duties and powers

Sec. 11. (a) The board may:
(1) employ a manager, who is not a member of the board; and
(2) delegate necessary and appropriate functions and authority to the manager.

(b) The board has the powers necessary and appropriate to carry out and effectuate the purposes of this chapter, including the following:
(1) To develop and implement a qualified ABLE program for Indiana through:
(A) rules adopted under IC 4-22-2; or
(B) rules, guidelines, procedures, or policies established by the board.
(2) To conform the qualified ABLE program to meet the requirements of Section 529A of the Internal Revenue Code and all applicable federal laws and regulations.
(3) To retain professional services, including the following:
(A) Advisers and managers, including investment advisers.
(B) Custodians and other fiduciaries.
(C) Accountants and auditors.
(D) Consultants or other experts.
(E) Actuarial services providers.
(F) Attorneys.
(4) To establish minimum ABLE account deposit amounts (both initial and periodic).
(5) To employ persons, if the board chooses, and as may be necessary, and to fix the terms of employment.
(6) To recommend legislation to the governor and the general assembly.
(7) To apply for designation as a tax exempt entity under the Internal Revenue Code.
(8) To sue and be sued.
(9) To provide or facilitate provision of benefits and incentives for the benefit of qualified beneficiaries.
(10) To conform the qualified ABLE program to federal tax advantages or incentives, to the extent consistent with the purposes and objectives of this chapter.
(11) To charge, impose, and collect administrative fees and service charges in connection with any agreement, contract, or transaction under a qualified ABLE program.
(12) To have perpetual succession.
(13) To establish policies and procedures to govern distributions from ABLE accounts that are not:
(A) made on account of the death or disability of an account beneficiary; or
(B) rollovers.
(14) To establish penalties for withdrawals of money from ABLE accounts that are not used exclusively for a qualified disability expense of an account beneficiary unless a circumstance described in subdivision (13) applies.
(15) To establish policies and procedures regarding the transfer of individual ABLE accounts and the designation of substitute account beneficiaries.
(16) To establish policies and procedures for withdrawal of money from ABLE accounts for, or in reimbursement of, a qualified disability expense.
(17) To enter into agreements with ABLE account owners, account beneficiaries, and

contributors, with the agreements naming:

(A) the account owner; and

(B) the account beneficiary.

(18) To establish ABLE accounts for account beneficiaries. However, the authority shall establish a separate ABLE account for each account beneficiary.

(19) To enter into agreements with financial institutions relating to ABLE accounts as well as deposits, withdrawals, penalties, allocation of benefits or incentives, and transfers of accounts, account owners, and account beneficiaries.

(20) To develop marketing plans and promotional material.

(21) To enter into agreements with other states to:

(A) allow Indiana residents to participate in a plan operated by a contracting state with a qualified ABLE program; or

(B) allow residents of contracting states to participate in the Indiana qualified ABLE program.

(22) To do all things necessary and appropriate to carry out the purposes of this chapter.

As added by P.L.12-2016, SEC.8. Amended by P.L.93-2024, SEC.108.

IC 12-11-14-12 Authority duties; annual report

Sec. 12. (a) The authority shall do the following:

(1) Provide the board and each member, officer, employee, consultant, counsel, and agent of the authority or the board a defense in a suit arising out of the performance of duties for or on behalf of the authority or the board, if the board determines that the duties were provided in good faith.

(2) Hold a person described in subdivision (1) or the board harmless from any liability, cost, or damage in connection with an action arising out of the performance of duties for or on behalf of the authority or the board, including the payment of any legal fees, except where the liability, cost, or damage is predicated on, or arises out of, bad faith of the person or the board, or is based on the person's or board's malfeasance in the performance of duties.

(b) The authority shall prepare an annual report for the qualified ABLE program and transmit the annual report to the governor and, in an electronic format under IC 5-14-6, to the general assembly. The authority shall make available upon request a copy of the annual report to qualified beneficiaries, account owners, and the public.

As added by P.L.12-2016, SEC.8.

IC 12-11-14-13 Accepting of gifts and property by authority

Sec. 13. (a) The authority may accept gifts, bequests, donations, and devises of personal and real property:

(1) as trustees for the maintenance, use, or benefit of the authority, the qualified ABLE program, or the endowment fund; or

(2) to be administered for other public or charitable purposes for the use or benefit of ABLE account owners or ABLE account beneficiaries.

(b) The authority may receive, accept, hold, administer, and use any property transferred to the authority by gift, bequest, donation, or devise in accordance with the terms, conditions, obligations, liabilities, and burdens imposed on the gift, bequest, donation, or devise if, in the judgment of the board, the action is in the best interest of the authority, the qualified ABLE program, the endowment fund, ABLE account owners, ABLE account contributors, or ABLE account beneficiaries, as applicable.

(c) The authority may, if not inconsistent with the terms and conditions of a gift of real property:

(1) sell, convey, or otherwise dispose of the real property; and

(2) invest, reinvest, or use the proceeds as, in the judgment of the board, is of the

greatest benefit to the authority, the qualified ABLE program, the endowment fund, ABLE account beneficiaries, and ABLE account owners.

As added by P.L.12-2016, SEC.8.

IC 12-11-14-14 Designated person maintaining records of authority proceedings; custodian

Sec. 14. A person designated by resolution of the authority:

(1) shall keep a record of the proceedings of the authority;

(2) shall be custodian of:

(A) all books, documents, and papers filed with the authority; and

(B) the minutes book or journal of the authority; and

(3) may copy all minutes and other records and documents of the authority and may certify that the copies are true copies. A person who deals with the authority may rely upon the certification.

As added by P.L.12-2016, SEC.8.

IC 12-11-14-15 Surety bond

Sec. 15. Before the adoption and implementation of a qualified ABLE program:

(1) the chairperson;

(2) the vice chairperson;

(3) the manager; and

(4) any officer elected by the authority or member of the authority authorized by resolution to handle funds or sign checks;

shall execute a surety bond in the penal sum of one hundred thousand dollars ($100,000). The surety bond shall be conditioned upon the faithful performance of the duties of the office of the principal and shall be executed by a surety company authorized to transact business in Indiana. The authority shall pay the cost of the bonds.

As added by P.L.12-2016, SEC.8.

IC 12-11-14-16 Not a conflict of interest to serve on authority; disclosure of conflicts by member

Sec. 16. Notwithstanding any other law, it is not a conflict of interest or violation of any other law for a person to serve as a member of the authority. However, a member shall disclose a conflict of interest relating to actions of the authority as required and in a manner provided by IC 35-44.1-1-4.

As added by P.L.12-2016, SEC.8.

IC 12-11-14-17 Funds

Sec. 17. The following are established:

(1) The general operating fund.

(2) The endowment fund.

(3) The trust fund and, in the trust fund, the following:

(A) The administrative account.

(B) The program account.

As added by P.L.12-2016, SEC.8.

IC 12-11-14-18 Investment policies

Sec. 18. The authority shall establish and implement investment policies in accordance with IC 5-13 for the following:

(1) Money in the general operating fund.

(2) Money in the administrative account.

(3) Any other money of the authority other than money in:

(A) the endowment fund; and

(B) the program account.
As added by P.L.12-2016, SEC.8.

IC 12-11-14-19 Investment policies by board

Sec. 19. The board shall establish and implement investment policies for money in:

(1) the endowment fund; and

(2) the program account;

for investment in the manner provided by IC 30-4-3-3.
As added by P.L.12-2016, SEC.8.

IC 12-11-14-20 Preserving, investing, and expenditures of trust fund and property; trust

Sec. 20. The trust fund and other property of the authority must be preserved, invested, and expended only under this article and may not be used for any other purpose. The trust fund shall be held in trust for account owners and account beneficiaries.
As added by P.L.12-2016, SEC.8.

IC 12-11-14-21 Management of assets in trust fund

Sec. 21. Criteria for management of assets in the trust fund, including investment of assets, must provide for both asset protection and income growth while providing for the actuarial soundness of the trust fund.
As added by P.L.12-2016, SEC.8.

IC 12-11-14-22 Expenses of authority; exhausting of funds

Sec. 22. (a) General operating, administrative, and capital expenses of the authority may be paid from amounts appropriated for those purposes by the general assembly. Appropriations must be deposited in either the administrative account or the general operating fund, as the board determines to be appropriate.

(b) Money in the administrative account shall be used first to pay the general operating, administrative, and capital expenses of the authority. Before money in the program account may be used for these expenses, the authority must exhaust all other funds available to the authority, including money in the endowment fund and the administrative account.
As added by P.L.12-2016, SEC.8.

IC 12-11-14-23 Audit; transmission of audit

Sec. 23. (a) The funds, accounts, management, and operations of the authority are subject to annual audit by an independent public accounting firm retained by the board.

(b) The authority shall promptly transmit copies of each annual audit to the governor and in an electronic format under IC 5-14-6 to the general assembly. Upon request, the authority shall make available copies of the audit to qualified beneficiaries, account owners, and the public.
As added by P.L.12-2016, SEC.8.

IC 12-11-14-24 Taxation exemption; property of account owner; funds in ABLE account

Sec. 24. (a) All ABLE accounts and all earnings or interest on ABLE accounts are exempt from taxation in Indiana to the extent that those accounts, earnings, and interest are exempt from federal taxation under the Internal Revenue Code, subject to any penalties that are established for a qualified ABLE program under this chapter.

(b) Money deposited in an ABLE account by the account owner or a contributor and investment returns on an account are the property of the account owner.

(c) Funds held in an ABLE account that may be established under this chapter may not be used by an account owner or account beneficiary as security for a loan.

(d) Funds held in an ABLE account:

(1) are exempt from creditors and are not liable to attachment, levy, garnishment, or other process; and

(2) may not be seized, taken, appropriated, or applied by any legal or equitable process or operation of law to pay any debt or liability of any contributor or beneficiary.

However, the state of residency of the designated beneficiary of an ABLE account is a creditor of the account in the event of the death of the designated beneficiary.

(e) Funds held in an ABLE account may not be included in determining income eligibility of the designated beneficiary for state and local assistance programs.

As added by P.L.12-2016, SEC.8.

IC 12-11-15 Chapter 15. Expired

Expired 12-31-2018 by P.L.81-2017, SEC.2.

IC 12-11-15.5 Chapter 15.5. Expired

As added by P.L.262-2019, SEC.3. Expired 12-31-2024 by P.L.131-2024, SEC.8.

IC 12-11-16 Chapter 16. Direct Support Professional Registry and Training

12-11-16-1	"Direct support professional"
12-11-16-2	Direct support professional registry; registry requirements; division's duties regarding registry; prohibited practice; rulemaking; reporting to registry; immunity
12-11-16-3	Training curriculum; procedures to improve incident reporting; training curriculum requirements
12-11-16-4	Seeking bids for training program
12-11-16-5	Funds for developing registry
12-11-16-6	Expired
12-11-16-7	Authorized service provider fee; rules
12-11-16-8	Direct support professional training program fund

IC 12-11-16-1 "Direct support professional"

Sec. 1. As used in this chapter, "direct support professional" means an individual who is:

(1) employed by an authorized service provider;

(2) paid on an hourly basis; and

(3) defined in 460 IAC 6-3-18 (as in effect on January 1, 2023) or 460 IAC 9-1-18 (as in effect on January 1, 2023).

As added by P.L.228-2023, SEC.2.

IC 12-11-16-2 Direct support professional registry; registry requirements; division's duties regarding registry; prohibited practice; rulemaking; reporting to registry; immunity

Sec. 2. (a) The division shall establish and maintain a direct support professional registry to be made available to authorized division personnel and authorized service providers. The registry must:

(1) include a list of direct support professionals who have registered with the division in the manner required by the division; and

(2) contain any substantiated incidents for abuse, neglect, and exploitation that meet the criteria established according to subsection (d), as determined by the division for a direct support professional included on the registry.

(b) The division shall establish the following:

(1) An application to be used for an individual to register for the registry and renew the registration for the registry.

(2) An appeals process as provided in IC 4-21.5 concerning an incident involving a direct support professional in which the division has determined the incident meets the criteria established according to subsection (d).

(c) Beginning January 1, 2026, and thereafter, an individual may not provide direct support services as a direct support professional in Indiana unless the individual is registered by the division for the registry under this chapter.

(d) The division shall adopt rules under IC 4-22-2 necessary to implement the registry, including the establishment of definitions and levels for substantiated abuse, neglect, and exploitation, the highest of which is the minimum the division must report to the registry.

(e) The division shall report to the registry a substantiated incident that meets the criteria established according to subsection (d).

(f) An employee of the division who reports a substantiated incident that meets the criteria established according to subsection (d) to the registry in good faith is not subject to liability in:

(1) a civil;

(2) an administrative;

(3) a disciplinary; or

(4) a criminal;

action that might otherwise be imposed for reporting the information.

(g) Beginning twelve (12) months after the registry is implemented, the division shall post monthly on the division's website the total number of individuals registered under the registry.

(h) The division shall present the information required to be posted under subsection (g) to the division of disability and rehabilitative services advisory council at least quarterly.

As added by P.L.228-2023, SEC.2. Amended by P.L.106-2024, SEC.5.

IC 12-11-16-3 Training curriculum; procedures to improve incident reporting; training curriculum requirements

Sec. 3. (a) The division shall consult with stakeholders who do not have a conflict of interest to do the following:

(1) Establish standards of a competency based training curriculum for direct support professionals.

(2) Develop procedures to improve incident reporting concerning direct support professionals.

(b) The training curriculum established under this section must include a tiered approach to training that consists of the following:

(1) General education and training in providing direct support to individuals with intellectual disabilities or developmental disabilities with the issuance of a certificate upon successful completion of a standardized test.

(2) Specialized subcategories of additional direct support professional training to allow for advanced learning and enable career growth in the provision of direct support services.

As added by P.L.228-2023, SEC.2.

IC 12-11-16-4 Seeking bids for training program

Sec. 4. (a) Before January 1, 2024, the division shall issue a request for proposals in compliance with IC 5-22-9 seeking bids to operate the training program with the established standards determined under section 3 of this chapter.

(b) The division shall make every effort to contract with a vendor from the request for proposals issued under subsection (a) not later than January 1, 2025.

(c) A vendor selected under subsection (b) must begin operating the training program before July 1, 2025.

As added by P.L.228-2023, SEC.2.

IC 12-11-16-5 Funds for developing registry

Sec. 5. (a) Subject to subsection (b), the division may use any federal dollars available for the implementation of this chapter.

(b) In developing the registry as required by section 2 of this chapter, the division shall first use any funds available from the federal American Rescue Plan Act of 2021 (P.L. 117-2). If no funds are available from the federal American Rescue Plan Act of 2021 (P.L. 117-2), the division shall use any other available funding, as necessary.

As added by P.L.228-2023, SEC.2.

IC 12-11-16-6 Expired

As added by P.L.228-2023, SEC.2. Expired 12-31-2024 by P.L.228-2023, SEC.2.

IC 12-11-16-7 Authorized service provider fee; rules

Sec. 7. (a) Subject to subsections (b) and (c), the division may charge each authorized service provider that employs a direct service professional an annual fee.

(b) The division shall do the following:

(1) Develop a fee structure that accounts for variances in an authorized service

provider's direct support professional workforce.

(2) Determine the amount of a fee described in subsection (a) using the fee structure developed by the division under subdivision (1).

(c) The division may not charge an authorized service provider described in subsection (a) a total amount for annual fees that exceeds two thousand dollars ($2,000).

(d) Fees collected under this section shall be deposited in the direct support professional training program fund established by section 8 of this chapter.

(e) The division may adopt rules under IC 4-22-2 necessary to implement this section.

As added by P.L.174-2025, SEC.38.

IC 12-11-16-8 Direct support professional training program fund

Sec. 8. (a) The direct support professional training program fund is established for the purpose of providing funding for the training program established under this chapter. The division shall administer the fund.

(b) The fund consists of the following:

(1) Money deposited in the fund under section 7 of this chapter.

(2) All earnings on investments in the fund.

(c) Money in the fund may only be used for the following:

(1) Costs associated with:

(A) operating the training program established under this chapter; and

(B) operating or making changes to the direct support professional registry established under section 2 of this chapter.

(2) Costs to make changes to the training curriculum described in section 3 of this chapter.

(3) Expenses of administering the fund.

(d) The treasurer of state shall invest the money in the fund not currently needed to meet the obligations of the fund in the same manner as other public funds may be invested. Interest that accrues from these investments shall be deposited in the fund.

(e) Money in the fund at the end of a state fiscal year does not revert to the state general fund.

(f) Money in the fund is continuously appropriated for the purposes specified in this section.

As added by P.L.174-2025, SEC.39.

IC 12-12 ARTICLE 12. REHABILITATION SERVICES

Ch. 1. Rehabilitation Services Bureau
Ch. 2. Commission on Rehabilitation Services
Ch. 3. Rehabilitation Center
Ch. 4. Repealed
Ch. 5. Blind Vending Services
Ch. 6. Rehabilitation Engineering
Ch. 7. Services for Deaf and Hard of Hearing
Ch. 8. Centers for Independent Living
Ch. 9. Reporting of Blind or Visually Impaired Persons

IC 12-12-1 Chapter 1. Rehabilitation Services Bureau

12-12-1-1 Establishment
12-12-1-2 Organization of bureau
12-12-1-3 Mandatory duties of bureau
12-12-1-4 Repealed
12-12-1-4.1 Additional duties of bureau
12-12-1-5 Employment of blind, visually impaired, and persons with disabilities; assessment of rehabilitation services; provision of rehabilitation services to deferred individuals
12-12-1-6 Bureau determination of whether applicant for state civil service is an individual with a disability
12-12-1-7 Research and demonstration projects
12-12-1-8 Receipt of property; conveyance and use of gifts and bequests
12-12-1-9 Rehabilitation services fund
12-12-1-10 State and federal higher education awards; direct payment to approved institution; award not considered income

IC 12-12-1-1 Establishment

Sec. 1. The rehabilitation services bureau is established within the division.

[Pre-1992 Revision Citation: 4-28-10-9.]

As added by P.L.2-1992, SEC.6.

IC 12-12-1-2 Organization of bureau

Sec. 2. The director shall organize the bureau in the manner necessary to carry out the bureau's duties. However, the bureau must include the following:

(1) The unit of services for individuals who are blind and individuals who are visually impaired.

(2) The unit of vocational rehabilitation.

(3) The unit of services for individuals who are deaf and individuals who are hard of hearing.

[Pre-1992 Revision Citations: subdivision (1) formerly 4-28-10-10 part; subdivision (2) formerly 4-28-10-10 part; subdivision (3) formerly 4-28-19-1.]

As added by P.L.2-1992, SEC.6. Amended by P.L.99-2007, SEC.87.

IC 12-12-1-3 Mandatory duties of bureau

Sec. 3. The bureau shall do the following:

(1) Plan, establish, and operate programs, facilities, and services relating to vocational rehabilitation.

(2) Design all necessary state plans for rehabilitation services required for the receipt and disbursement of any money available to the state from the federal government.

(3) Direct the disbursement and administer the use of money from all sources for vocational rehabilitation programs.

[Pre-1992 Revision Citations: subdivision (1) formerly 4-28-10-12(a); subdivision (2) formerly

4-28-10-12(c); subdivision (3) formerly 4-28-10-12(d).]
As added by P.L.2-1992, SEC.6.

IC 12-12-1-4 Repealed

[Pre-1992 Revision Citations: subdivision (1) formerly 4-28-10-13; subdivision (2) formerly 4-28-10-14 part; subdivision (3) formerly 4-28-10-14 part.]
As added by P.L.2-1992, SEC.6. Amended by P.L.1-1993, SEC.129; P.L.2-1995, SEC.48; P.L.284-2001, SEC.1. Repealed by P.L.64-2002, SEC.8.

IC 12-12-1-4.1 Additional duties of bureau

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, 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, 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.
As added by P.L.64-2002, SEC.3. Amended by P.L.160-2012, SEC.29; P.L.210-2015, SEC.25.

IC 12-12-1-5 Employment of blind, visually impaired, and persons with disabilities; assessment of rehabilitation services; provision of rehabilitation services to deferred individuals

Sec. 5. (a) The bureau shall provide job placement services, including supported employment (as defined in 34 CFR 363.6), on a consistent statewide basis for qualified blind, visually impaired, and other persons with disabilities.

(b) The bureau shall increase employment opportunities for persons with disabilities by encouraging and authorizing direct job placements into any job that is chosen by the vocational rehabilitation client, including a job provided by any organization that has a contract with the bureau to provide vocational rehabilitation services.

(c) Before December 31, 2019, the division shall determine the following concerning the division's program that provides vocational rehabilitation services to eligible individuals:

(1) The cost of vocational rehabilitation services provided in state fiscal year 2018 and state fiscal year 2019.

(2) An estimate of the number of eligible individuals for rehabilitation services for whom the division can provide the services and the number of eligible individuals to

be deferred between state fiscal year 2020 and state fiscal year 2025.

(3) The projected staffing and fiscal resources needed to provide services to eligible individuals.

(4) The current service provider capacity.

(5) The projected service provider capacity needed to serve additional priority categories of individuals.

(6) The adequacy of current reimbursement rates.

(d) Before July 31 of each year, the division shall assess the following concerning the vocational rehabilitation services program:

(1) Available staffing and fiscal resources.

(2) The achievement of benchmarks in a plan to provide the full range of needed services to all eligible individuals.

(3) Meeting the requirements set forth in 34 CFR 361.36 to provide services to all eligible individuals.

(e) The division shall report to the commission on rehabilitation services under IC 12-12-2 and the task force established under IC 12-11-15.5 concerning the division's assessment under subsection (d).

(f) The division shall, upon determining that the staffing and financial resources determined under this section are in place, do the following:

(1) Begin to serve deferred individuals in the first closed priority category not later than January 1, 2020.

(2) Begin to serve deferred individuals in the final closed priority category not later than June 30, 2022.

(3) Begin to serve all service priority categories not later than June 30, 2024.

[Pre-1992 Revision Citation: 4-28-10-17(a).]

As added by P.L.2-1992, SEC.6. Amended by P.L.23-1993, SEC.48; P.L.104-1996, SEC.2; P.L.262-2019, SEC.4.

IC 12-12-1-6 Bureau determination of whether applicant for state civil service is an individual with a disability

Sec. 6. The bureau shall, upon request of an applicant for state civil service (as defined in IC 4-15-2.2-10), determine whether the applicant is an individual with a disability who is eligible to be appointed under IC 4-15-2.2-33.

[Pre-1992 Revision Citation: 4-28-10-17(b).]

As added by P.L.2-1992, SEC.6. Amended by P.L.6-2012, SEC.90.

IC 12-12-1-7 Research and demonstration projects

Sec. 7. The bureau may conduct research and demonstration projects, including inquiries into the causes of blindness and other disabilities and their prevention.

[Pre-1992 Revision Citation: 4-28-10-22.]

As added by P.L.2-1992, SEC.6.

IC 12-12-1-8 Receipt of property; conveyance and use of gifts and bequests

Sec. 8. (a) The bureau may receive property from any source if the director determines that receipt of the property is consistent with this article.

(b) The bureau may, subject to the terms of the gift or bequest, sell, convey, or authorize the use of the gift or bequest.

[Pre-1992 Revision Citation: 4-28-10-23(a).]

As added by P.L.2-1992, SEC.6.

IC 12-12-1-9 Rehabilitation services fund

Sec. 9. (a) The rehabilitation services fund is established.

(b) The fund consists of gifts and bequests, and the proceeds of the sale of gifts and

bequests, received by the bureau.

(c) The balance remaining in the fund at the end of a state fiscal year remains in the fund and does not revert to the state general fund.

(d) The interest earned from investment of money in the fund shall be credited to the fund.

(e) The fund shall be used to defray the expenses of rehabilitation or other services in cases for which money is not available from other sources.

[Pre-1992 Revision Citation: 4-28-10-23(b).]

As added by P.L.2-1992, SEC.6.

IC 12-12-1-10 State and federal higher education awards; direct payment to approved institution; award not considered income

Sec. 10. If an individual receives a state or federal higher education award that is paid directly to an approved postsecondary educational institution for the individual's benefit:

(1) the individual is not required to report the award as income or as a resource of the individual when applying for services, facilities, programs, or other assistance from the bureau; and

(2) the award may not be considered as income or a resource of the individual in determining initial or continuing eligibility for services, facilities, programs, or other assistance from the bureau.

[Pre-1992 Revision Citation: 4-28-10-26.]

As added by P.L.2-1992, SEC.6. Amended by P.L.2-2007, SEC.155.

IC 12-12-2 Chapter 2. Commission on Rehabilitation Services

12-12-2-1 "Commission" defined
12-12-2-2 Establishment
12-12-2-3 Membership
12-12-2-4 Members; terms of office
12-12-2-5 Members; vacancies
12-12-2-6 Election of officers
12-12-2-7 Powers and duties
12-12-2-8 Meetings
12-12-2-9 Members; per diem; travel expenses
12-12-2-10 Advisory committees; per diem and expenses of committee members
12-12-2-11 Staff and personnel

IC 12-12-2-1 "Commission" defined

Sec. 1. As used in this chapter, "commission" refers to the commission on rehabilitation services established by section 2 of this chapter.

[1992 Revision Citation: New.]

As added by P.L.2-1992, SEC.6.

IC 12-12-2-2 Establishment

Sec. 2. The commission on rehabilitation services is established.

[Pre-1992 Revision Citation: 4-28-11-1(a) part.]

As added by P.L.2-1992, SEC.6.

IC 12-12-2-3 Membership

Sec. 3. (a) The commission consists of at least nineteen (19) members appointed by the governor as follows:

(1) At least one (1) representative of a statewide consumer organization of people with disabilities.

(2) At least one (1) representative of a statewide organization that advocates for people with intellectual and other developmental disabilities.

(3) At least one (1) representative of a statewide organization that advocates for people with a diagnosis of a mental illness or addiction.

(4) At least one (1) member representing current or former applicants for or recipients of vocational rehabilitation services.

(5) The chairperson of the statewide Independent Living Council or the chairperson's designee.

(6) At least one (1) representative of a parent training and information center established by the individuals with disabilities education act.

(7) The director of the client assistance program administered by the Indiana protection and advocacy services commission under IC 12-28-1-12, or a representative recommended by the director of the client assistance program.

(8) At least one (1) representative of community rehabilitation program service providers.

(9) Four (4) representatives of business, industry, and labor.

(10) The director of the rehabilitation services bureau who serves as an ex officio nonvoting member.

(11) A vocational rehabilitation counselor shall serve as a nonvoting member.

(12) A representative of a local workforce development board.

(13) A representative of the department of education.

(14) At least one (1) member who is a representative of the division of mental health and addiction who serves as a nonvoting member.

(15) At least one (1) member who is a representative of the bureau of disabilities

services who serves as a nonvoting member.

(16) At least one (1) representative representing a trade association of providers that deliver services to people with intellectual and other developmental disabilities.

(b) Not more than nine (9) members of the commission may be from the same political party.

(c) At least fifty-one percent (51%) of the commission must be persons with disabilities who are not employees of the rehabilitation services bureau.

[Pre-1992 Revision Citations: 4-28-11-1(a) part; 4-28-11-1(b).]

As added by P.L.2-1992, SEC.6. Amended by P.L.4-1993, SEC.42; P.L.5-1993, SEC.55; P.L.141-2006, SEC.46; P.L.68-2017, SEC.1; P.L.114-2018, SEC.1; P.L.241-2023, SEC.7.

IC 12-12-2-4 Members; terms of office

Sec. 4. (a) A member of the commission serves a term not to exceed three (3) years.

(b) Except for the director of the client assistance program or a representative recommended by the director of the client assistance program, a member may not serve more than six (6) consecutive years.

(c) The governor shall:

(1) specify the terms of service for each appointed member of the commission based on the commission's recommendations; and

(2) vary the terms of service to ensure that the members' terms expire on a staggered basis.

[Pre-1992 Revision Citation: 4-28-11-1(a) part.]

As added by P.L.2-1992, SEC.6. Amended by P.L.4-1993, SEC.43; P.L.5-1993, SEC.56; P.L.68-2017, SEC.2; P.L.86-2018, SEC.157.

IC 12-12-2-5 Members; vacancies

Sec. 5. The governor shall fill a vacancy on the commission by appointing an individual for the unexpired term.

[Pre-1992 Revision Citation: 4-28-11-1(c).]

As added by P.L.2-1992, SEC.6.

IC 12-12-2-6 Election of officers

Sec. 6. The commission shall elect the necessary officers from the commission's membership.

[Pre-1992 Revision Citation: 4-28-11-1(d).]

As added by P.L.2-1992, SEC.6.

IC 12-12-2-7 Powers and duties

Sec. 7. The commission shall do the following:

(1) Advise the rehabilitation services bureau concerning the bureau's performance in the following areas:

(A) Eligibility and order of selection.

(B) Scope, extent, and effectiveness of services.

(C) Functions of state agencies in addition to vocational rehabilitation affecting individuals in achieving rehabilitation goals.

(2) Advise the division of disability and rehabilitative services and the rehabilitation services bureau concerning the state plan, applications, and the strategic plan.

(3) Review and analyze the effectiveness and consumer satisfaction with the functions of the agencies dealing with persons with disabilities and with vocational rehabilitation services.

(4) Prepare and submit an annual report to the governor and the rehabilitation services administration commissioner in accordance with federal requirements concerning:

(A) the status of vocational rehabilitation programs in Indiana; and

(B) recommendations concerning the implementation and progress toward advancing competitive integrated employment for individuals with disabilities as described in IC 22-9-11.

(5) Coordinate with other councils in Indiana.

(6) Advise and provide for coordination and working relationships between the state agency and the Independent Living Council and Independent Living centers.

(7) Develop a statewide plan to support the advancement of competitive integrated employment, including self-employment, as the first and preferred option when providing services to individuals with disabilities. The plan, at a minimum, must include the following:

(A) Identification of barriers to employment for individuals with disabilities.

(B) An analysis of federal, state, and local agency policies concerning the provision of services to individuals with disabilities, including the impact of those policies on opportunities for competitive integrated employment.

(C) Recommendations to advance competitive integrated employment for individuals with disabilities.

[Pre-1992 Revision Citation: 4-28-11-2.]

As added by P.L.2-1992, SEC.6. Amended by P.L.4-1993, SEC.44; P.L.5-1993, SEC.57; P.L.141-2006, SEC.47; P.L.68-2017, SEC.3.

IC 12-12-2-8 Meetings

Sec. 8. (a) The commission shall meet at least four (4) times a year upon the call of the commission's presiding officer.

(b) The meetings of the commission must comply with IC 5-14-1.5.

[Pre-1992 Revision Citation: 4-28-11-3 part.]

As added by P.L.2-1992, SEC.6. Amended by P.L.4-1993, SEC.45; P.L.5-1993, SEC.58.

IC 12-12-2-9 Members; per diem; travel expenses

Sec. 9. A member of the commission is entitled to the following:

(1) The minimum salary per diem as provided in IC 4-10-11-2.1(b) for each day spent on the official business of the commission.

(2) Reimbursement for travel and other expenses as provided in the state travel policies and procedures established by the Indiana department of administration and approved by the budget agency.

[Pre-1992 Revision Citation: 4-28-11-3 part.]

As added by P.L.2-1992, SEC.6.

IC 12-12-2-10 Advisory committees; per diem and expenses of committee members

Sec. 10. (a) The commission may appoint advisory committees necessary to advise the director and the bureau.

(b) A member of an advisory committee appointed under this section is entitled to the following:

(1) The minimum salary per diem as provided in IC 4-10-11-2.1(b) for each day spent on the official business of the advisory committee.

(2) Reimbursement for traveling and other expenses as provided in the state travel policies and procedures established by the Indiana department of administration and approved by the budget agency.

[Pre-1992 Revision Citation: 4-28-11-4.]

As added by P.L.2-1992, SEC.6.

IC 12-12-2-11 Staff and personnel

Sec. 11. The commission, in conjunction with the division of disability and rehabilitative

services, may employ staff and other personnel as necessary.
As added by P.L.4-1993, SEC.46 and P.L.5-1993, SEC.59. Amended by P.L.141-2006, SEC.48.

IC 12-12-3 Chapter 3. Rehabilitation Center

12-12-3-1 Establishing or contracting for establishment of center
12-12-3-2 Services and programs provided
12-12-3-3 Vocational skills training for blind and visually impaired; sheltered work placement

IC 12-12-3-1 Establishing or contracting for establishment of center

Sec. 1. The bureau shall:

(1) establish, equip, and operate; or

(2) contract to establish, equip, and operate;

a rehabilitation center to assure that comprehensive rehabilitation services are available to blind and visually impaired individuals.

[Pre-1992 Revision Citation: 4-28-10-15(a).]

As added by P.L.2-1992, SEC.6.

IC 12-12-3-2 Services and programs provided

Sec. 2. The rehabilitation center may provide services and programs, including the following:

(1) Communication skills training.

(2) Orientation and mobility services.

(3) Activities of daily living services.

(4) Vocational evaluation services.

(5) Vocational adjustment services.

(6) Vocational skills training.

(7) Manufacture of products.

(8) Subcontract work.

(9) Homebound services.

(10) Counseling.

(11) Low vision services.

(12) Placement services.

(13) Residential services.

[Pre-1992 Revision Citation: 4-28-10-15(b).]

As added by P.L.2-1992, SEC.6.

IC 12-12-3-3 Vocational skills training for blind and visually impaired; sheltered work placement

Sec. 3. The rehabilitation center may provide vocational skills training programs to provide blind and visually impaired individuals with training in the skills necessary for placement in competitive employment in the community. Sheltered work may be provided for those who are not capable, temporarily or permanently, of competitive placement.

[Pre-1992 Revision Citation: 4-28-10-15(c).]

As added by P.L.2-1992, SEC.6.

IC 12-12-4 Chapter 4. Repealed

[Pre-1992 Revision Citations:

12-12-4-1	formerly 4-28-10-16(a)
12-12-4-2	New
12-12-4-3	formerly 4-28-10-16(b)
12-12-4-4	formerly 4-28-10-16(c)
12-12-4-5	formerly 4-28-10-16(d).]

Repealed by P.L.49-1997, SEC.86.

IC 12-12-5 Chapter 5. Blind Vending Services

12-12-5-1	Vending opportunities within exclusive right of bureau; purpose
12-12-5-2	Articles to be sold; location and type of vending facility
12-12-5-3	Relinquishment of exclusive right; conditions
12-12-5-4	Vending services contracts entered into following relinquishment by bureau of exclusive right
12-12-5-5	Vending services contracts entered into following relinquishment of exclusive right; notice to bureau
12-12-5-6	Placement at new vending facility; operator already operating another facility
12-12-5-7	Duty of bureau to seek out vending opportunities
12-12-5-8	Issuance of licenses; vending facilities in privately owned buildings and buildings owned or leased by the federal government
12-12-5-9	Training of vending facility operators; use of state, local, and federal money
12-12-5-10	Annual report

IC 12-12-5-1 Vending opportunities within exclusive right of bureau; purpose

Sec. 1. Except as provided in section 3 of this chapter, the bureau is given sole vending opportunities in buildings owned, leased in whole, or operated by:

(1) the state;

(2) a county;

(3) a township;

(4) a city; or

(5) a town;

for purposes of providing blind individuals with remunerative employment and enlarging the economic opportunities of the blind.

[Pre-1992 Revision Citation: 4-28-10-20(a).]

As added by P.L.2-1992, SEC.6.

IC 12-12-5-2 Articles to be sold; location and type of vending facility

Sec. 2. (a) Vending facilities shall be established for the purpose of selling newspapers, periodicals, confections, tobacco products, food, beverages, and other articles approved for sale by the bureau and the custodial authority of the building.

(b) The location and type of vending facility shall be determined by the bureau in cooperation with the custodial authority of the building in which the vending facility will be operated.

[Pre-1992 Revision Citation: 4-28-10-20(g).]

As added by P.L.2-1992, SEC.6.

IC 12-12-5-3 Relinquishment of exclusive right; conditions

Sec. 3. The bureau shall relinquish the bureau's exclusive right under section 1 of this chapter to operate vending services in a building if either of the following apply:

(1) A blind vendor is not available to provide vending services in a particular building.

(2) The custodial authority of the building shows to the satisfaction of the bureau that good cause exists for not granting the bureau the exclusive right to operate vending services in the building and the custodial authority files with the bureau a signed affidavit to that effect.

[Pre-1992 Revision Citation: 4-28-10-20(b).]

As added by P.L.2-1992, SEC.6.

IC 12-12-5-4 Vending services contracts entered into following relinquishment by bureau of exclusive right

Sec. 4. If the bureau relinquishes the bureau's exclusive right to operate vending services

under section 3 of this chapter, the custodial authority of the building may enter into a contract with a person for the provision of vending services in the building. A contract entered into under this section may not exceed two (2) years.

[Pre-1992 Revision Citation: 4-28-10-20(c).]

As added by P.L.2-1992, SEC.6.

IC 12-12-5-5 Vending services contracts entered into following relinquishment of exclusive right; notice to bureau

Sec. 5. The custodial authority of a building shall notify the bureau before entering into or renewing a contract to operate vending services in the building with a person other than the bureau.

[Pre-1992 Revision Citation: 4-28-10-20(d).]

As added by P.L.2-1992, SEC.6.

IC 12-12-5-6 Placement at new vending facility; operator already operating another facility

Sec. 6. In placing blind vendors at vending facilities under this section, the bureau may not place at a new vending facility a blind vendor who is already operating a vending facility unless the placement of the vendor at the new vending facility would leave a vacant vending facility that could be:

(1) immediately filled by another blind vendor;

(2) transferred to the custodial authority under section 3 of this chapter; or

(3) closed due to insufficient income producing potential.

[Pre-1992 Revision Citation: 4-28-10-20(e).]

As added by P.L.2-1992, SEC.6.

IC 12-12-5-7 Duty of bureau to seek out vending opportunities

Sec. 7. The bureau shall seek out vending opportunities for blind individuals in public and private buildings.

[Pre-1992 Revision Citation: 4-28-10-20(f) part.]

As added by P.L.2-1992, SEC.6.

IC 12-12-5-8 Issuance of licenses; vending facilities in privately owned buildings and buildings owned or leased by the federal government

Sec. 8. The division may do the following:

(1) Issue licenses to blind individuals to operate vending stands under applicable federal and state laws.

(2) Establish and operate vending facilities for the placement of blind individuals in buildings owned or leased by the federal government.

(3) Establish and operate vending facilities in privately owned buildings.

[Pre-1992 Revision Citations: subdivision (1) formerly 4-28-10-20(h) part; subdivision (2) formerly 4-28-10-20(h) part; subdivision (3) formerly 4-28-10-20(f) part.]

As added by P.L.2-1992, SEC.6.

IC 12-12-5-9 Training of vending facility operators; use of state, local, and federal money

Sec. 9. Training of vending facility operators under this chapter may be paid from state, local, or federal money.

[Pre-1992 Revision Citation: 4-28-10-21(b).]

As added by P.L.2-1992, SEC.6.

IC 12-12-5-10 Annual report

Sec. 10. (a) Before December 1 of each year, the bureau shall submit to the legislative services agency a report in an electronic format under IC 5-14-6 detailing the number of blind vendors placed by the bureau in public and private buildings under this chapter.

(b) The legislative services agency shall submit copies of the report to the chairs of the health committees of the senate and the house of representatives.

[Pre-1992 Revision Citation: 4-28-10-21(a).]

As added by P.L.2-1992, SEC.6. Amended by P.L.28-2004, SEC.96.

IC 12-12-6 Chapter 6. Rehabilitation Engineering

12-12-6-1 "Rehabilitation technology" defined
12-12-6-2 Establishment of program; purposes
12-12-6-3 Program contents
12-12-6-4 Contracts for establishment of program

IC 12-12-6-1 "Rehabilitation technology" defined

Sec. 1. As used in this chapter, "rehabilitation technology" means the provision of physical devices or the adaptation of the physical environment to enable persons with physical disabilities to perform everyday activities in a workplace, in an educational setting, or in a home or other place of residence.

[Pre-1992 Revision Citation: 4-28-10-25(a).]

As added by P.L.2-1992, SEC.6. Amended by P.L.23-1993, SEC.49; P.L.4-1993, SEC.47; P.L.5-1993, SEC.60.

IC 12-12-6-2 Establishment of program; purposes

Sec. 2. The bureau shall establish a rehabilitation technology program for persons with physical disabilities. The purpose of the program is to do the following:

(1) Provide rehabilitation technology services directly to persons with physical disabilities.

(2) Provide training for providers of rehabilitation services to enable providers to program more effectively for persons with physical disabilities.

(3) Provide training opportunities for individuals desiring to enter the rehabilitation technology field.

(4) Develop a rehabilitation technology model.

(5) Provide a resource for the business and industrial community to increase the productivity of the current or future labor force through rehabilitation technology techniques.

(6) Meet the rehabilitation technology needs of persons with physical disabilities desiring prevocational and vocational training through coordination of services with state agencies that provide training and employment services.

(7) Provide assistance to employers and developers in making all buildings accessible to persons with physical disabilities by modifying building designs.

[Pre-1992 Revision Citation: 4-28-10-25(b).]

As added by P.L.2-1992, SEC.6. Amended by P.L.23-1993, SEC.50; P.L.4-1993, SEC.48; P.L.5-1993, SEC.61.

IC 12-12-6-3 Program contents

Sec. 3. The rehabilitation technology program may include the following:

(1) The provision of comprehensive technical services to persons with physical disabilities, counselors, workshop staff, educators, and potential employers to facilitate successful rehabilitation of individuals with a disability.

(2) The collection and dissemination of information about physical devices and data detailing the effectiveness of physical devices in enhancing the functional ability of persons with physical disabilities.

(3) The establishment of a mechanism for training persons to more appropriately meet the rehabilitation technology needs of persons with physical disabilities.

[Pre-1992 Revision Citation: 4-28-10-25(d).]

As added by P.L.2-1992, SEC.6. Amended by P.L.23-1993, SEC.51; P.L.4-1993, SEC.49; P.L.5-1993, SEC.62; P.L.99-2007, SEC.88.

IC 12-12-6-4 Contracts for establishment of program

Sec. 4. The bureau may contract with outside agencies to establish the rehabilitation technology program.

[Pre-1992 Revision Citation: 4-28-10-25(c).]

As added by P.L.2-1992, SEC.6. Amended by P.L.4-1993, SEC.50; P.L.5-1993, SEC.63.

IC 12-12-7 Chapter 7. Services for Deaf and Hard of Hearing

12-12-7-1 Unit defined
12-12-7-2 Services to be provided by unit
12-12-7-3 Telecommunications device for the deaf; development and implementation
12-12-7-4 Contracts for the provision of services
12-12-7-5 Rules

IC 12-12-7-1 Unit defined

Sec. 1. As used in this chapter, "unit" refers to the unit of services for the deaf and hard of hearing established by IC 12-12-1-2.

[1992 Revision Citation: New.]

As added by P.L.2-1992, SEC.6.

IC 12-12-7-2 Services to be provided by unit

Sec. 2. The unit shall do the following:

(1) Refer individuals who are deaf and individuals who are hard of hearing to the appropriate agencies to serve the individuals' needs.

(2) Coordinate state, local, and private efforts to serve individuals who are deaf and individuals who are hard of hearing.

[Pre-1992 Revision Citation: 4-28-19-1.]

As added by P.L.2-1992, SEC.6. Amended by P.L.99-2007, SEC.89.

IC 12-12-7-3 Telecommunications device for the deaf; development and implementation

Sec. 3. The unit may develop and implement a telecommunications device for the deaf (TDD) telephone relay service that operates twenty-four (24) hours a day.

[Pre-1992 Revision Citation: 4-28-19-2.]

As added by P.L.2-1992, SEC.6.

IC 12-12-7-4 Contracts for the provision of services

Sec. 4. The division may contract for the services required by this chapter.

[Pre-1992 Revision Citation: 4-28-19-3.]

As added by P.L.2-1992, SEC.6.

IC 12-12-7-5 Rules

Sec. 5. The unit and the division shall adopt rules under IC 4-22-2 creating standards (including ethical standards and grievance procedures) for interpreters and an enforcement mechanism for the interpreter standards.

As added by P.L.104-1996, SEC.3. Amended by P.L.272-1999, SEC.36; P.L.174-2025, SEC.40.

IC 12-12-8 Chapter 8. Centers for Independent Living

12-12-8-1	"Center for independent living" defined
12-12-8-1.5	"Commissioner" defined
12-12-8-2	"Consumer control" defined
12-12-8-2.5	"Council" defined
12-12-8-3	"Cross-disability" defined
12-12-8-3.2	"Federal act" defined
12-12-8-3.4	"Individual with a disability" defined
12-12-8-3.6	"Individual with a significant disability" defined
12-12-8-3.8	"State plan" defined
12-12-8-4	Provisions void that violate federal law; eligibility for funding
12-12-8-5	Designation of division as responsible state unit
12-12-8-6	Establishment of statewide independent living council; membership; requirements
12-12-8-7	Salary per diem
12-12-8-8	Terms of council members; limitation
12-12-8-9	Appointment to fill vacancy on council
12-12-8-10	Powers and duties of council; public access to meetings
12-12-8-11	Preparation and submission of state plan
12-12-8-12	Awarding of grants to eligible centers
12-12-8-13	Appointment of peer review committee
12-12-8-14	Eligibility of centers to receive funds
12-12-8-15	Compliance with state plan and federal law
12-12-8-16	Conditions for division to award grant for new center; criteria for ranking eligible agencies
12-12-8-17	Division review of centers

IC 12-12-8-1 "Center for independent living" defined

Sec. 1. As used in this chapter, "center for independent living" means a consumer controlled, community based, cross-disability, nonresidential private nonprofit agency that:

(1) is designed and operated within a local community by individuals with disabilities; and

(2) provides an array of independent living services.

As added by P.L.272-1999, SEC.37.

IC 12-12-8-1.5 "Commissioner" defined

Sec. 1.5. As used in this chapter, "commissioner" means the commissioner of the Rehabilitation Services Administration in the United States Department of Education.

As added by P.L.217-2005, SEC.5.

IC 12-12-8-2 "Consumer control" defined

Sec. 2. As used in this chapter, "consumer control" means, with respect to a center for independent living or an eligible agency:

(1) that the center or eligible agency vests power and authority in individuals with disabilities, including individuals who are or have been recipients of independent living services; and

(2) that:

(A) at least fifty-one percent (51%) of the members of the center's board have significant disabilities; and

(B) a majority of the center's staff and employees in decision making positions are individuals with disabilities.

As added by P.L.272-1999, SEC.37. Amended by P.L.217-2005, SEC.6; P.L.141-2006, SEC.49.

IC 12-12-8-2.5 "Council" defined

Sec. 2.5. As used in this chapter, "council" means the statewide independent living council established by section 6 of this chapter.
As added by P.L.217-2005, SEC.7.

IC 12-12-8-3 "Cross-disability" defined

Sec. 3. As used in this chapter, "cross-disability" means, with respect to a center for independent living, that a center provides independent living services to individuals representing a range of significant disabilities and does not require the presence of one (1) or more specific significant disabilities before determining that an individual is eligible for independent living services.
As added by P.L.272-1999, SEC.37.

IC 12-12-8-3.2 "Federal act" defined

Sec. 3.2. As used in this chapter, "federal act" refers to the Federal Rehabilitation Act of 1973 (29 U.S.C. 701 et seq.) and amendments to that statute.
As added by P.L.217-2005, SEC.8.

IC 12-12-8-3.4 "Individual with a disability" defined

Sec. 3.4. As used in this chapter, "individual with a disability" means an individual who:

(1) has a physical or mental impairment that substantially limits a major life activity;

(2) has a record of an impairment described in subdivision (1); or

(3) is regarded as having an impairment described in subdivision (1).

As added by P.L.217-2005, SEC.9.

IC 12-12-8-3.6 "Individual with a significant disability" defined

Sec. 3.6. As used in this chapter, "individual with a significant disability" means an individual who has a significant physical or mental impairment that substantially limits the individual's ability to:

(1) function independently in the family or community; or

(2) obtain, maintain, or advance in employment.

As added by P.L.217-2005, SEC.10.

IC 12-12-8-3.8 "State plan" defined

Sec. 3.8. As used in this chapter, "state plan" means the materials jointly developed and submitted by the council and the division to the commissioner containing the state's proposals for the following:

(1) The proposal for providing independent living services with federal funds under Title VII, Part B of the federal act.

(2) The development and support of a statewide network of centers for independent living.

(3) Working relationships among:

(A) programs providing independent living services and independent living centers; and

(B) the vocational rehabilitation program administered by the division under the federal act and other programs providing services for individuals with disabilities.

As added by P.L.217-2005, SEC.11. Amended by P.L.141-2006, SEC.50.

IC 12-12-8-4 Provisions void that violate federal law; eligibility for funding

Sec. 4. (a) Any provision of this chapter that violates a federal law or federal regulation is void.

(b) To be eligible to receive state funds, a center for independent living must meet the requirements for federal funding for a center for independent living under:

(1) 29 U.S.C. 796; and

(2) 34 CFR Parts 364 through 366;
that are in effect January 1, 1995.
As added by P.L.272-1999, SEC.37. Amended by P.L.217-2005, SEC.12.

IC 12-12-8-5 Designation of division as responsible state unit

Sec. 5. The division is designated as the state unit under Title VII of the federal act and has the following responsibilities:

(1) To receive, account for, and disburse funds received by the state under the federal act based on the state plan.

(2) To provide administrative assistance to support independent living programs and the activities of centers under Title VII, Part B of the federal act.

(3) To keep records and take actions with respect to the records as required by the commissioner.

(4) To submit additional information or provide assurances with respect to the independent living programs as required by the commissioner.

As added by P.L.217-2005, SEC.13. Amended by P.L.141-2006, SEC.51.

IC 12-12-8-6 Establishment of statewide independent living council; membership; requirements

Sec. 6. (a) There is established a statewide independent living council. The council is not a part of a state agency.

(b) The council consists of at least eleven (11) members appointed by the governor, including the following:

(1) At least one (1) director of a center for independent living located in Indiana chosen by the directors of the centers for independent living located in Indiana.

(2) Nonvoting members from state agencies that provide services for individuals with disabilities.

(3) Other members, who may include the following:

(A) Representatives of centers for independent living.

(B) Parents and guardians of individuals with disabilities.

(C) Advocates for individuals with disabilities.

(D) Representatives from private business.

(E) Representatives of organizations that provide services for individuals with disabilities.

(F) Other appropriate individuals.

(c) The members appointed under subsection (b) must:

(1) provide statewide representation;

(2) represent a broad range of individuals with disabilities from diverse backgrounds;

(3) be knowledgeable about centers for independent living and independent living services; and

(4) include a majority of members who:

(A) are individuals with disabilities; and

(B) are not employed by a state agency or a center for independent living.

As added by P.L.217-2005, SEC.14. Amended by P.L.1-2006, SEC.185; P.L.141-2006, SEC.52; P.L.182-2009(ss), SEC.298; P.L.153-2011, SEC.13.

IC 12-12-8-7 Salary per diem

Sec. 7. (a) Each member of the council who is not a state employee is entitled to the minimum salary per diem provided by IC 4-10-11-2.1(b). The member is also entitled to reimbursement for traveling expenses as provided under IC 4-13-1-4 and other expenses actually incurred in connection with the member's duties as provided in the state polices and procedures established by the Indiana department of administration and approved by the budget agency.

(b) Each member of the council who is a state employee is entitled to reimbursement for traveling expenses as provided under IC 4-13-1-4 and other expenses actually incurred in connection with the member's duties as provided in the state policies and procedures established by the Indiana department of administration and approved by the budget agency.
As added by P.L.217-2005, SEC.15.

IC 12-12-8-8 Terms of council members; limitation

Sec. 8. (a) A member appointed to the council by the governor serves a term of three (3) years, beginning on July 1 after appointment. However, a member appointed to fill a vacancy on the council serves for the remainder of the unexpired term.

(b) A member appointed to the council by the governor may not serve more than two (2) consecutive terms.
As added by P.L.217-2005, SEC.16.

IC 12-12-8-9 Appointment to fill vacancy on council

Sec. 9. If a vacancy occurs among the voting members of the council, the original appointing authority shall appoint a qualified individual to serve for the unexpired term of the vacating member.
As added by P.L.217-2005, SEC.17.

IC 12-12-8-10 Powers and duties of council; public access to meetings

Sec. 10. (a) The council has the powers and duties specified in this chapter.

(b) The council may do the following:

(1) Jointly develop and sign the state plan in conjunction with the designated state unit.

(2) Monitor, review, and evaluate the implementation of the state plan.

(3) Coordinate activities with the state rehabilitation council and other councils that address the needs of specific disability issues.

(4) Submit periodic reports to the funding sources and provide access to the records that are necessary to verify contents of the reports.

(5) Do other things necessary and proper to implement this chapter.

(c) The council shall ensure that all meetings of the council are open to the public and in accessible formats with sufficient advance public notice.
As added by P.L.217-2005, SEC.18.

IC 12-12-8-11 Preparation and submission of state plan

Sec. 11. The division shall prepare the state plan that must be submitted to the commissioner.
As added by P.L.217-2005, SEC.19.

IC 12-12-8-12 Awarding of grants to eligible centers

Sec. 12. The division may award grants to any eligible center for independent living with funds that the division receives under Title VII, Part B of the federal act.
As added by P.L.217-2005, SEC.20.

IC 12-12-8-13 Appointment of peer review committee

Sec. 13. The council and the division shall jointly appoint a peer review committee to make recommendations for grants to new organizations eligible to be centers for independent living.
As added by P.L.217-2005, SEC.21.

IC 12-12-8-14 Eligibility of centers to receive funds

Sec. 14. A center for independent living is eligible to receive money under this chapter as long as the center complies with the standards and assurances required under Section 725

of the federal act. A center that receives only state or federal funds under Title VII, Part B of the federal act is subject to review by the division. A center that receives federal funds under Title VII, Part C of the federal act is subject to review by the federal government. A finding of noncompliance must be supported by a written report from the peer review committee appointed under section 13 of this chapter.
As added by P.L.217-2005, SEC.22.

IC 12-12-8-15 Compliance with state plan and federal law

Sec. 15. A center for independent living that receives money under this chapter shall comply with the standards and assurances required under the state plan and Section 725 of the federal act. The center for independent living shall provide the required assurances to the division.
As added by P.L.217-2005, SEC.23.

IC 12-12-8-16 Conditions for division to award grant for new center; criteria for ranking eligible agencies

Sec. 16. (a) If:

(1) there is no center for independent living serving a region of Indiana or a region of Indiana is underserved; and

(2) the state receives an increase in its federal allotment that is sufficient to support an additional center for independent living in Indiana;

the division may award a grant to an eligible agency for a new center for independent living in the unserved or underserved region. A grant awarded under this section must be consistent with the provisions of the state plan establishing a statewide network of centers for independent living.

(b) The council shall rank eligible agencies applying for a grant under this section using the standards and assurances required under Section 725 of the federal act. The council shall consider the ability of the applicant to operate a center for independent living and shall select an applicant using the following criteria:

(1) Evidence of the need for a center for independent living in the applicant's region of Indiana that is consistent with the state plan.

(2) The past performance of the applicant in providing services comparable to independent living services.

(3) The applicant's plan for complying with, or demonstrated compliance with, the standards and assurances set forth in Section 725 of the federal act.

(4) The quality of the applicant's key personnel and the involvement of individuals with significant disabilities.

As added by P.L.217-2005, SEC.24.

IC 12-12-8-17 Division review of centers

Sec. 17. (a) The division shall periodically review each new center for independent living that receives:

(1) money under Title VII, Part B of the federal act; or

(2) a grant under this chapter;

to determine whether the center is in compliance with the standards and assurances set forth in Section 725 of the federal act.

(b) If the division determines that a center reviewed under subsection (a) is not in compliance with the standards and assurances set forth in Section 725 of the federal act, the division shall immediately notify the center of the division's determination of noncompliance. A center may appeal the determination by requesting a hearing from the office of the secretary not later than thirty (30) days after receiving notice from the division.

(c) Except as provided in subsection (d), the division shall terminate all funds to a center determined to be in noncompliance under this section not later than ninety (90) days after the

date of:

(1) the division's notification of noncompliance; or

(2) a final decision by the office of the secretary in the case of a center that appeals the division's determination under subsection (b).

(d) The division may not terminate the funds of a center for independent living that is determined to be noncompliant with the standards and assurances set forth in Section 725 of the federal act if:

(1) the center submits to the division a plan for achieving compliance within ninety (90) days; and

(2) the division approves the plan.

A plan required under this subsection must be submitted not later than thirty (30) days after the center receives a notice of noncompliance from the division under subsection (b).

As added by P.L.217-2005, SEC.25.

IC 12-12-9 Chapter 9. Reporting of Blind or Visually Impaired Persons

12-12-9-1 Reporting of blind or visually impaired persons by physicians or optometrists
12-12-9-2 Report distribution
12-12-9-3 Report confidentiality
12-12-9-4 Information provided to individuals designated in reports
12-12-9-5 Referrals
12-12-9-6 Educational materials
12-12-9-7 Failure to make a report of blindness

IC 12-12-9-1 Reporting of blind or visually impaired persons by physicians or optometrists

Sec. 1. Each:

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

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

shall report in writing, on forms prescribed by the office of the secretary, not more than ten (10) days after diagnosis, to the office of the secretary, the name, age, and address of each person diagnosed by the physician or optometrist as being blind (as defined under 42 U.S.C. 416(i)) or having visual impairment of a degree to interfere with the person's functioning in school, employment, or other activities of daily living.

As added by P.L.104-2003, SEC.1.

IC 12-12-9-2 Report distribution

Sec. 2. The office of the secretary shall, on the first business day of each month, send a copy of a report filed under section 1 of this chapter to the following persons:

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

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

(B) The division of disability and rehabilitative services.

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

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

(A) The division of disability and rehabilitative services.

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

As added by P.L.104-2003, SEC.1. Amended by P.L.218-2005, SEC.5; P.L.141-2006, SEC.53; P.L.56-2023, SEC.97.

IC 12-12-9-3 Report confidentiality

Sec. 3. All reports filed under this chapter shall be kept confidential and used solely to determine the eligibility of the individuals for assistance or rehabilitation.

As added by P.L.104-2003, SEC.1.

IC 12-12-9-4 Information provided to individuals designated in reports

Sec. 4. (a) On receiving a report under this chapter, the division of disability and rehabilitative services shall provide information to the visually impaired individual designated in the report concerning available state and local services.

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

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

(2) shall notify the division of disability and rehabilitative services and the department of education of the school's findings.

As added by P.L.104-2003, SEC.1. Amended by P.L.218-2005, SEC.6; P.L.141-2006, SEC.54.

IC 12-12-9-5 Referrals

Sec. 5. This chapter does not prohibit a physician or an optometrist from making a referral to a local school corporation, an agency, the Indiana School for the Blind and Visually Impaired, or an agency or organization working with the blind or visually impaired.

As added by P.L.104-2003, SEC.1. Amended by P.L.218-2005, SEC.7.

IC 12-12-9-6 Educational materials

Sec. 6. The office of the secretary shall prepare and provide educational materials for:

(1) licensed optometrists;

(2) licensed physicians;

(3) the Indiana University School of Medicine; and

(4) the Indiana University School of Optometry;

to inform individuals and schools of the reporting requirements and services available for an individual who is blind or visually impaired.

As added by P.L.104-2003, SEC.1.

IC 12-12-9-7 Failure to make a report of blindness

Sec. 7. A person required to make a report of blindness under this chapter who fails to do so commits a Class C infraction.

As added by P.L.104-2003, SEC.1.

IC 12-12.5 ARTICLE 12.5. REPEALED

Repealed by P.L.74-2022, SEC.7.

IC 12-12.7 ARTICLE 12.7. CHILD DEVELOPMENT SERVICES

Ch. 1. Bureau of Child Development Services
Ch. 2. Infants and Toddlers With Disabilities Program

IC 12-12.7-1 Chapter 1. Bureau of Child Development Services

12-12.7-1-1 Bureau of child development services established
12-12.7-1-2 Organization of bureau; services for infants and toddlers with disabilities
12-12.7-1-3 Bureau duties

IC 12-12.7-1-1 Bureau of child development services established

Sec. 1. The bureau of child development services is established within the division.

As added by P.L.93-2006, SEC.11.

IC 12-12.7-1-2 Organization of bureau; services for infants and toddlers with disabilities

Sec. 2. The director shall organize the bureau in the manner necessary to carry out the bureau's duties. However, the bureau must include a unit of services for infants and toddlers with disabilities.

As added by P.L.93-2006, SEC.11.

IC 12-12.7-1-3 Bureau duties

Sec. 3. The bureau shall do the following:

(1) Plan, establish, and operate programs and services relating to child development services.

(2) Design all necessary state plans for child development services required for the receipt and disbursement of any money available to the state from the federal government.

(3) Direct the disbursement and administer the use of money from all sources for child development programs administered under this article.

As added by P.L.93-2006, SEC.11.

IC 12-12.7-2 Chapter 2. Infants and Toddlers With Disabilities Program

12-12.7-2-1 "Agency"
12-12.7-2-2 "Council"
12-12.7-2-3 "Early intervention services"
12-12.7-2-4 "Infants and toddlers with disabilities"
12-12.7-2-5 Purposes of chapter
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12-12.7-2-14 Budget; use of funds
12-12.7-2-14.5 Per diems; traveling expenses; reimbursements
12-12.7-2-15 Powers and duties
12-12.7-2-16 Advice and assistance regarding other services
12-12.7-2-17 Cost participation schedule; cost participation plan
12-12.7-2-17.3 Presumed income if receiving benefits
12-12.7-2-17.5 Remedies for failure to pay for services
12-12.7-2-18 Adoption of rules
12-12.7-2-19 Repealed
12-12.7-2-20 Mandatory features of statewide early intervention services system
12-12.7-2-21 Expired
12-12.7-2-22 Repealed
12-12.7-2-23 "Covered plan"; reimbursement rate for early intervention services

IC 12-12.7-2-1 "Agency"

Sec. 1. As used in this chapter, "agency" means a department, a commission, a council, a board, a bureau, a division, a service, an office, or an administration that is responsible for providing services to infants and toddlers with disabilities and their families, including the following:

(1) The division of mental health and addiction.
(2) The Indiana department of health.
(3) The division of family resources.
(4) The division of disability, aging, and rehabilitative services.
(5) The department of education.
(6) The department of child services.

As added by P.L.93-2006, SEC.11. Amended by P.L.56-2023, SEC.98.

IC 12-12.7-2-2 "Council"

Sec. 2. As used in this chapter, "council" refers to the interagency coordinating council established by section 7 of this chapter.

As added by P.L.93-2006, SEC.11.

IC 12-12.7-2-3 "Early intervention services"

Sec. 3. (a) As used in this chapter, "early intervention services" means developmental services that meet the following conditions:

(1) Are provided under public supervision.
(2) Are selected in collaboration with the parents.
(3) Are provided at no cost, except when federal or state law provides for a system of payments by the families, including a sliding fee schedule.
(4) Are designed to meet the:

(A) developmental needs of infants and toddlers with disabilities in at least one (1) of the areas specified in section 4(a)(1) of this chapter; and

(B) needs of the family to assist appropriately the development of the infant or toddler as identified by the individualized family service plan adopted in accordance with 20 U.S.C. 1436.

(5) Meet all required state and federal standards.

(6) Are provided by qualified personnel, including the following:

(A) Early childhood special educators, early childhood educators, and special educators, including teachers of children with:

(i) hearing impairments, including deafness; and

(ii) vision impairments, including blindness.

(B) Speech and language pathologists and audiologists.

(C) Occupational therapists.

(D) Physical therapists.

(E) Psychologists.

(F) Social workers.

(G) Nurses.

(H) Nutritionists.

(I) Family therapists.

(J) Orientation and mobility specialists.

(K) Pediatricians and other physicians for diagnostic and evaluation purposes.

(L) Registered dieticians.

(M) Vision specialists, including ophthalmologists and optometrists.

(7) To the maximum extent appropriate, are provided in natural environments, including the home and community settings in which children without disabilities participate.

(8) Are provided in conformity with an individualized family service plan adopted in accordance with 20 U.S.C. 1436.

(b) The term includes the following services:

(1) Family training, counseling, and home visits.

(2) Special instruction.

(3) Speech and language pathology, audiology, and sign language and cued language services.

(4) Occupational therapy.

(5) Physical therapy.

(6) Psychological services.

(7) Service coordination services.

(8) Medical services only for diagnostic, evaluation, or consultation purposes.

(9) Early identification, screening, and assessment services.

(10) Other health services necessary for an infant or a toddler to benefit from the services.

(11) Vision services.

(12) Supportive technology services.

(13) Transportation and related costs that are necessary to enable an infant or a toddler and the infant's or toddler's family to receive early intervention services.

(14) Habilitative services that are necessary to enable an infant or toddler to keep, learn, improve, or recover skills and functioning for daily living, including skills and functioning affected by a developmental delay.

(15) Assistive technology devices and services.

(16) Nursing services.

(17) Nutrition services.

(18) Social work services.

(c) This section does not provide an exhaustive list of the services that may constitute

early intervention services or the qualified personnel that may provide early intervention services. Nothing in this section prohibits an individualized family service plan from including another type of:

(1) service as an early intervention service if the service meets the criteria set forth in subsection (a); or

(2) personnel that may provide early intervention services as long as the personnel meet the requirements of 34 CFR 303.31.

As added by P.L.93-2006, SEC.11. Amended by P.L.210-2015, SEC.26; P.L.9-2020, SEC.4; P.L.111-2020, SEC.2.

IC 12-12.7-2-4 "Infants and toddlers with disabilities"

Sec. 4. (a) As used in this chapter, "infants and toddlers with disabilities" means individuals from birth through two (2) years of age who need early intervention services because the individuals meet the following conditions:

(1) Are experiencing developmental delays, as measured by appropriate diagnostic instruments and procedures, in at least one (1) of the following:

(A) Cognitive development.

(B) Physical development.

(C) Communication development.

(D) Social or emotional development.

(E) Adaptive development.

(2) Have a diagnosed physical or mental condition that has a high probability of resulting in developmental delay.

(b) The term may also include, under rules adopted by the division, individuals from birth through two (2) years of age who are at risk of having substantial developmental delays if early intervention services are not provided.

As added by P.L.93-2006, SEC.11.

IC 12-12.7-2-5 Purposes of chapter

Sec. 5. The purposes of this chapter are as follows:

(1) To enhance the development and minimize the potential for developmental delay of infants and toddlers with disabilities.

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

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

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

(5) To comply with 20 U.S.C. 1431 through 1444.

As added by P.L.93-2006, SEC.11. Amended by P.L.210-2015, SEC.27.

IC 12-12.7-2-6 Administration and supervision; financial responsibility

Sec. 6. (a) The division shall do the following:

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

(2) Identify and coordinate all available resources from federal, state, local, and private sources, and use all applicable resources to the full extent of the resources.

(3) Develop procedures to ensure that early intervention services are provided to infants and toddlers with disabilities and their families in a timely manner pending the

resolution of disputes among public agencies and providers.

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

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

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

(7) Adopt rules under IC 4-22-2 to establish a cost participation schedule for purposes of section 17 of this chapter.

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

As added by P.L.93-2006, SEC.11. Amended by P.L.210-2015, SEC.28; P.L.108-2019, SEC.191.

IC 12-12.7-2-6.5 Make-up therapy sessions

Sec. 6.5. Not later than November 1, 2019, the division shall review and revise the division's current policy regarding make-up therapy sessions, including defining what constitutes a "make-up" or "missed" session, based on recommendations from the council. The revised policy must allow for make-up sessions and must be based on a child's current development progress and the goals of the individualized family service plan.

As added by P.L.131-2019, SEC.1.

IC 12-12.7-2-7 Establishment of council

Sec. 7. The interagency coordinating council is established.

As added by P.L.93-2006, SEC.11.

IC 12-12.7-2-8 Membership

Sec. 8. (a) The council consists of at least fifteen (15) but not more than twenty-five (25) members appointed by the governor as follows:

(1) At least twenty percent (20%) of the members must be individuals who:

(A) are parents, including minority parents, of infants or toddlers with disabilities or of children who are less than thirteen (13) years of age with disabilities; and

(B) have knowledge of or experience with programs for infants and toddlers with disabilities.

At least one (1) of the members described in this subdivision must be a parent of an infant or toddler with a disability or of a child less than seven (7) years of age with a disability.

(2) At least twenty percent (20%) of the members must be public or private providers of early intervention services.

(3) At least one (1) member must be a member of the general assembly.

(4) Each of the state agencies involved in the provision of or payment for early intervention services to infants and toddlers with disabilities and their families must be represented by at least one (1) member. The members described in this subdivision must have sufficient authority to engage in policy planning and implementation on behalf of the state agency the member represents.

(5) At least one (1) member must be involved in personnel preparation.

(6) At least one (1) member must:

(A) represent a state educational agency responsible for preschool services to children with disabilities; and

(B) have sufficient authority to engage in policy planning and implementation on behalf of the agency.

(7) At least one (1) member must represent the department of insurance created by

IC 27-1-1-1.

(8) At least one (1) member must represent an agency or program that is:

(A) located in Indiana; and

(B) authorized to participate in the Head Start program under 42 U.S.C. 9831 et seq.

(9) At least one (1) member must represent a state agency responsible for child care.

(10) At least one (1) member must represent the office of Medicaid policy and planning established by IC 12-8-6.5-1.

(11) At least one (1) member must be a representative designated by the office of coordinator for education of homeless children and youths.

(12) At least one (1) member must be a state foster care representative from the department of child services established by IC 31-25-1-1.

(13) At least one (1) member must represent the division of mental health and addiction established by IC 12-21-1-1.

(b) To the extent possible, the governor shall ensure that the membership of the council reasonably represents the population of Indiana.

As added by P.L.93-2006, SEC.11. Amended by P.L.160-2012, SEC.30.

IC 12-12.7-2-9 Appointment and terms of council members

Sec. 9. (a) The governor shall make the initial appointments under section 8 of this chapter with staggered terms and subsequent appointments for terms of three (3) years. However, a member shall continue to serve until a successor is appointed.

(b) A council member may be reappointed for succeeding terms.

As added by P.L.93-2006, SEC.11. Amended by P.L.111-2020, SEC.3.

IC 12-12.7-2-10 Election and terms of chairperson and vice chairperson

Sec. 10. (a) The council shall annually elect a chairperson and vice chairperson from within its membership.

(b) A member of the council who is a representative of the division may not serve as chairperson or vice chairperson of the council.

(c) A chairperson and vice chairperson may be reelected for succeeding terms.

As added by P.L.93-2006, SEC.11. Amended by P.L.111-2020, SEC.4.

IC 12-12.7-2-11 Called meetings

Sec. 11. Any of the following may call a meeting of the council:

(1) The chairperson of the council.

(2) The vice chairperson, if the chairperson is not available.

As added by P.L.93-2006, SEC.11. Amended by P.L.111-2020, SEC.5.

IC 12-12.7-2-12 Vacancies

Sec. 12. The governor shall fill vacancies on the council.

As added by P.L.93-2006, SEC.11.

IC 12-12.7-2-13 Frequency of meetings

Sec. 13. The council shall meet at least quarterly each year.

As added by P.L.93-2006, SEC.11.

IC 12-12.7-2-14 Budget; use of funds

Sec. 14. The council shall prepare and approve a budget using funds under this chapter to do the following:

(1) Conduct hearings and forums.

(2) Pay per diem and travel and other expenses as provided in section 14.5 of this chapter to members of the council.

(3) Hire the staff and obtain services that are necessary to carry out the council's

functions.

As added by P.L.93-2006, SEC.11. Amended by P.L.111-2020, SEC.6.

IC 12-12.7-2-14.5 Per diems; traveling expenses; reimbursements

Sec. 14.5. (a) Any member of the council who is not a state employee is entitled to the minimum salary per diem provided by IC 4-10-11-2.1(b). The member is also entitled to reimbursement for traveling expenses under IC 4-13-1-4 and other expenses actually incurred in connection with the member's duties as provided in the state policies and procedures established by the Indiana department of administration and approved by the budget agency.

(b) Any member of the council who is a state employee but who is not a member of the general assembly is entitled to reimbursement for traveling expenses under IC 4-13-1-4 and other expenses actually incurred in connection with the member's duties as provided in the state policies and procedures established by the Indiana department of administration and approved by the budget agency.

(c) Any member of the council who is a member of the general assembly is entitled to receive the same per diem, mileage, and travel allowances paid to members of the general assembly serving on interim study committees established by the legislative council.

As added by P.L.111-2020, SEC.7.

IC 12-12.7-2-15 Powers and duties

Sec. 15. The council shall do the following:

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

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

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

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

(D) Promotion of interagency agreements.

(E) Development and implementation of utilization review procedures.

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

(3) Prepare and submit an annual report to the governor, the general assembly, and the United States Secretary of Education by November 1 of each year concerning the status of early intervention programs for infants and toddlers with disabilities and their families. The report must contain the following information concerning the funding of the program under this chapter:

(A) The total amount billed to a federal or state program each state fiscal year for services provided under this chapter, including the following programs:

(i) Medicaid.

(ii) The children's health insurance program.

(iii) The federal Temporary Assistance for Needy Families (TANF) program (45 CFR 265).

(iv) Any other state or federal program.

(B) The total amount billed each state fiscal year to an insurance company for services provided under this chapter and the total amount reimbursed by the insurance company.

(C) The total copayments collected under this chapter each state fiscal year.

(D) The total administrative expenditures.

A report submitted under this subdivision to the general assembly must be in an electronic format under IC 5-14-6.

(4) Periodically request from the agencies responsible for providing early childhood intervention services for infants and toddlers with disabilities and preschool special

education programs written reports concerning the implementation of each agency's respective programs.

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

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

As added by P.L.93-2006, SEC.11. Amended by P.L.210-2015, SEC.29; P.L.130-2018, SEC.45.

IC 12-12.7-2-16 Advice and assistance regarding other services

Sec. 16. (a) To the extent that the services are appropriate, the council shall advise and assist the department of education regarding the transition of toddlers with disabilities to preschool special education services under IC 20-35.

(b) The council may advise and assist the division and the department of education regarding the provision of appropriate services for children who are less than six (6) years of age.

As added by P.L.93-2006, SEC.11.

IC 12-12.7-2-17 Cost participation schedule; cost participation plan

Sec. 17. (a) As used in this section, "per unit of treatment" means an increment of fifteen (15) minutes for services provided to an individual.

(b) A family shall participate in the cost of programs and services provided under this chapter to the extent allowed by federal law according to a cost participation schedule established by the division. The cost participation schedule must be based on the federal income poverty level and set forth a copayment per unit of treatment and a maximum monthly cost share amount.

(c) A cost participation plan used by the division for families to participate in the cost of the programs and services provided under this chapter:

(1) must:

(A) be based on income and ability to pay;

(B) provide for a review of a family's cost participation amount:

(i) annually; and

(ii) within thirty (30) days after the family reports a reduction in income; and

(C) allow the division to waive a required copayment if other medical expenses or personal care needs expenses for any member of the family reduce the level of income the family has available to pay copayments under this section;

(2) may allow a family to voluntarily contribute payments that exceed the family's required cost participation amount;

(3) must require the family to allow the division access to all health care coverage information that the family has concerning the infant or toddler who is to receive services;

(4) must require families to consent to the division billing third party payors for early intervention services provided;

(5) may allow the division to waive the billing to third party payors if the family is able to demonstrate financial or personal hardship on the part of the family member; and

(6) must require the division to waive the family's monthly copayments in any month for those services for which it receives payment from the family's health insurance coverage.

(d) Funds received through a cost participation plan under this section must be used to fund programs described in section 18 of this chapter.

(e) Before the division may make a change to the cost participation schedule, the division must do the following:

(1) Release the proposed changes to the cost participation schedule for public comment no later than September 1 in the year before the change will be effective.

(2) Allow a sixty (60) day public comment period on the proposed changes to the cost participation schedule.

(3) Implement any change to the cost participation schedule no earlier than July 1 of the year following the release of the proposed change under subdivision (1).

As added by P.L.93-2006, SEC.11. Amended by P.L.229-2011, SEC.120; P.L.108-2019, SEC.192; P.L.111-2020, SEC.8.

IC 12-12.7-2-17.3 Presumed income if receiving benefits

Sec. 17.3. Subject to any federal requirements under 20 U.S.C. 1431 et seq., for purposes of determining a family's income under section 17 of this chapter, a family is presumed to have an income that is not more than two hundred fifty percent (250%) of the federal income poverty level if the family is receiving benefits under any of the following:

(1) The Medicaid program.

(2) The Supplemental Nutrition Assistance Program (SNAP).

(3) The Temporary Assistance for Needy Families (TANF) program.

(4) Any other program approved by the division.

As added by P.L.131-2019, SEC.2.

IC 12-12.7-2-17.5 Remedies for failure to pay for services

Sec. 17.5. (a) Subject to subsection (b), the agency may do any of the following for any amount owed under section 17 of this chapter by a person if the amount owed is more than sixty (60) days past due:

(1) Set off under IC 6-8.1-9.5 on any state tax refund owed to the person against the delinquent debt.

(2) Terminate services provided to an individual under the program for failure to pay the cost participation set forth in section 17 of this chapter.

(b) The agency may not terminate services under subsection (a)(2) until the agency has provided the family with written notice:

(1) stating:

(A) the amount of money owed by the family that is past due for services provided; and

(B) the amount of payment necessary in order to prevent termination of services; and

(2) advising the family to contact the agency:

(A) for assistance; or

(B) to negotiate an alternative payment arrangement or to recalculate the amount of payment owed.

As added by P.L.229-2011, SEC.121. Amended by P.L.293-2013(ts), SEC.41.

IC 12-12.7-2-18 Adoption of rules

Sec. 18. Upon the recommendations of the council, the division shall adopt rules under IC 4-22-2 providing for a statewide system of coordinated, comprehensive, multidisciplinary, interagency programs that provide appropriate early intervention services to all infants and toddlers with disabilities and their families to the extent required under 20 U.S.C. 1431 through 1444.

As added by P.L.93-2006, SEC.11. Amended by P.L.210-2015, SEC.30.

IC 12-12.7-2-19 Repealed

As added by P.L.93-2006, SEC.11. Amended by P.L.3-2009, SEC.7; P.L.53-2014, SEC.102. Repealed by P.L.130-2018, SEC.46.

IC 12-12.7-2-20 Mandatory features of statewide early intervention services system

Sec. 20. To the extent required in 20 U.S.C. 1431 through 1444, the statewide system

must include the following:

(1) A definition of the term "developmentally delayed" to be used in carrying out the programs under this chapter.

(2) The timetables necessary for ensuring that the appropriate early intervention services are available to all infants and toddlers with disabilities before the beginning of the fifth year of the state's participation under 20 U.S.C. 1431 through 1444.

(3) A timely, comprehensive, multidisciplinary evaluation of the functioning of each infant and toddler with disabilities in Indiana and the needs of the families, to appropriately assist in the development of the infant and toddler with disabilities program.

(4) For each infant and toddler with disabilities in Indiana, an individualized family service plan in accordance with 20 U.S.C. 1436, including case management services consistent with the individualized family service plan.

(5) A comprehensive system for identifying infants and toddlers with disabilities, including a system for making referrals to service providers that:

(A) includes time lines; and

(B) provides for the participation by primary referral sources.

(6) A public awareness program.

(7) A central directory that includes early intervention services, resources, experts, and research and demonstration projects being conducted.

(8) A comprehensive system of personnel development.

(9) A policy pertaining to contracting or making other arrangements with service providers to provide early intervention services in Indiana, consistent with 20 U.S.C. 1431 through 1444 and including the contents of the application used and the conditions of the contract or other arrangements.

(10) A procedure for securing timely reimbursement of funds used under this chapter in accordance with 20 U.S.C. 1440(a).

(11) Procedural safeguards with respect to programs under this chapter as required under 20 U.S.C. 1439.

(12) Policies and procedures relating to the establishment and maintenance of standards to ensure that personnel necessary to carry out this chapter are appropriately and adequately prepared and trained, including the following:

(A) The establishment and maintenance of standards that are consistent with any state approved or recognized certification, licensing, registration, or other comparable requirements that apply to the area in which the personnel are providing early intervention services.

(B) To the extent the standards are not based on the highest requirements in Indiana applicable to the specific profession or discipline, the steps the state is taking to require the retraining or hiring of personnel that meet appropriate professional requirements in Indiana.

(13) A system for compiling data on the following:

(A) The number of infants and toddlers with disabilities and their families in Indiana in need of appropriate early intervention services, which may be based on a sampling of data.

(B) The number of infants, toddlers, and families of infants and toddlers served.

(C) The types of services provided, which may be based on a sampling of data.

(D) Other information required under 20 U.S.C. 1431 through 1444.

As added by P.L.93-2006, SEC.11. Amended by P.L.210-2015, SEC.31.

IC 12-12.7-2-21 Expired

As added by P.L.209-2018, SEC.6. Expired 6-30-2019 by P.L.209-2018, SEC.6.

IC 12-12.7-2-22 Repealed

As added by P.L.246-2019, SEC.1 and P.L.264-2019, SEC.2. Repealed by P.L.201-2023, SEC.134.

IC 12-12.7-2-23 "Covered plan"; reimbursement rate for early intervention services

Sec. 23. (a) As used in this section, "covered plan" means a plan providing coverage for early intervention services under IC 5-10-8-7.3, IC 21-38-6-1, or IC 27-8-27-6.

(b) The division may not be paid by a covered plan for early intervention services provided under this chapter at a rate that is less than the product of:

(1) the covered plan's CPT code (as defined by IC 27-1-37.5-3) rate for each service provided; multiplied by

(2) the frequency of each service.

As added by P.L.111-2020, SEC.9. Amended by P.L.9-2024, SEC.328.

IC 12-13 ARTICLE 13. DIVISION OF FAMILY RESOURCES

Ch. 1.	Establishment of Division
Ch. 2.	Director of Division
Ch. 3.	Personnel of Division
Ch. 4.	Division Advisory Council
Ch. 5.	Duties of Division
Ch. 6.	Creation of Bureaus and Bureau Responsibilities
Ch. 7.	Administration of Money
Ch. 8.	Repealed
Ch. 9.	Repealed
Ch. 10.	Repealed
Ch. 11.	Repealed
Ch. 12.	Repealed
Ch. 13.	Repealed
Ch. 14.	Electronic Benefits Transfer
Ch. 14.5.	Repealed
Ch. 15.	Repealed
Ch. 15.1.	Repealed
Ch. 15.2.	Dental Care Information for Indiana Children
Ch. 16.	Telephone 211 Dialing Code Services for Accessing Human Services Information

IC 12-13-1 Chapter 1. Establishment of Division

12-13-1-1	Establishment
12-13-1-2	Application of IC 12-8-8

IC 12-13-1-1 Establishment

Sec. 1. The division of family resources is established.

[Pre-1992 Revision Citation: 12-1-2-1.]

As added by P.L.2-1992, SEC.7. Amended by P.L.234-2005, SEC.19.

IC 12-13-1-2 Application of IC 12-8-8

Sec. 2. IC 12-8-8.5 applies to the division.

[1992 Revision Citation: New.]

As added by P.L.2-1992, SEC.7. Amended by P.L.160-2012, SEC.31.

IC 12-13-2 Chapter 2. Director of Division

12-13-2-1 Appointment
12-13-2-2 Bond and oath
12-13-2-3 Responsibilities of secretary

IC 12-13-2-1 Appointment

Sec. 1. The division shall be administered by a director appointed under IC 12-8-8.5-1.

[1992 Revision Citation: New.]

As added by P.L.2-1992, SEC.7. Amended by P.L.160-2012, SEC.32.

IC 12-13-2-2 Bond and oath

Sec. 2. (a) Before the director begins official duties, the director must do the following:

(1) Execute a bond payable to the state in an amount and with sureties as approved by the secretary that is conditioned on the faithful discharge of the director's duties.

(2) Take and subscribe an oath that must be endorsed upon the director's official bond.

(b) The executed bond and oath shall be filed in the office of the secretary of state.

[Pre-1992 Revision Citation: 12-1-2-2(a) part.]

As added by P.L.2-1992, SEC.7.

IC 12-13-2-3 Responsibilities of secretary

Sec. 3. The secretary is responsible for the following:

(1) The appointment of state investigators or boards of review provided by law that are necessary to ensure a fair hearing to an applicant or a recipient. A fair hearing shall be granted at the request of an aggrieved person who desires a hearing. The division shall review cases upon the request of an applicant, a recipient, or an aggrieved person.

(2) The adoption of all policies for the division.

(3) The administrative and executive duties and responsibilities of the division.

(4) The establishment of salaries for the officers and employees of the division within the salary ranges of the pay plan adopted by the Indiana personnel advisory board and approved by the budget committee.

(5) The establishment of minimum standards of assistance for old age and dependent children recipients. A standard established under this subdivision must apply to all individuals in Indiana.

[Pre-1992 Revision Citations: subdivision (1) formerly 12-1-2-2(b); subdivision (2) formerly 12-1-2-2(c) part; subdivision (3) formerly 12-1-2-2(c) part; subdivision (4) formerly 12-1-2-2(c) part; subdivision (5) formerly 12-1-2-2(d); subdivision (6) formerly 12-1-2.1-2(a) part.]

As added by P.L.2-1992, SEC.7. Amended by P.L.272-1999, SEC.38; P.L.39-2015, SEC.8; P.L.35-2016, SEC.29.

IC 12-13-3 Chapter 3. Personnel of Division

12-13-3-1 Repealed
12-13-3-2 Criminal and civil liability; actions or proceedings; defense; damages

IC 12-13-3-1 Repealed

[1992 Revision Citation: New.]

As added by P.L.2-1992, SEC.7. Repealed by P.L.6-2012, SEC.91.

IC 12-13-3-2 Criminal and civil liability; actions or proceedings; defense; damages

Sec. 2. (a) If a member, an officer, or an employee of the division is accused of an offense or sued for civil damages because of an act performed within the course of the individual's employment or because of an act performed under the authority or order of a superior officer, the attorney general shall defend the individual in an action for civil damages. If the action or proceeding is criminal in nature, the governor shall designate counsel to represent and defend the accused and the state is financially responsible for the expense of the defense.

(b) This section does not do either of the following:

(1) Deprive an individual of the right to select defense counsel of the individual's choice at the individual's expense.

(2) Relieve a person from responsibility for civil damages.

[1992 Revision Citation: 12-1-2.1-5.]

As added by P.L.2-1992, SEC.7.

IC 12-13-4 Chapter 4. Division Advisory Council

12-13-4-1 "Council" defined
12-13-4-2 Establishment
12-13-4-3 Members
12-13-4-4 Fixed term of members
12-13-4-5 Presiding officer
12-13-4-6 Meetings
12-13-4-7 Application of IC 12-8-2.5

IC 12-13-4-1 "Council" defined

Sec. 1. As used in this chapter, "council" refers to the division of family resources advisory council established by this chapter.

[1992 Revision Citation: New.]

As added by P.L.2-1992, SEC.7. Amended by P.L.1-1994, SEC.55; P.L.145-2006, SEC.73.

IC 12-13-4-2 Establishment

Sec. 2. The division of family resources advisory council is established.

[Pre-1992 Revision Citation: 12-6-3-5(a).]

As added by P.L.2-1992, SEC.7. Amended by P.L.145-2006, SEC.74.

IC 12-13-4-3 Members

Sec. 3. The council consists of the following eleven (11) members:

(1) The director.

(2) Ten (10) individuals:

(A) appointed by the secretary; and

(B) who have a recognized knowledge of or interest in the programs administered by the division.

[Pre-1992 Revision Citation: 12-6-3-5(b).]

As added by P.L.2-1992, SEC.7.

IC 12-13-4-4 Fixed term of members

Sec. 4. Each member of the council appointed under section 3(2) of this chapter has a fixed term as provided in IC 12-8-2.5-4.

[Pre-1992 Revision Citation: 12-6-3-5(c).]

As added by P.L.2-1992, SEC.7. Amended by P.L.160-2012, SEC.33.

IC 12-13-4-5 Presiding officer

Sec. 5. The director serves as presiding officer of the council.

[Pre-1992 Revision Citation: 12-6-3-5(d).]

As added by P.L.2-1992, SEC.7.

IC 12-13-4-6 Meetings

Sec. 6. The council shall meet at least monthly and is subject to special meetings at the call of the council's presiding officer.

[Pre-1992 Revision Citation: 12-6-3-5(e).]

As added by P.L.2-1992, SEC.7.

IC 12-13-4-7 Application of IC 12-8-2.5

Sec. 7. IC 12-8-2.5 applies to the council.

[1992 Revision Citation: New.]

As added by P.L.2-1992, SEC.7. Amended by P.L.160-2012, SEC.34.

IC 12-13-5 Chapter 5. Duties of Division

12-13-5-1	Powers and duties
12-13-5-2	Services and programs administered
12-13-5-3	Rules; agents
12-13-5-4	Powers of supervision of state institutions under IC 12-13 through IC 12-19 restricted
12-13-5-5	Records and reports
12-13-5-6	Appointment of personnel
12-13-5-7	Appointment of bureau head or employee
12-13-5-8	Deputies; payment of salaries
12-13-5-9	Failure or refusal to perform duty or obey order; enforcement procedures
12-13-5-10	Amendment or repeal of provision of title; claim for compensation barred
12-13-5-11	Taking charge of child under IC 12-13 through IC 12-19 over parental objection restricted
12-13-5-12	Liberal construction of IC 12-13 through IC 12-19
12-13-5-13	Repealed
12-13-5-14	Contractor responsibilities; report

IC 12-13-5-1 Powers and duties

Sec. 1. (a) The division shall administer or supervise the public welfare activities of the state. The division has the following powers and duties:

(1) The administration of old age assistance, TANF, and assistance to the needy blind and persons with disabilities, excluding assistance to children with special health care needs.

(2) The administration of the licensing and inspection under IC 12-17.2.

(3) The provision of services to county governments, including the following:

(A) Organizing and supervising county offices for the effective administration of public welfare functions.

(B) Compiling statistics and necessary information concerning public welfare problems throughout Indiana.

(C) Researching and encouraging research into crime, delinquency, physical and mental disability, and the cause of dependency.

(4) Prescribing the form of, printing, and supplying to the county offices blanks for applications, reports, affidavits, and other forms the division considers necessary and advisable.

(5) Cooperating with the federal Social Security Administration and with any other agency of the federal government in any reasonable manner necessary and in conformity with IC 12-13 through IC 12-19 to qualify for federal aid for assistance to persons who are entitled to assistance under the federal Social Security Act. The responsibilities include the following:

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

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

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

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

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

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

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

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

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

(11) Supervising day care centers.

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

(b) In the administration of the public welfare programs, the division and the department of workforce development may enter into a written memorandum of understanding concerning administering and implementing federal work requirements for public welfare programs.

[Pre-1992 Revision Citations: subdivision (1) formerly 12-1-2-3(a); subdivision (2) formerly 12-1-2-3(c) part; subdivision (3) formerly 12-1-2-3(e); subdivision (4) formerly 12-1-2-3(g); subdivision (5) formerly 12-1-2-3(h); subdivision (6) formerly 12-1-2-3(j); subdivision (7) formerly 12-1-2-3(i); subdivision (8) formerly 12-1-2-3(k); subdivision (9) formerly 12-1-2-3(l); subdivision (10) formerly 12-1-2-3(o); subdivision (11) formerly 12-1-2-3(p); subdivision (12) formerly 12-1-2-3.1(1); subdivision (13) formerly 12-1-2-3.1(2); subdivision (14) formerly 12-1-2-3.1(3); subdivision (15) 12-1-2-3.1(4); subdivision (16) formerly 12-1-2-3.1(5).]

As added by P.L.2-1992, SEC.7. Amended by P.L.20-1992, SEC.26; P.L.81-1992, SEC.27; P.L.1-1993, SEC.130; P.L.23-1993, SEC.52; P.L.4-1993, SEC.51; P.L.5-1993, SEC.64; P.L.142-1995, SEC.3; P.L.1-1997, SEC.53; P.L.35-1998, SEC.1; P.L.273-1999, SEC.79; P.L.234-2005, SEC.20; P.L.145-2006, SEC.75; P.L.69-2015, SEC.3; P.L.210-2015, SEC.32.

IC 12-13-5-2 Services and programs administered

Sec. 2. The division shall administer the following:

(1) A child development associate scholarship program.

(2) Any school age dependent care program.

(3) Migrant day care services.

(4) The migrant nutrition program.

(5) The home visitation and social services program.

(6) The educational consultants program.

(7) Community restitution or service programs.

(8) The crisis nursery program.

(9) Social services programs.

(10) The step ahead comprehensive early childhood grant program.

(11) Any other program:

(A) designated by the general assembly; or

(B) administered by the federal government under grants consistent with the duties of the division.

[Pre-1992 Revision Citations: subdivision (1) formerly 12-1-2-3.1(6); subdivision (2) formerly 12-1-2-3.1(7); subdivision (3) formerly 12-1-2-3.1(8); subdivision (4) formerly 12-1-2-3.1(9); subdivision (5) formerly 12-1-2-3.1(10); subdivision (6) formerly 12-1-2-3.1(11); subdivision (7) formerly 12-1-2-3.1(12); subdivision (8) formerly 12-1-2-3.1(13); subdivision (9) formerly 12-1-2-3.1(14); subdivision (10) formerly 12-1-2-3.1(15); subdivision (11) formerly 12-1-2-3.1(16); subdivision (12) formerly 12-1-2-3.1(17); subdivision (13) formerly 12-1-2-3.1(22); subdivision (14) formerly 12-1-2-3.1(23); subdivision (15) formerly 12-1-2-3.1(24); 1992 Revision Citations: subdivision (16) New; subdivision (17) New; subdivision (18) New; subdivision (19) New; subdivision (20) New; subdivision (21) New; subdivision (22) New; subdivision (23) New; subdivision (24) New.]

As added by P.L.2-1992, SEC.7. Amended by P.L.4-1993, SEC.52; P.L.5-1993, SEC.65;

P.L.32-2000, SEC.7; P.L.234-2005, SEC.21; P.L.173-2006, SEC.45; P.L.181-2006, SEC.53; P.L.1-2007, SEC.119; P.L.130-2009, SEC.17; P.L.128-2012, SEC.5.

IC 12-13-5-3 Rules; agents

Sec. 3. The division may do the following:

(1) Adopt rules under IC 4-22-2 and take action that is necessary or desirable to carry out IC 12-13 through IC 12-19 and that is not inconsistent with IC 12-13 through IC 12-19. Each county director shall keep copies of the rules on file available for inspection by any person interested.

(2) Under a division rule, designate county offices to serve as agents of the division in the performance of all public welfare activities in the county.

[Pre-1992 Revision Citations: subdivision (1) formerly 12-1-2-3(f); subdivision (2) formerly 12-1-2-3(m); subdivision (3) formerly 12-1-2-3(n) part.]

As added by P.L.2-1992, SEC.7. Amended by P.L.4-1993, SEC.53; P.L.5-1993, SEC.66; P.L.108-1996, SEC.3.

IC 12-13-5-4 Powers of supervision of state institutions under IC 12-13 through IC 12-19 restricted

Sec. 4. IC 12-13 through IC 12-19 conferring powers of supervision on the division do not include the actual management of state institutions or the selection of the personnel of state institutions.

[Pre-1992 Revision Citation: 12-1-2-3(q).]

As added by P.L.2-1992, SEC.7.

IC 12-13-5-5 Records and reports

Sec. 5. (a) Each county auditor shall keep records and make reports relating to the county welfare fund (before July 1, 2001), the family and children's fund (before January 1, 2009), and other financial transactions as required under IC 12-13 through IC 12-19 and as required by the division or the department of child services.

(b) All records provided for in IC 12-13 through IC 12-19 shall be kept, prepared, and submitted in the form required by the division or the department of child services and the state board of accounts.

[Pre-1992 Revision Citation: 12-1-12-1.]

As added by P.L.2-1992, SEC.7. Amended by P.L.36-1994, SEC.13; P.L.273-1999, SEC.80; P.L.234-2005, SEC.22; P.L.146-2008, SEC.384.

IC 12-13-5-6 Appointment of personnel

Sec. 6. The secretary or the secretary's designee shall appoint necessary eligible personnel for the efficient performance of the division's duties.

[Pre-1992 Revision Citation: 12-1-2-5 part.]

As added by P.L.2-1992, SEC.7. Amended by P.L.35-2016, SEC.30.

IC 12-13-5-7 Appointment of bureau head or employee

Sec. 7. (a) The secretary or the secretary's designee shall appoint a bureau head or an employee who reports directly to the director.

(b) The bureau head shall, with the approval of the secretary or the secretary's designee, appoint each employee who reports directly to the head.

[Pre-1992 Revision Citation: 12-1-2-5 part.]

As added by P.L.2-1992, SEC.7. Amended by P.L.35-2016, SEC.31.

IC 12-13-5-8 Deputies; payment of salaries

Sec. 8. (a) The attorney general shall assign to the division the number of deputies the director determines are needed to assist in the administration of the division.

(b) The salary of each deputy assigned to the division shall, during the deputy's service to the division, be paid from the money made available for the administration and enforcement of IC 12-13 through IC 12-19.

[Pre-1992 Revision Citation: 12-1-2-5 part.]

As added by P.L.2-1992, SEC.7.

IC 12-13-5-9 Failure or refusal to perform duty or obey order; enforcement procedures

Sec. 9. (a) If a public official, board, or commission fails or refuses to perform a duty under IC 12-13 through IC 12-19, the division or an agency allowed by law to coordinate or supervise assistance under IC 12-13 through IC 12-19 may order the public official, board, or commission to perform the duty.

(b) If the public official, board, or commission refuses to obey an order issued under subsection (a), the agency issuing the order under subsection (a) may institute a mandamus proceeding in a court to compel the public official, board, or commission to perform the duty.

(c) The attorney general shall assist in proceedings under this section.

[Pre-1992 Revision Citation: 12-1-12-3 part.]

As added by P.L.2-1992, SEC.7.

IC 12-13-5-10 Amendment or repeal of provision of title; claim for compensation barred

Sec. 10. The amendment or repeal of a provision of this title does not create a claim for compensation on behalf of a recipient under this title.

[Pre-1992 Revision Citation: 12-1-12-9.]

As added by P.L.2-1992, SEC.7.

IC 12-13-5-11 Taking charge of child under IC 12-13 through IC 12-19 over parental objection restricted

Sec. 11. Except as provided in IC 31-37-7-3, IC 12-13 through IC 12-19 does not authorize a state or county official, agent, or representative, in carrying out IC 12-13 through IC 12-19, to take charge of a child over the objection of either parent of the child or of the person standing in loco parentis to the child, except under a court order.

[Pre-1992 Revision Citation: 12-1-12-17.]

As added by P.L.2-1992, SEC.7. Amended by P.L.79-1994, SEC.1; P.L.1-1997, SEC.54.

IC 12-13-5-12 Liberal construction of IC 12-13 through IC 12-19

Sec. 12. IC 12-13 through IC 12-19 shall be liberally construed so that the purposes may be accomplished as equitably, economically, and expeditiously as possible.

[Pre-1992 Revision Citation: 12-1-12-3 part.]

As added by P.L.2-1992, SEC.7.

IC 12-13-5-13 Repealed

As added by P.L.133-2005, SEC.2. Repealed by P.L.143-2008, SEC.15.

IC 12-13-5-14 Contractor responsibilities; report

Sec. 14. (a) As used in this section, "committee" refers to the interim study committee on public health, behavioral health, and human services established by IC 2-5-1.3-4.

(b) A contractor for the division, office, or secretary that has responsibility for processing eligibility intake for the federal Supplemental Nutrition Assistance program (SNAP), the Temporary Assistance for Needy Families (TANF) program, and the Medicaid program shall do the following:

(1) Review the eligibility intake process for:

(A) document management issues, including:

(i) unattached documents;
(ii) number of documents received by facsimile;
(iii) number of documents received by mail;
(iv) number of documents incorrectly classified;
(v) number of documents that are not indexed or not correctly attached to cases;
(vi) number of complaints from clients regarding lost documents; and
(vii) number of complaints from clients resolved regarding lost documents;

(B) direct client assistance at county offices, including the:
(i) number of clients helped directly in completing eligibility application forms;
(ii) wait times at local offices;
(iii) amount of time an applicant is given as notice before a scheduled applicant appointment;
(iv) amount of time an applicant waits for a scheduled appointment; and
(v) timeliness of the tasks sent by the contractor to the state for further action, as specified through contracted performance standards; and

(C) call wait times and abandonment rates.

(2) Provide an update on employee training programs.

(3) Provide a copy of the monthly key performance indicator report.

(4) Provide information on error reports and contractor compliance with the contract.

(5) Provide oral and written reports to the committee concerning matters described in subdivision (1):
(A) in a manner and format to be agreed upon with the committee; and
(B) whenever the committee requests.
However, written reports shall be provided in an electronic format under IC 5-14-6.

(6) Report on information concerning assistance provided by voluntary community assistance networks (V-CANs).

(7) Report on the independent performance audit conducted on the contract.

(c) Solely referring an individual to a computer or telephone does not constitute the direct client assistance referred to in subsection (b)(1)(B).

As added by P.L.153-2009, SEC.2. Amended by P.L.205-2013, SEC.183; P.L.53-2014, SEC.103.

IC 12-13-6 Chapter 6. Creation of Bureaus and Bureau Responsibilities

12-13-6-1 Office of early childhood and out of school learning and bureau of economic independence established
12-13-6-2 Bureau head and assistant supervisor; bond and oath; bureau of family independence responsibilities
12-13-6-3 Youth development bureau responsibilities

IC 12-13-6-1 Office of early childhood and out of school learning and bureau of economic independence established

Sec. 1. The following are established within the division:

(1) An office of early childhood and out of school learning.

(2) A bureau of economic independence.

[Pre-1992 Revision Citation: 12-1-2-6 part.]

As added by P.L.2-1992, SEC.7. Amended by P.L.186-2001, SEC.3; P.L.234-2005, SEC.23; P.L.210-2015, SEC.33; P.L.74-2022, SEC.8.

IC 12-13-6-2 Bureau head and assistant supervisor; bond and oath; bureau of family independence responsibilities

Sec. 2. Subject to the authority of the division and the director, the following apply to the bureaus:

(1) The bureau of family independence has immediate charge of old age assistance, assistance to dependent children in the children's own homes, and assistance to the blind.

(2) The officer who is in charge of a bureau is the bureau head.

(3) Before entering upon the discharge of an official duty, the bureau head and assistant supervisor shall execute a bond payable to the state in an amount and with sureties approved by the governor that is conditioned on the faithful discharge of official duties.

(4) Each bureau head and assistant supervisor shall take and subscribe an oath, which shall be endorsed upon the official bond. The bond and oath when executed shall be filed in the office of the secretary of state.

[Pre-1992 Revision Citation: 12-1-2-7.]

As added by P.L.2-1992, SEC.7.

IC 12-13-6-3 Youth development bureau responsibilities

Sec. 3. The youth development bureau shall plan, fund, and coordinate programs and services for children and youth that promote optimal functioning. Specific responsibilities include the following:

(1) Coordinating services, activities, and programs with other agencies or divisions that provide services to children with emotional disturbances.

(2) Serving as a link with local schools to participate in the planning for services funded by the department of education's educational opportunities for at-risk students program.

(3) Providing collaboration and assistance to school health programs, comprehensive health curricula, and school health clinics in promoting maximization of a youth's physical, social, mental, vocational, and emotional potential.

(4) Planning and administering community based programs and services in conjunction with child advocacy, community education, and information and referral sources for the prevention of juvenile delinquency.

(5) Facilitating the planned and efficient movement of students with disabilities from a secondary school to a postsecondary educational institution or employment.

[Pre-1992 Revision Citation: 12-1-2-6 part.]

As added by P.L.2-1992, SEC.7. Amended by P.L.2-2007, SEC.156.

IC 12-13-7 Chapter 7. Administration of Money

12-13-7-1	Grants, funds, and other money administered
12-13-7-2	Division as single state agency responsible for administering certain grants, funds, and programs
12-13-7-3	Social Security Act and regulations; acceptance and compliance
12-13-7-4	Acceptance by state of federal law concerning needy and disabled persons and general public and child welfare
12-13-7-5	Cooperation with federal government in administration of certain provisions of federal Social Security Act
12-13-7-6	Rules
12-13-7-7	Money received by state under federal Social Security Act; treasurer as custodian
12-13-7-8	Reception and payment of money
12-13-7-9	Payment and deposit of money
12-13-7-10	Repealed
12-13-7-11	Repealed
12-13-7-12	Disclosure of financial transactions necessary to administer IC 12-13 through IC 12-19; approval
12-13-7-13	Repealed
12-13-7-14	Repealed
12-13-7-15	Repealed
12-13-7-16	Repealed
12-13-7-17	Repealed
12-13-7-18	Budget
12-13-7-19	State or federal higher education award paid directly to institution as income affecting eligibility for assistance
12-13-7-20	Repealed
12-13-7-21	Repealed

IC 12-13-7-1 Grants, funds, and other money administered

Sec. 1. The office of the secretary shall administer the following:

(1) The Child Care and Development Block Grant under 42 U.S.C. 9858 et seq.

(2) The federal Food Stamp Program under 7 U.S.C. 2011 et seq.

(3) Title IV-A of the federal Social Security Act.

(4) Any other funding source:

(A) designated by the general assembly; or

(B) available from the federal government under grants that are consistent with the duties of the division.

[Pre-1992 Revision Citations: subdivision (1) formerly 12-1-2-3.1(18); subdivision (2) formerly 12-1-2-3.1(19); subdivision (3) formerly 12-1-2-3.1(20); subdivision (4) formerly 12-1-2-3.1(21); subdivision (5) formerly 12-1-2-6.1 part; subdivision (6) formerly 12-1-2-3.2 part; subdivision (7) formerly 12-1-2-3.2 part; subdivision (8) formerly 12-1-2-3.4 part; subdivision (9) formerly 12-3-24-2 part; 1992 Revision Citation: subdivision (10) New; subdivision (11) New.]

As added by P.L.2-1992, SEC.7. Amended by P.L.2-2005, SEC.46; P.L.234-2005, SEC.24; P.L.181-2006, SEC.54; P.L.130-2009, SEC.18; P.L.39-2015, SEC.9.

IC 12-13-7-2 Division as single state agency responsible for administering certain grants, funds, and programs

Sec. 2. The office of the secretary is the single state agency responsible for administering the following:

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

(2) SNAP.

[Pre-1992 Revision Citations: subdivision (1) formerly 12-1-2-6.1 part; subdivision (2) formerly 12-1-2-3.2 part; subdivision (3) formerly 12-1-2-3.2 part; subdivision (4) formerly 12-1-2-3.3 part;

subdivision (5) formerly 12-3-24-2 part.]

As added by P.L.2-1992, SEC.7. Amended by P.L.2-2005, SEC.47; P.L.234-2005, SEC.25; P.L.39-2015, SEC.10; P.L.210-2015, SEC.34.

IC 12-13-7-3 Social Security Act and regulations; acceptance and compliance

Sec. 3. (a) The state accepts all of the provisions and benefits of the federal Social Security Act and regulations adopted under the federal Social Security Act.

(b) The division and the county offices may administer and shall observe and comply with all of the requirements of the federal Social Security Act and regulations issued under the federal Social Security Act.

[Pre-1992 Revision Citation: 12-1-2-12.]

As added by P.L.2-1992, SEC.7. Amended by P.L.4-1993, SEC.54; P.L.5-1993, SEC.67.

IC 12-13-7-4 Acceptance by state of federal law concerning needy and disabled persons and general public and child welfare

Sec. 4. (a) The state accepts the provisions and benefits of the federal Social Security Act, the Economic Opportunity Act of 1964, and any related federal law concerning needy and persons with disabilities and general public and child welfare.

(b) A law described under subsection (a) shall be construed to secure to the state and local units of government maximum participation in the benefits of the laws.

(c) If required by law, a proportionate share of refunds, recoveries, or repayments of assistance or administration costs shall be repaid to a federal agency on the basis of federal participation in the costs.

[Pre-1992 Revision Citation: 12-1-2-13.]

As added by P.L.2-1992, SEC.7. Amended by P.L.23-1993, SEC.53.

IC 12-13-7-5 Cooperation with federal government in administration of certain provisions of federal Social Security Act

Sec. 5. (a) The division is designated as the state agency to cooperate with the federal government in the administration of the following provisions of the federal Social Security Act:

(1) 42 U.S.C. 301 through 42 U.S.C. 306.
(2) 42 U.S.C. 601 through 42 U.S.C. 606.
(3) 42 U.S.C. 711 through 42 U.S.C. 713.
(4) 42 U.S.C. 1201 through 42 U.S.C. 1206.

(b) The division shall cooperate with the appropriate departments of the federal government and with all other departments of state and local governments in the:

(1) enforcement and administration of;
(2) amendments to; and
(3) regulations issued under;

the provision described in subsection (a).

[Pre-1992 Revision Citation: 12-1-2-17.]

As added by P.L.2-1992, SEC.7. Amended by P.L.7-2015, SEC.32.

IC 12-13-7-6 Rules

Sec. 6. The secretary shall adopt rules under IC 4-22-2 necessary to administer and supervise SNAP.

[Pre-1992 Revision Citations: subsections (a), (b), (c) formerly 12-1-2-3.4 part; subsection (d) formerly 12-1-2-3.3 part.]

As added by P.L.2-1992, SEC.7. Amended by P.L.210-2015, SEC.35; P.L.35-2016, SEC.32.

IC 12-13-7-7 Money received by state under federal Social Security Act;

treasurer as custodian

Sec. 7. The treasurer of state is the custodian of money received by the state from an appropriation made by the United States Congress for the purpose of cooperating with the states in the enforcement and administration of the federal Social Security Act.

[Pre-1992 Revision Citation: 12-1-2-15 part.]

As added by P.L.2-1992, SEC.7.

IC 12-13-7-8 Reception and payment of money

Sec. 8. (a) The treasurer of state may receive money:

(1) received from a source other than the federal Social Security Act;

(2) not received from taxes levied in the county; and

(3) that under IC 12-13 through IC 12-19 the division and county offices are authorized to collect, receive, and administer.

(b) The treasurer of state may pay the money received under subsection (a) into the proper fund or the proper account of the state general fund, provide for the proper custody of the money, and make disbursements upon the order of the division and upon warrant of the state comptroller.

[Pre-1992 Revision Citation: 12-1-2-15 part.]

As added by P.L.2-1992, SEC.7. Amended by P.L.4-1993, SEC.55; P.L.5-1993, SEC.68; P.L.9-2024, SEC.329.

IC 12-13-7-9 Payment and deposit of money

Sec. 9. (a) Money:

(1) received from the federal government by the treasurer of state to defray the expenses and pay the claims and obligations incurred in the administration of the federal Social Security Act;

(2) received from any other source; and

(3) that under IC 12-13 through IC 12-19 the division and county offices may collect, receive, and administer;

shall be paid into the respective funds or respective accounts of the state general fund.

(b) Money received under subsection (a) for the following population groups shall be deposited as follows:

(1) Old age assistance shall be paid into the old age assistance account.

(2) Services for dependent children shall be paid into the aid to dependent children account.

(3) Assistance to the needy blind shall be paid into the needy blind account.

(4) Assistance to the needy permanently and totally disabled persons shall be paid into the needy disabled person account.

[Pre-1992 Revision Citation: 12-1-2-16.]

As added by P.L.2-1992, SEC.7. Amended by P.L.4-1993, SEC.56; P.L.5-1993, SEC.69; P.L.128-2012, SEC.6.

IC 12-13-7-10 Repealed

[Pre-1992 Revision Citation: 12-1-2-4.1.]

As added by P.L.2-1992, SEC.7. Amended by P.L.4-1993, SEC.57; P.L.5-1993, SEC.70. Repealed by P.L.273-1999, SEC.124.

IC 12-13-7-11 Repealed

[Pre-1992 Revision Citation: 12-1-2-4.]

As added by P.L.2-1992, SEC.7. Repealed by P.L.273-1999, SEC.124.

IC 12-13-7-12 Disclosure of financial transactions necessary to administer IC 12-13 through IC 12-19; approval

Sec. 12. (a) The division shall do the following:

(1) Prepare and submit to the state board of accounts for approval forms and records for assistance, receipts, disbursements, advancements, transfers, and other financial transactions necessary to administer IC 12-13 through IC 12-19.

(2) Disclose financial transactions connected with subdivision (1).

(b) Upon the approval and adoption by the state board of accounts, the division shall prescribe the forms, records, and method of accounting for all counties.

[Pre-1992 Revision Citation: 12-1-12-2.]

As added by P.L.2-1992, SEC.7. Amended by P.L.234-2005, SEC.26; P.L.128-2012, SEC.7.

IC 12-13-7-13 Repealed

[Pre-1992 Revision Citation: 12-1-2-14.]

As added by P.L.2-1992, SEC.7. Amended by P.L.4-1993, SEC.58; P.L.5-1993, SEC.71. Repealed by P.L.273-1999, SEC.124.

IC 12-13-7-14 Repealed

[Pre-1992 Revision Citation: 12-1-2-4.2.]

As added by P.L.2-1992, SEC.7. Amended by P.L.4-1993, SEC.59; P.L.5-1993, SEC.72. Repealed by P.L.273-1999, SEC.124.

IC 12-13-7-15 Repealed

[Pre-1992 Revision Citation: 12-1-2-4.3.]

As added by P.L.2-1992, SEC.7. Amended by P.L.4-1993, SEC.60; P.L.5-1993, SEC.73. Repealed by P.L.273-1999, SEC.124.

IC 12-13-7-16 Repealed

[Pre-1992 Revision Citation: 12-1-2-4.4.]

As added by P.L.2-1992, SEC.7. Amended by P.L.4-1993, SEC.61; P.L.5-1993, SEC.74. Repealed by P.L.273-1999, SEC.124.

IC 12-13-7-17 Repealed

[Pre-1992 Revision Citation: 12-1-12-11.]

As added by P.L.2-1992, SEC.7. Amended by P.L.36-1994, SEC.14; P.L.12-1996, SEC.11; P.L.273-1999, SEC.61. Repealed by P.L.146-2008, SEC.808.

IC 12-13-7-18 Budget

Sec. 18. The director of the division shall prepare a biennial budget of money necessary to be appropriated by the general assembly for the division for the purposes of IC 12-13 through IC 12-19. The budget must include an estimate of all federal money that may be allotted to the state by the federal government for the purposes of the division. The budget shall be submitted to and filed with the budget director.

[Pre-1992 Revision Citation: 12-1-2-5.]

As added by P.L.2-1992, SEC.7. Amended by P.L.234-2005, SEC.27.

IC 12-13-7-19 State or federal higher education award paid directly to institution as income affecting eligibility for assistance

Sec. 19. Except as provided by federal law, if an individual receives a state or federal higher education award that is paid directly to an approved postsecondary educational institution for that individual's benefit:

(1) the individual is not required to report the award as income or as a resource of the individual when applying for assistance administered under this chapter; and

(2) the award may not be considered as income or a resource of the individual in determining initial or continuing eligibility for assistance administered under this

article.

[Pre-1992 Revision Citation: 12-1-2-19.]

As added by P.L.2-1992, SEC.7. Amended by P.L.2-2007, SEC.157.

IC 12-13-7-20 Repealed

[Pre-1992 Revision Citation: 12-1-12-13.]

As added by P.L.2-1992, SEC.7. Repealed by P.L.273-1999, SEC.124.

IC 12-13-7-21 Repealed

As added by P.L.105-1996, SEC.3. Repealed by P.L.1-2001, SEC.51.

IC 12-13-8 Chapter 8. Repealed

[Pre-1992 Revision Citations:

12-13-8-1	formerly 12-1-12-12.5
12-13-8-2	formerly 12-1-12-12.5(a)
12-13-8-3	formerly 12-1-12-12.5(b)
12-13-8-4	formerly 12-1-12-12.5(c)
12-13-8-5	formerly 12-1-12-12.5(d)
12-13-8-6	formerly 12-1-12-12.5(e)
12-13-8-7	formerly 12-1-12-12.5(f)
12-13-8-8	formerly 12-1-12-12.5(g).]

Repealed by P.L.146-2008, SEC.806.

IC 12-13-9 Chapter 9. Repealed

[Pre-1992 Revision Citations:

12-13-9-1	formerly 12-1-12-12.5(h) part
12-13-9-2	formerly 12-1-12-12.5(h) part
12-13-9-3	formerly 12-1-12-12.5(h) part
12-13-9-4	formerly 12-1-12-12.5(i).]

Repealed by P.L.146-2008, SEC.806.

IC 12-13-10 Chapter 10. Repealed

[Pre-1992 Revision Citations:

12-13-10-1	formerly 12-3-24-2 part
12-13-10-2	formerly 12-3-24-3
12-13-10-3	formerly 12-3-24-4
12-13-10-4	formerly 12-3-24-5
12-13-10-5	formerly 12-3-24-6
12-13-10-6	formerly 12-3-24-7
12-13-10-7	formerly 12-3-24-8
12-13-10-8	formerly 12-3-24-9
12-13-10-9	formerly 12-3-24-10.]

Repealed by P.L.128-2012, SEC.8.

IC 12-13-11 Chapter 11. Repealed

[Pre-1992 Revision Citations:
12-13-11-1 formerly 16-13-4.5-3 part
12-13-11-2 formerly 16-13-4.5-3 part.]

Repealed by P.L.272-1999, SEC.66.

IC 12-13-12 Chapter 12. Repealed

Repealed by P.L.133-2012, SEC.67.

IC 12-13-13 Chapter 13. Repealed

Repealed by P.L.145-2006, SEC.376.

IC 12-13-14 Chapter 14. Electronic Benefits Transfer

12-13-14-1	Definitions
12-13-14-2	Powers of division for administration of SNAP and EBT program
12-13-14-3	Electronic benefits transfer commission; members; terms; vacancies; chairperson; no reimbursement for expenses
12-13-14-4	Recommendations of commission to division on implementation of statewide EBT program
12-13-14-4.5	Distribution of cash assistance through automated teller machines or point of sale terminals; exclusions; disabled access in prohibited locations; penalties; rules
12-13-14-5	Retailer participation
12-13-14-6	Equal treatment of retailers
12-13-14-7	Retailer liability for fraudulent EBT transaction
12-13-14-8	Payment to retailer by contractor; penalty payments; system failure
12-13-14-9	Retailer and recipient training; credit
12-13-14-10	Retailer not considered contractor
12-13-14-11	Required components of EBT program
12-13-14-12	Retailer fees for processing transactions; review of fees
12-13-14-13	Farmers' market point of sale terminals
12-13-14-14	Investigation of fraud by state excise police
12-13-14-15	Replacement of EBT cards; procedure

IC 12-13-14-1 Definitions

Sec. 1. (a) As used in this chapter, "automated teller machine" means an electronic hardware device owned or operated by or on behalf of a financial institution or retailer that is capable of dispensing currency and responding to balance inquiries through the use of a magnetic stripe card issued by or on behalf of the division for distribution of assistance through an EBT system as described in this chapter.

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

(c) As used in this chapter, "Department" refers to the United States Department of Health and Human Services.

(d) As used in this chapter, "EBT program" means an electronic benefits transfer program.

(e) As used in this chapter, "financial institution" means a bank, trust company, savings institution, credit union, or any other organization:

(1) whose principal business activity is providing banking or financial services to the public; and

(2) that is organized, supervised, and authorized to do business in Indiana under IC 28 or Title 12 of the United States Code.

(f) As used in this chapter, "food retailer" means a retailer that:

(1) sells food items to consumers; and

(2) has been authorized under 7 CFR 278 to participate in SNAP.

(g) As used in this chapter, "person" includes any individual or entity described in IC 6-2.5-1-3.

(h) As used in this chapter, "point of sale terminal" means an electronic hardware device that is:

(1) used at a retailer's place of business where consumers pay for goods or services; and

(2) capable of:

(A) initiating a request for authorization of a purchase of tangible personal property;

(B) disbursing currency from an account;

(C) initiating a balance inquiry for an account; or

(D) distributing assistance through an EBT system as described in this chapter.

(i) As used in this chapter, "primary business" means more than fifty percent (50%) of the gross retail income (as defined in IC 6-2.5-1-5) attributable to the location or premises where

the business is located.

(j) As used in this chapter, "retailer" means a person that, in the ordinary course of business:

(1) sells or transfers tangible personal property; or

(2) provides or performs services for compensation;

to consumers.

(k) As used in this chapter, "Secretary" refers to the Secretary of the United States Department of Agriculture.

As added by P.L.15-1996, SEC.2. Amended by P.L.257-1997(ss), SEC.10; P.L.210-2015, SEC.36.

IC 12-13-14-2 Powers of division for administration of SNAP and EBT program

Sec. 2. The division may do the following:

(1) Under:

(A) 7 U.S.C. 2016(I); and

(B) 7 CFR 272, 274, 276, 277, and 278;

make an application for approval from the Secretary for implementation by the division of an EBT program in Indiana for SNAP assistance.

(2) If required at any time by federal law or regulation, make an application for approval from the Department for implementation by the division of an EBT program in Indiana for assistance under the Title IV-A assistance program as provided in 42 U.S.C. 601 et seq.

(3) After receiving approval from the Secretary and, if required, the Department, implement a fully functional and operating EBT program under this chapter to provide an alternative method of delivering:

(A) SNAP assistance; and

(B) assistance under the Title IV-A assistance program in Indiana.

(4) Contract with vendors for supplies and services to implement an EBT program according to IC 5-22-17.

(5) Adopt rules under IC 4-22-2 to implement the EBT program.

As added by P.L.15-1996, SEC.2. Amended by P.L.257-1997(ss), SEC.11; P.L.49-1997, SEC.44; P.L.2-1998, SEC.37; P.L.210-2015, SEC.37.

IC 12-13-14-3 Electronic benefits transfer commission; members; terms; vacancies; chairperson; no reimbursement for expenses

Sec. 3. (a) The electronic benefits transfer commission is established.

(b) The commission consists of eight (8) members appointed by the secretary of family and social services as follows:

(1) Two (2) employees of the office of the secretary of family and social services.

(2) Two (2) members of the Indiana Grocers and Convenience Store Association, nominated by the chief executive officer of the Indiana Grocers and Convenience Store Association for consideration by the secretary of family and social services.

(3) Two (2) members of the Indiana Bankers Association, nominated by the chief executive officer of the Indiana Bankers Association for consideration by the office of the secretary of family and social services.

(4) Two (2) persons representing recipients of SNAP benefits or TANF benefits. One (1) person shall be nominated by the Indiana Food and Nutrition Network, and one (1) person shall be nominated by the Indiana Coalition for Human Services for consideration by the secretary of family and social services.

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

made.

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

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

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

As added by P.L.15-1996, SEC.2. Amended by P.L.1-2009, SEC.101; P.L.210-2015, SEC.38.

IC 12-13-14-4 Recommendations of commission to division on implementation of statewide EBT program

Sec. 4. The commission shall make recommendations to the division and advise the division on the following issues:

(1) Implementing a fully functional and operating EBT program statewide.

(2) How Indiana's EBT program implemented under this chapter can be administered in accordance with:

(A) federal requirements under 7 U.S.C. 2016(i); and

(B) federal regulations under 7 CFR 272, 274, 276, 277, and 278.

(3) Whether to implement the National Automated Clearing House Association guidelines to the extent that the guidelines are not inconsistent with federal law.

(4) Whether to implement the federal electronic funds transfer rules.

(5) Whether the division should seek a waiver from the Secretary that would allow retailers to identify check-out lanes that are equipped to handle EBT transactions.

(6) Providing retailer and recipient training.

(7) Creating an EBT program in Indiana that is compatible with EBT programs in other states to the extent possible.

(8) Rules necessary to provide adequate financial safeguards and other protections for recipients.

(9) Any other issues concerning the establishment and operation of an EBT program.

As added by P.L.15-1996, SEC.2. Amended by P.L.257-1997(ss), SEC.12.

IC 12-13-14-4.5 Distribution of cash assistance through automated teller machines or point of sale terminals; exclusions; disabled access in prohibited locations; penalties; rules

Sec. 4.5. (a) Except as provided in this section, the division may distribute cash assistance benefits to a person who is eligible for assistance under the Title IV-A assistance program though an automated teller machine or a point of sale terminal that is connected to the EBT system.

(b) The following establishments shall post a sign next to each automated teller machine or point of sale terminal located on the premises informing a potential user that the automated teller machine or point of sale terminal may not be used to receive cash assistance benefits under the Title IV-A assistance program:

(1) A horse racing establishment:

(A) where the pari-mutuel system of wagering is authorized; and

(B) for which a permit is required under IC 4-31-5.

(2) A satellite facility:

(A) where wagering on horse racing is conducted; and

(B) for which a license is required under IC 4-31-5.5.

(3) An allowable event required to be licensed by the Indiana gaming commission under IC 4-32.3.

(4) A riverboat or other facility required to be licensed by the Indiana gaming

commission under IC 4-33.

(5) A store or other establishment:

(A) where the primary business is the sale of firearms (as defined in IC 35-47-1-5); and

(B) that sells handguns for which a license to sell handguns is required under IC 35-47-2.

(6) A store or other establishment where the primary business is the sale of alcoholic beverages for which a permit is required under IC 7.1-3.

(7) An adult entertainment establishment.

(c) An:

(1) establishment that does not post the sign required under subsection (b); or

(2) individual who attempts to use an automated teller machine or point of sale terminal with a sign posted as required under subsection (b) to access cash assistance benefits under the Title IV-A assistance program in violation of subsection (b);

commits a Class C misdemeanor.

(d) The owner, vendor, or third party processor of an automated teller machine or point of sale terminal shall disable or have disabled access to electronic cash assistance benefits in a location described in subsection (b) unless the location has been approved by the federal Food and Nutrition Services. The division shall provide assistance to an owner, vendor, or third party processor under this subsection. A person that violates this subsection commits a Class B infraction.

(e) The division shall adopt rules under IC 4-22-2 to carry out this section.

As added by P.L.257-1997(ss), SEC.13. Amended by P.L.91-2006, SEC.10; P.L.3-2012, SEC.2; P.L.197-2013, SEC.6; P.L.58-2019, SEC.27.

IC 12-13-14-5 Retailer participation

Sec. 5. A retailer participating in the EBT program in Indiana is not required to make cash disbursements or purchase equipment.

As added by P.L.15-1996, SEC.2.

IC 12-13-14-6 Equal treatment of retailers

Sec. 6. Retailers within a defined market area shall be treated equally.

As added by P.L.15-1996, SEC.2.

IC 12-13-14-7 Retailer liability for fraudulent EBT transaction

Sec. 7. A retailer participating in the EBT program may not be held liable for a loss incurred due to a fraudulent EBT transaction provided the retailer did not participate in the fraud.

As added by P.L.15-1996, SEC.2.

IC 12-13-14-8 Payment to retailer by contractor; penalty payments; system failure

Sec. 8. (a) An approved transaction must be paid to the retailer not later than the end of the second business day in which a financial institution is open for business to the public following the approval of the transaction.

(b) Failure by the contractor to pay the retailer in accordance with subsection (a) will result in penalty payments being paid by the contractor to the retailer.

(c) If there is a system failure, off-line transactions will be authorized and guaranteed up to an amount to be determined by the division. The retailer must comply with the division's rules for off-line transactions.

As added by P.L.15-1996, SEC.2.

IC 12-13-14-9 Retailer and recipient training; credit

Sec. 9. The division shall provide retailer and recipient training statewide. A retailer who uses its own equipment for training shall receive a training credit to offset the retailer's cost.
As added by P.L.15-1996, SEC.2.

IC 12-13-14-10 Retailer not considered contractor

Sec. 10. A retailer participating in the EBT program in Indiana may not be considered as a contractor for supplying services or supplies in connection with Indiana's EBT program.
As added by P.L.15-1996, SEC.2.

IC 12-13-14-11 Required components of EBT program

Sec. 11. The Indiana EBT program must be designed:

(1) for recipient portability; and

(2) to ensure compatibility with other states;

to the extent possible.
As added by P.L.15-1996, SEC.2.

IC 12-13-14-12 Retailer fees for processing transactions; review of fees

Sec. 12. The division shall negotiate a fee structure with the Indiana Grocers and Convenience Store Association for retailers in exchange for processing the division’s EBT transactions. Retailer agreements entered into between the state and retailers shall consider appropriate fees that are consistent with existing market practices, and consider costs incurred by the participating retailers for capital expenditures and ongoing operating expenditures. The division shall review and adjust the fee if necessary or appropriate.
As added by P.L.15-1996, SEC.2. Amended by P.L.257-1997(ss), SEC.14.

IC 12-13-14-13 Farmers' market point of sale terminals

Sec. 13. The division shall implement a program that provides a farmers' market administrator or a retailer who sells food at a farmers' market with a wired or wireless point of sale terminal that is connected to the EBT system.
As added by P.L.96-2009, SEC.1. Amended by P.L.13-2013, SEC.45.

IC 12-13-14-14 Investigation of fraud by state excise police

Sec. 14. The state excise police may investigate allegations of fraud within the EBT program, including investigations of the following persons:

(1) Applicants.

(2) Recipients.

(3) Retailers that participate in the EBT program.

(4) Individuals who sell or purchase access to cash assistance benefits in violation of any federal or state law or regulation.

As added by P.L.197-2013, SEC.7.

IC 12-13-14-15 Replacement of EBT cards; procedure

Sec. 15. (a) As used in this section, "EBT card" has the meaning set forth in 470 IAC 6-0.5-1.

(b) The replacement process established under this section applies until federal rules are adopted establishing a replacement EBT card process that supersedes or nullifies the process established by the division.

(c) The division shall establish a process for a recipient to follow in order to receive a replacement EBT card. The process must include contact with the division for replacement if the individual requesting replacement of the EBT card has previously requested a replacement EBT card at least four (4) times in the preceding twelve (12) month period.

(d) The division may hold replacement of an EBT card if the recipient seeking replacement of the EBT card does not follow the procedure established by the division under

subsection (b).
As added by P.L.197-2013, SEC.8.

IC 12-13-14.5 Chapter 14.5. Repealed

Repealed by P.L.234-2005, SEC.192.

IC 12-13-15 Chapter 15. Repealed

Repealed by P.L.145-2006, SEC.376.

IC 12-13-15.1 Chapter 15.1. Repealed

Repealed by P.L.145-2006, SEC.376.

IC 12-13-15.2 Chapter 15.2. Dental Care Information for Indiana Children

12-13-15.2-1 Providing lists of dentists
12-13-15.2-2 Collaboration in establishing programs

IC 12-13-15.2-1 Providing lists of dentists

Sec. 1. The division of family resources shall provide to the following entities in the county a list of dentists practicing in the county who provide dental services under the Medicaid program (IC 12-15) or the children's health insurance program (IC 12-17.6):

(1) Head Start programs (42 U.S.C. 9831 et seq.).
(2) Women, infants, and children nutrition programs (as defined in IC 16-35-1.5-5).
(3) Maternal and child health clinics (as defined in IC 16-46-5-5).
(4) The local health department.
(5) School nurses appointed under IC 20-34-3-6.
(6) Child care centers licensed under IC 12-17.2-4.
(7) The township trustees.

As added by P.L.169-2001, SEC.1. Amended by P.L.1-2005, SEC.129; P.L.128-2012, SEC.9.

IC 12-13-15.2-2 Collaboration in establishing programs

Sec. 2. The division shall collaborate with the office of Medicaid policy and planning established by IC 12-8-6.5-1 and the Indiana department of health established by IC 16-19-1-1 to establish programs that facilitate children's access to oral health services.

As added by P.L.169-2001, SEC.1. Amended by P.L.160-2012, SEC.35; P.L.56-2023, SEC.99.

IC 12-13-16 Chapter 16. Telephone 211 Dialing Code Services for Accessing Human Services Information

12-13-16-1 "211"
12-13-16-2 "211 services"
12-13-16-3 "Advisory committee"
12-13-16-4 "Fund"
12-13-16-5 "Human services"
12-13-16-6 "Person"
12-13-16-7 Purpose of 211 services
12-13-16-8 211 services fund; establishment; administration by secretary; annual plan for expenditures; permissible expenditures
12-13-16-9 211 advisory committee; establishment; membership; administration by secretary; per diem
12-13-16-10 211 services data
12-13-16-11 211 services data retention
12-13-16-12 Annual report
12-13-16-13 Rulemaking authority

IC 12-13-16-1 "211"

Sec. 1. As used in this chapter, "211" means the abbreviated dialing code designated by the Federal Communications Commission for telephone service providing access to human services information and referrals.

As added by P.L.73-2020, SEC.7.

IC 12-13-16-2 "211 services"

Sec. 2. As used in this chapter, "211 services" means information and referral services provided through the use of 211 and intended to promote and provide access to human services.

As added by P.L.73-2020, SEC.7.

IC 12-13-16-3 "Advisory committee"

Sec. 3. As used in this chapter, "advisory committee" refers to the 211 advisory committee established by section 9 of this chapter.

As added by P.L.73-2020, SEC.7.

IC 12-13-16-4 "Fund"

Sec. 4. As used in this chapter, "fund" refers to the 211 services fund established by section 8 of this chapter.

As added by P.L.73-2020, SEC.7.

IC 12-13-16-5 "Human services"

Sec. 5. As used in this chapter, "human services" means services provided by government or nonprofit organizations to ensure the health and well-being of Indiana citizens. The term includes, but is not limited to, services designed to do any of the following:

(1) Provide relief or assistance after a natural or nonnatural disaster.

(2) Assist parents with stress issues.

(3) Assist persons in efforts to address and reduce instances of emotional and physical abuse, including domestic violence and sexual assault.

(4) Assist persons in efforts to reduce the rate of infant mortality.

(5) Direct persons to services providing assistance to veterans, senior citizens, and vulnerable children.

(6) Assist persons with respect to public health issues, including:

(A) health epidemics;

(B) mental, physical, and behavioral health services, including services for drug

addiction and abuse;

(C) prescription assistance services; and

(D) medical transportation options.

(7) Provide information on food programs and available nutrition education.

(8) Provide information on programs that assist with safe and affordable housing, including assistance with utility services.

(9) Assist persons in identifying occupational and vocational training and programs.

(10) Provide information on reentry programs for persons leaving correctional facilities, alcohol and drug treatment facilities, or mental health facilities.

As added by P.L.73-2020, SEC.7.

IC 12-13-16-6 "Person"

Sec. 6. As used in this chapter, "person" means an individual, a firm, a partnership, a corporation, or a limited liability company.

As added by P.L.73-2020, SEC.7.

IC 12-13-16-7 Purpose of 211 services

Sec. 7. It is the policy of the state that 211 services should, in an orderly and efficient manner:

(1) provide access to human services; and

(2) collect needed information about human services and the delivery of human services in Indiana.

As added by P.L.73-2020, SEC.7.

IC 12-13-16-8 211 services fund; establishment; administration by secretary; annual plan for expenditures; permissible expenditures

Sec. 8. (a) The 211 services fund is established to make 211 services available throughout Indiana. The fund shall be administered by the office of the secretary.

(b) The fund consists of the following:

(1) All money appropriated to the fund by the general assembly.

(2) Funds received from the federal government for the support of 211 services in Indiana.

(3) Investment earnings, including interest, on money in the fund.

(4) Money from any other source, including gifts and grants.

(c) The office of the secretary, after consulting with the committee, shall annually prepare a plan for the expenditure of the money in the fund. The plan must include a strategy or plan to provide information concerning, and referrals for, human services in accordance with section 7 of this chapter.

(d) Money in the fund may be spent for the following purposes:

(1) The creation of a structure for a statewide 211 resources data base.

(2) The development and implementation of a statewide 211 resources data base described in subdivision (1). Permissible expenditures under this subdivision include expenditures for planning, training, accreditation, and system evaluation.

(3) Collecting, organizing, and maintaining information from state agencies, departments, and programs that provide human services, for access by a provider of 211 services.

(4) Providing grants for any of the following purposes to a provider of 211 services:

(A) The design, development, and implementation of 211 services in the provider's 211 service area. Funds provided under this clause may be used for planning, public awareness, training, accreditation, and evaluation.

(B) The provision of 211 services on an ongoing basis after the design, development, and implementation of 211 services in the provider's service area.

(C) The provision of 211 services on a twenty-four (24) hour per day, seven (7) day

per week basis.

(e) The expenses of administering the fund shall be paid from money in the fund.

(f) The treasurer of state shall invest the money in the fund not currently needed to meet the obligations of the fund in the same manner as other public money may be invested.

(g) Money in the fund at the end of a state fiscal year does not revert to the state general fund.

As added by P.L.73-2020, SEC.7.

IC 12-13-16-9 211 advisory committee; establishment; membership; administration by secretary; per diem

Sec. 9. (a) The 211 advisory committee is established. The advisory committee includes the following members appointed by the governor or the governor's designee:

(1) Two (2) members, each of whom represents a different Indiana United Way entity.

(2) Two (2) members, each of whom represents a different local service agency that receives referrals from 211.

(3) Seven (7) members representing the types of human services provided under this chapter.

(4) One (1) individual representing the Indiana Association of Rehabilitation Facilities.

(b) The initial members of the advisory committee serve the following terms:

(1) Three (3) members serve a term of one (1) year.

(2) Five (5) members serve a term of two (2) years.

(3) Five (5) members serve a term of four (4) years.

Members appointed to the advisory committee thereafter serve terms of four (4) years.

(c) The governor or the governor's designee shall appoint the chairperson of the advisory committee.

(d) The advisory committee shall do the following:

(1) Provide input and consultation regarding implementation and administration of 211 services by the office of the secretary to ensure compliance with any requirements or obligations under this chapter.

(2) Advise the office of the secretary and make recommendations concerning the use of and goals for 211 services.

(e) The office of the secretary shall staff the advisory committee. The expenses of the advisory committee shall be paid by the office of the secretary.

(f) Each member of the advisory committee who is not a state employee is entitled to the minimum salary per diem provided by IC 4-10-11-2.1(b). The member is also entitled to reimbursement for traveling expenses as provided under IC 4-13-1-4 and other expenses actually incurred in connection with the member's duties as provided in the state policies and procedures established by the Indiana department of administration and approved by the budget agency.

(g) Each member of the advisory committee who is a state employee is entitled to reimbursement for traveling expenses as provided under IC 4-13-1-4 and other expenses actually incurred in connection with the member's duties as provided in the state policies and procedures established by the Indiana department of administration and approved by the budget agency.

As added by P.L.73-2020, SEC.7. Amended by P.L.114-2022, SEC.20; P.L.241-2023, SEC.8.

IC 12-13-16-10 211 services data

Sec. 10. Beginning July 1, 2021, the office of the secretary shall:

(1) compile data regarding 211 services, including:

(A) community needs, including utility, housing, and food assistance;

(B) the number of referrals to community resources;

(C) the number of individuals seeking assistance in each county; and

(D) all community resource providers, including township trustees; and

(2) enter into data sharing agreements with entities approved by the office of the secretary that allow the approved entities to access data compiled under this section in a manner that is consistent with state and federal privacy laws.

As added by P.L.73-2020, SEC.7. Amended by P.L.162-2021, SEC.4.

IC 12-13-16-11 211 services data retention

Sec. 11. The office of the secretary shall obtain and maintain accreditation for 211 operations in accordance with the standards of the Alliance of Information and Referral Systems or an equivalent national accreditation organization for information and referral services.

As added by P.L.73-2020, SEC.7.

IC 12-13-16-12 Annual report

Sec. 12. (a) The office of the secretary shall submit to the general assembly an annual report regarding 211 operations. The report must include information regarding all services provided through 211 and a description of changes in the information as compared to the year preceding the year for which the report is issued.

(b) The office of the secretary shall submit the report under subsection (a):

(1) not later than June 1 of each year; and

(2) in an electronic format under IC 5-14-6.

As added by P.L.73-2020, SEC.7.

IC 12-13-16-13 Rulemaking authority

Sec. 13. The office of the secretary may adopt rules under IC 4-22-2 necessary to implement this chapter.

As added by P.L.73-2020, SEC.7. Amended by P.L.93-2024, SEC.109.

IC 12-14 ARTICLE 14. FAMILY ASSISTANCE SERVICES

Ch. 1.	Temporary Assistance for Needy Families; Eligibility and Application for Assistance
Ch. 1.5.	Voter Registration Services and TANF Applications
Ch. 2.	Temporary Assistance for Needy Families; Granting of Assistance
Ch. 2.5.	Eligibility of Qualified Aliens, Lawful Permanent Residents, and Illegal Aliens for TANF
Ch. 3.	Temporary Assistance for Needy Families; Certificates
Ch. 4.	Repealed
Ch. 5.	Temporary Assistance for Needy Families; Education and Employment Training
Ch. 5.5.	Temporary Assistance for Needy Families; Performing Public Service
Ch. 6.	Temporary Assistance for Needy Families; Funeral and Cemetery Expenses
Ch. 7.	Temporary Assistance for Needy Families; Child Support
Ch. 8.	Temporary Assistance for Needy Families; Change of Assistance
Ch. 9.	Repealed
Ch. 9.5.	Repealed
Ch. 10.	Repealed
Ch. 11.	Repealed
Ch. 12.	Repealed
Ch. 13.	Supplemental Assistance to the Aged
Ch. 14.	Supplemental Assistance to the Blind
Ch. 15.	Supplemental Assistance for Persons With Disabilities
Ch. 16.	Supplemental Assistance; Liens
Ch. 17.	Supplemental Assistance; Funeral and Cemetery Expenses
Ch. 18.	Supplemental Assistance; Excess Property or Income
Ch. 19.	Valuation of Certain Resources for Supplemental Assistance
Ch. 20.	Voluntary Contributions for Public Assistance Recipients
Ch. 21.	Recovery From the Estate of a Recipient of Aged Assistance
Ch. 22.	Miscellaneous Provisions Concerning Family Assistance
Ch. 23.	Community Action Agencies; Community Action Boards
Ch. 24.	Repealed
Ch. 25.	Voter Registration Services and Food Stamp Program Services
Ch. 25.5.	Repealed
Ch. 26.	Repealed
Ch. 28.	Temporary Assistance for Needy Families Expenditures
Ch. 29.	Assistance for Reentry Court Program Participants
Ch. 30.	Supplemental Nutrition Assistance Program
Ch. 31.	Child Care and Development Fund Program Eligibility

IC 12-14-1 Chapter 1. Temporary Assistance for Needy Families; Eligibility and Application for Assistance

12-14-1-0.5	"TANF assistance group"
12-14-1-1	Eligibility
12-14-1-1.2	Income from paid internship, work based learning course, or paid postsecondary work experience excluded
12-14-1-1.3	529 Education savings plan
12-14-1-1.4	Exclusion of temporary census job income
12-14-1-1.5	Qualifications for eligible dependent child to receive assistance
12-14-1-1.7	Extended eligibility for certain dependent children and pregnant women
12-14-1-2	Application; residence of child or pregnant woman
12-14-1-3	Application; form; oath; required information; notice of assignment of rights
12-14-1-4	Single application made for more than one child
12-14-1-5	Signature as assignment for purposes of IC 12-14-7
12-14-1-6	Investigations
12-14-1-7	Confidentiality of TANF records; TANF information that may be disclosed by the division
12-14-1-8	Rulemaking

IC 12-14-1-0.5 "TANF assistance group"

Sec. 0.5. As used in this chapter, "TANF assistance group" means persons whose income, resources, or needs are considered in determining one (1) or both of the following:

(1) The eligibility of the persons for assistance under TANF.

(2) The amount of TANF assistance for which the persons are eligible.

As added by P.L.83-2022, SEC.1.

IC 12-14-1-1 Eligibility

Sec. 1. (a) Assistance under TANF shall be given to a dependent child who otherwise qualifies for assistance if the child is living in a family home of a person who meets the income requirements set forth in section 1.7 of this chapter and is:

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

(2) the child's relative, including:

(A) the child's mother, father, stepmother, stepfather, grandmother, or grandfather; or

(B) a relative not listed in clause (A) who has custody of the child.

(b) A TANF assistance group that has qualified for and is receiving assistance under TANF does not cease to qualify for assistance under TANF due solely to an increase in the value of the resources of the TANF assistance group so long as the resources of the TANF assistance group are valued at not more than ten thousand dollars ($10,000).

(c) A parent or relative and a dependent child of the parent or relative are not eligible for TANF assistance when the physical custody of the dependent child was obtained for the purpose of establishing TANF eligibility.

(d) Except as provided in IC 12-14-28-3.3, a person convicted of a felony under IC 35-43-5 relating to public relief or assistance fraud or IC 35-48-4 is not eligible to receive assistance under TANF for ten (10) years after the conviction.

(e) The assistance paid to a dependent child under this section may not be affected by the conviction of a parent or an essential person of the dependent child under subsection (d).

(f) Assistance under TANF shall be given to a woman who:

(1) is pregnant at the time an application for assistance is filed; and

(2) meets the income requirements set forth in section 1.7 of this chapter.

[Pre-1992 Revision Citation: 12-1-7-1 part.]

As added by P.L.2-1992, SEC.8. Amended by P.L.46-1995, SEC.9; P.L.161-2007, SEC.12; P.L.174-2021, SEC.8; P.L.83-2022, SEC.2; P.L.103-2023, SEC.1.

IC 12-14-1-1.2 Income from paid internship, work based learning course, or paid postsecondary work experience excluded

Sec. 1.2. (a) Except as otherwise provided by federal law, income that an individual earns for:

(1) employment in a paid internship;

(2) employment in a work based learning course (as defined in IC 20-43-8-0.7); or

(3) paid postsecondary work experience that allows the individual to apply for a related apprenticeship (as defined by IC 20-43-8-0.3);

may not be considered as a resource, asset, or income in determining an applicant's or recipient's eligibility for assistance under TANF.

(b) The division shall apply for any plan amendment, waiver, or any other federal approval necessary to implement this section. Upon approval, the division shall implement this section not later than thirty (30) days from receipt of the federal approval.

As added by P.L.14-2020, SEC.1.

IC 12-14-1-1.3 529 Education savings plan

Sec. 1.3. Except as otherwise provided under federal law, the money in an account (as

defined in IC 21-9-2-2) of an education savings program (as defined in IC 21-9-2-11) may not be considered as a resource or asset in determining an applicant's or recipient's eligibility for assistance under TANF.
As added by P.L.70-2017, SEC.2.

IC 12-14-1-1.4 Exclusion of temporary census job income

Sec. 1.4. (a) Except as otherwise provided by federal law, income that an individual earns employed at a temporary job as a census worker may not be considered as a resource, asset, or income in determining an applicant's or recipient's eligibility for assistance under TANF.

(b) The division shall request any amendment or waiver necessary from the federal government to implement this section.
As added by P.L.14-2020, SEC.2.

IC 12-14-1-1.5 Qualifications for eligible dependent child to receive assistance

Sec. 1.5. (a) This section does not apply if the:

(1) dependent child does not have a living parent or legal guardian;

(2) whereabouts of the dependent child's parent or legal guardian are unknown;

(3) dependent child lived apart from the child's parent or legal guardian for a period of at least one (1) year before either:

(A) the birth of the dependent child's child; or

(B) the dependent child's application for TANF;

(4) dependent child provides proof, and the division agrees, that the physical health or safety of the dependent child or a child of the dependent child would be jeopardized if the dependent child or a child of the dependent child resides with the dependent child's parent, legal guardian, or adult relative; or

(5) dependent child is less than eighteen (18) years of age and is not married, but the dependent child or a child of the dependent child:

(A) has been alleged or adjudicated a child in need of services under IC 31-34 (or IC 31-6 before its repeal); or

(B) has been placed under the wardship or guardianship of the department of child services.

(b) Except as provided in subsection (d), a dependent child who is less than eighteen (18) years of age and is:

(1) not married; or

(2) married but not residing with or receiving support from a spouse;

and meets the income requirements set forth in section 1.7 of this chapter is entitled to assistance under TANF only if the dependent child and any children of the dependent child reside with a parent, a legal guardian, or an adult relative other than a parent or legal guardian of the dependent child. A legal guardian or an adult relative not listed in section 1(a)(2)(A) of this chapter must have custody of the child under a court order.

(c) The assistance for an eligible dependent child and each child of an eligible dependent child as described in subsection (b) shall be provided to the dependent child's parent, legal guardian, or other adult relative based on the eligibility of the parent, legal guardian, or other adult relative to receive assistance under TANF.

(d) This subsection applies to the parent of:

(1) a dependent child who has never married and who:

(A) has a child; or

(B) is pregnant; and

(2) a dependent child who has never married and is adjudicated to be the father of a child.

The parent of a dependent child described in subdivision (1) or (2) is financially responsible for the care of a child of the dependent child until the dependent child becomes eighteen (18) years of age.

As added by P.L.46-1995, SEC.10. Amended by P.L.1-1997, SEC.56; P.L.161-2007, SEC.13; P.L.128-2012, SEC.10; P.L.103-2023, SEC.2.

IC 12-14-1-1.7 Extended eligibility for certain dependent children and pregnant women

Sec. 1.7. (a) The division shall, before July 1, 2025, determine whether an individual is eligible for TANF assistance based on the individual's amount of need set forth in 470 IAC 10.3-4-3 (as in effect on January 1, 2022).

(b) After June 30, 2025, and before July 1, 2027, a dependent child or a woman described in section 1(f) of this chapter who:

(1) otherwise qualifies for assistance; and

(2) is part of an assistance group that has a gross income that is not more than thirty-five (35%) percent of the federal income poverty level;

is eligible for TANF assistance.

(c) After June 30, 2027, a dependent child or a woman described in section 1(f) of this chapter who:

(1) otherwise qualifies for assistance; and

(2) is part of an assistance group that has a gross income that is not more than fifty (50%) percent of the federal income poverty level;

is eligible for TANF assistance.

(d) The division shall amend the state TANF plan or take any other action necessary to implement this section.

As added by P.L.103-2023, SEC.3.

IC 12-14-1-2 Application; residence of child or pregnant woman

Sec. 2. An application for a dependent child under this article, or for a woman described in section 1(f) of this chapter, must be made to the county office of the county where the dependent child or woman resides.

[Pre-1992 Revision Citation: 12-1-7-5 part.]

As added by P.L.2-1992, SEC.8. Amended by P.L.4-1993, SEC.64; P.L.5-1993, SEC.77; P.L.103-2023, SEC.4.

IC 12-14-1-3 Application; form; oath; required information; notice of assignment of rights

Sec. 3. An application must meet the following conditions:

(1) Be in writing.

(2) Be made in the manner and upon the form required by the division.

(3) Be made and verified by the oath of the parent or guardian of the dependent child or another person standing in loco parentis to the dependent child, or, in the case of an application made by a woman described in section 1(f) of this chapter, by the woman making the application.

(4) Contain the age and residence of the child or, in the case of a woman described in section 1(f) of this chapter, the length of the woman's pregnancy at the time of application, and any information required by rules adopted under IC 4-22-2 by the director of the division.

(5) Contain a notice that, if the application is approved and assistance is granted, the applicant's signature on the application assigns the applicant's right to:

(A) accrued;

(B) present; and

(C) pending;

support payments to the agency of the state responsible for administering Title IV-D of the federal Social Security Act.

[Pre-1992 Revision Citations: subdivisions (1), (2), (3), (4) formerly 12-1-7-5 part; subdivision (5)

formerly 12-1-7-5.1(a).]
As added by P.L.2-1992, SEC.8. Amended by P.L.103-2023, SEC.5.

IC 12-14-1-4 Single application made for more than one child

Sec. 4. One (1) application may be made for more than one (1) child of the same family if the children reside with the same person.

[Pre-1992 Revision Citation: 12-1-7-5 part.]
As added by P.L.2-1992, SEC.8.

IC 12-14-1-5 Signature as assignment for purposes of IC 12-14-7

Sec. 5. An applicant's signature on an approved application is an assignment for purposes of IC 12-14-7.

[Pre-1992 Revision Citation: 12-1-7-5.1(b).]
As added by P.L.2-1992, SEC.8.

IC 12-14-1-6 Investigations

Sec. 6. (a) Whenever the county office receives:

(1) notification of the dependency of a child; or

(2) an application for assistance;

an investigation and record shall promptly be made of the circumstances of the child to determine the dependency of the child or a woman described in section 1(f) of this chapter, the facts supporting the application made under this article, and other information required by rules adopted under IC 4-22-2 by the director of the division.

(b) The investigation may include a visit to the home of the child and the person who will have the custody of the child during the time assistance is granted.

[Pre-1992 Revision Citation: 12-1-7-6.]
As added by P.L.2-1992, SEC.8. Amended by P.L.4-1993, SEC.65; P.L.5-1993, SEC.78; P.L.103-2023, SEC.6.

IC 12-14-1-7 Confidentiality of TANF records; TANF information that may be disclosed by the division

Sec. 7. (a) A record that identifies an individual who has applied for, or is receiving, cash assistance or supportive services under the TANF program:

(1) is confidential; and

(2) is exempt from the disclosure requirements of IC 5-14-3-3.

(b) The division may use or disclose information concerning a TANF applicant or recipient only for purposes directly connected to the following:

(1) The administration, including establishing eligibility, determining the amount of assistance, and providing services for applicants and recipients, of a state plan or program approved under:

(A) Title I;

(B) Title IV-A;

(C) Title IV-B;

(D) Title IV-D;

(E) Title IV-E;

(F) Title X;

(G) Title XIV;

(H) Title XV;

(I) Title XVI;

(J) Title XIX;

(K) Title XX; or

(L) Title XXI;

of the federal Social Security Act.

(2) An investigation, a prosecution, or a civil or criminal proceeding conducted concerning the administration of the TANF program or a program described in subdivision (1).

(3) The administration of any federal, state, or township program that provides assistance or services to individuals on the basis of need.

(4) A request by the department of child services under IC 12-8-1.5-6.1.

(c) The division shall safeguard information, including the following:

(1) The name and address of an applicant or a recipient.

(2) Information concerning the economic and social conditions of an individual.

(3) The evaluation of information concerning an individual.

(4) Medical information.

As added by P.L.161-2007, SEC.14. Amended by P.L.179-2025, SEC.2.

IC 12-14-1-8 Rulemaking

Sec. 8. The division may adopt rules under IC 4-22-2 to implement and carry out this article.

As added by P.L.103-2023, SEC.7.

IC 12-14-1.5 Chapter 1.5. Voter Registration Services and TANF Applications

12-14-1.5-1 Purpose of chapter
12-14-1.5-1.5 Repealed
12-14-1.5-2 Designated individual
12-14-1.5-3 County director responsible if no designated individual
12-14-1.5-4 Transmittal of voter registration application or declination forms
12-14-1.5-5 Repealed
12-14-1.5-6 Methods for transmittal of applications or declinations
12-14-1.5-7 Hand delivery
12-14-1.5-8 Information to be provided to division
12-14-1.5-9 Confidentiality of information
12-14-1.5-10 Notice regarding elections
12-14-1.5-11 Information to be provided to election division

IC 12-14-1.5-1 Purpose of chapter

Sec. 1. This chapter prescribes the procedures to be followed by a county office in processing:

(1) voter registration applications; and

(2) records concerning an individual's declining to register to vote;

under 52 U.S.C. 20506(a)(2)(A) and IC 3-7-15.

As added by P.L.12-1995, SEC.117. Amended by P.L.128-2015, SEC.228.

IC 12-14-1.5-1.5 Repealed

As added by P.L.4-1996, SEC.98. Repealed by P.L.81-2005, SEC.35.

IC 12-14-1.5-2 Designated individual

Sec. 2. A county director may designate an employee of the office as the individual responsible for performing the voter registration duties of the office under this chapter at that county office. The employee designated under this section shall supervise the registration of voters by other employees of the office and shall perform any other registration duty required to be performed by the office under this chapter. Notwithstanding this designation, any employee of the office may perform registration duties in accordance with this chapter.

As added by P.L.12-1995, SEC.117.

IC 12-14-1.5-3 County director responsible if no designated individual

Sec. 3. If a county director does not designate an employee under section 2 of this chapter, the director is the individual responsible for performing the voter registration duties of the office under this chapter at that county office. The county director shall supervise the registration of voters by office employees and shall perform any other registration duty required to be performed by the office under this chapter. Notwithstanding the designation of the county director under this section, any employee of the office may perform registration duties in accordance with this chapter.

As added by P.L.12-1995, SEC.117.

IC 12-14-1.5-4 Transmittal of voter registration application or declination forms

Sec. 4. (a) As required under 52 U.S.C. 20506(d)(1), the county director or designated office employee shall transmit a completed voter registration application:

(1) to the circuit court clerk or board of registration of the county in which the individual's residential address (as indicated on the application) is located; and

(2) not later than five (5) days after the application is accepted at the office.

(b) The county director or designated employee shall transmit the voter registration

application (or a separate declination form) on which the individual declined to register to vote by specifically declining to register or by failing to complete the voter registration portion of the application.

(c) The declination must be transmitted:

(1) to the circuit court clerk or board of registration of the county in which the individual's residential address (as indicated on the application) is located; and

(2) not later than five (5) days after the application is accepted at the office.

As added by P.L.12-1995, SEC.117. Amended by P.L.3-1995, SEC.144; P.L.258-2013, SEC.86; P.L.128-2015, SEC.229.

IC 12-14-1.5-5 Repealed

As added by P.L.12-1995, SEC.117. Repealed by P.L.3-1995, SEC.155.

IC 12-14-1.5-6 Methods for transmittal of applications or declinations

Sec. 6. A county director or designated employee may use any of the following methods to transmit voter registration applications or declinations under section 4 of this chapter:

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

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

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

As added by P.L.12-1995, SEC.117. Amended by P.L.258-2013, SEC.87; P.L.210-2015, SEC.39.

IC 12-14-1.5-7 Hand delivery

Sec. 7. If a county director or designated employee transmits registration applications or declinations by hand delivery under section 6(1) of this chapter, the circuit court clerk or board of registration shall provide the director or employee with a receipt for the forms. The receipt must state the date and time of delivery, and the printed name and signature of the person who received the forms.

As added by P.L.12-1995, SEC.117.

IC 12-14-1.5-8 Information to be provided to division

Sec. 8. The election division shall provide the division with a list of the current address and telephone number of the county voter registration office in each county. The division shall promptly forward the list and each revision of the list to each county office.

As added by P.L.12-1995, SEC.117. Amended by P.L.2-1996, SEC.234; P.L.3-1997, SEC.430; P.L.219-2013, SEC.75.

IC 12-14-1.5-9 Confidentiality of information

Sec. 9. Voter registration information received or maintained under this chapter is confidential.

As added by P.L.12-1995, SEC.117.

IC 12-14-1.5-10 Notice regarding elections

Sec. 10. The co-directors of the election division shall notify each county director of the following:

(1) The scheduled date of each primary, general, municipal, and special election.

(2) The jurisdiction in which the election will be held.

As added by P.L.12-1995, SEC.117. Amended by P.L.2-1996, SEC.235; P.L.3-1997, SEC.431.

IC 12-14-1.5-11 Information to be provided to election division

Sec. 11. The division shall provide the co-directors of the election division with a list stating the following:

(1) The address and telephone number of each county office.

(2) The name of each county director and any employee designated by the director to be responsible for performing voter registration duties under this chapter.

As added by P.L.12-1995, SEC.117. Amended by P.L.2-1996, SEC.236; P.L.3-1997, SEC.432.

IC 12-14-2 Chapter 2. Temporary Assistance for Needy Families; Granting of Assistance

12-14-2-0.5	"Essential person" defined
12-14-2-1	Determination of eligibility; amount of assistance and beginning date; exclusions from consideration in determining eligibility
12-14-2-1.5	Income not considered for eligibility
12-14-2-2	Investigations made by division
12-14-2-3	Amount of assistance; determination
12-14-2-4	Amount of assistance; considerations
12-14-2-4.9	Expired
12-14-2-5	Amount of need recognized and payment made; maximum amounts
12-14-2-5.1	Time limitations on receipt of assistance; cash assistance minimum
12-14-2-5.2	Employment credit
12-14-2-5.3	Repealed
12-14-2-5.4	Repealed
12-14-2-6	Need of child; age excluded as factor
12-14-2-7	Repealed
12-14-2-8	Repealed
12-14-2-9	Repealed
12-14-2-10	Repealed
12-14-2-11	Compliance with awards
12-14-2-12	Notification of assistance decision
12-14-2-13	Reporting of assistance decisions
12-14-2-14	Repealed
12-14-2-15	Amount granted; justification; conformance with article
12-14-2-16	Child living with relative prescribed in IC 12-7-2-58
12-14-2-17	Mandatory school attendance
12-14-2-18	Revocation or suspension of assistance; sanctions
12-14-2-19	Release of school attendance records
12-14-2-20	Voluntary leave of employment or reduction in hours
12-14-2-21	Personal responsibility agreement
12-14-2-22	Repealed
12-14-2-23	Exemptions
12-14-2-24	Establishing paternity required; exceptions; revocation; good faith effort to cooperate required; presumption of good faith effort; other considerations
12-14-2-25	Information on receipt of previous assistance
12-14-2-26	Registration at employment and training office

IC 12-14-2-0.5 "Essential person" defined

Sec. 0.5. As used in this chapter, "essential person" means a person other than a parent who:

(1) is the relative of a dependent child;

(2) cares for the dependent child; and

(3) complies with IC 12-14-1-1.

As added by P.L.46-1995, SEC.11.

IC 12-14-2-1 Determination of eligibility; amount of assistance and beginning date; exclusions from consideration in determining eligibility

Sec. 1. (a) After the investigation under IC 12-14-1-6, the county office shall decide the following:

(1) Whether the child or woman described in IC 12-14-1-1(f) is eligible for assistance under this article.

(2) The amount of assistance.

(3) The date assistance begins.

(b) The county office may not consider:

(1) money in an individual development account under IC 4-4-28 that belongs to the

child or woman described in IC 12-14-1-1(f), or a member of the child's or woman's family;

(2) the value of the real property that is the child's or woman's primary residence;

(3) twenty thousand dollars ($20,000) of total equity value (as defined in 470 IAC 10.3-4-2) in motor vehicles that belong to one (1) or more members of the child's or woman's family;

(4) a Holocaust victim's settlement payment received by the child, woman described in IC 12-14-1-1(f), or a member of the child's or woman's family; or

(5) money earned by the child, woman described in IC 12-14-1-1(f), or a member of the child's or woman's family as a student participating in:

(A) a paid internship;

(B) a work based learning course (as defined in IC 20-43-8-0.7); or

(C) paid postsecondary work experience that allows the individual to apply for a related apprenticeship (as defined by IC 20-43-8-0.3);

when determining whether the individual is eligible for assistance under this article.

[Pre-1992 Revision Citation: 12-1-7-1 part.]

As added by P.L.2-1992, SEC.8. Amended by P.L.4-1993, SEC.66; P.L.5-1993, SEC.79; P.L.15-1997, SEC.3; P.L.126-1998, SEC.1; P.L.128-1999, SEC.9; P.L.14-2020, SEC.3; P.L.168-2021, SEC.2; P.L.83-2022, SEC.3; P.L.103-2023, SEC.8.

IC 12-14-2-1.5 Income not considered for eligibility

Sec. 1.5. After a household has been determined to be eligible for assistance under this article, additional annual income of up to fifteen thousand dollars ($15,000) earned in the household may not be considered as changing eligibility status if the additional annual income is earned by an individual who:

(1) resides in the household;

(2) is less than twenty-four (24) years of age; and

(3) earns the additional annual income while the individual is a student participating in or pursuing:

(A) a postsecondary degree;

(B) a workforce certificate;

(C) a pre-apprenticeship; or

(D) an apprenticeship.

As added by P.L.168-2021, SEC.3.

IC 12-14-2-2 Investigations made by division

Sec. 2. The division may make investigations as necessary and shall make a decision relative to the granting of assistance.

[Pre-1992 Revision Citation: 12-1-7-9 part.]

As added by P.L.2-1992, SEC.8.

IC 12-14-2-3 Amount of assistance; determination

Sec. 3. (a) Except as provided in subsection (b), when determining the amount of assistance, an accounting must be taken of any income or property of the child or woman described in IC 12-14-1-1(f) that the child or woman may receive from another source.

(b) The following may not be considered as income or property of the child or woman described in IC 12-14-1-1(f) when determining the amount of assistance for the child:

(1) Money in an individual development account established under IC 4-4-28 that belongs to a child, a woman described in IC 12-14-1-1(f), or a member of the child's or woman's family.

(2) A Holocaust victim's settlement payment received by the child, a woman described in IC 12-14-1-1(f), or a member of the child's or woman's family.

(3) Money earned by the child, a woman described in IC 12-14-1-1(f), or a member of

the child's or woman's family as a student participating in:

(A) a paid internship;

(B) a work based learning course (as defined in IC 20-43-8-0.7); or

(C) paid postsecondary work experience that allows the individual to apply for a related apprenticeship (as defined by IC 20-43-8-0.3).

(4) Annual income of up to fifteen thousand dollars ($15,000) that is earned by an individual in the child's household or the household of a woman described in IC 12-14-1-1(f), if the income is earned by an individual who:

(A) resides in the household;

(B) is less than twenty-four (24) years of age; and

(C) earns the additional annual income while the individual is a student participating in or pursuing:

(i) a postsecondary degree;

(ii) a workforce certificate;

(iii) a pre-apprenticeship; or

(iv) an apprenticeship.

[Pre-1992 Revision Citation: 12-1-7-7 part.]

As added by P.L.2-1992, SEC.8. Amended by P.L.15-1997, SEC.4; P.L.128-1999, SEC.10; P.L.14-2020, SEC.4; P.L.168-2021, SEC.4; P.L.103-2023, SEC.9.

IC 12-14-2-4 Amount of assistance; considerations

Sec. 4. The division shall determine the amount of assistance granted for a dependent child or a woman described in IC 12-14-1-1(f) considering the following:

(1) The resources and necessary expenditures of the family.

(2) The conditions existing in each case and in accordance with the rules adopted under IC 4-22-2 by the director of the division.

However, a Holocaust victim's settlement payment received by the child or a woman described in IC 12-14-1-1(f), or a member of the child's or woman's family may not be considered a resource of the family when determining the amount of assistance for the child or woman.

[Pre-1992 Revision Citation: 12-1-7-3(a).]

As added by P.L.2-1992, SEC.8. Amended by P.L.128-1999, SEC.11; P.L.103-2023, SEC.10.

IC 12-14-2-4.9 Expired

As added by P.L.103-2023, SEC.11. Expired 7-1-2024 by P.L.103-2023, SEC.11.

IC 12-14-2-5 Amount of need recognized and payment made; maximum amounts

Sec. 5. (a) Except as provided in section 5.1 of this chapter and subject to the adjustment described in subsection (b), the following apply to the payment made under this chapter:

(1) The total payment made for a dependent child, other than for medical expenses, or a woman described in IC 12-14-1-1(f), for a calendar month may not exceed two hundred forty-eight dollars ($248).

(2) The total payment made to the person essential to the well-being of the dependent child, other than for medical expenses, for a calendar month may not exceed two hundred forty-eight dollars ($248).

(3) The total payment made to one (1) dependent child and to the person essential to the well-being of the dependent child, other than for medical expenses, for a calendar month may not exceed four hundred nine dollars ($409).

(4) If there is more than one (1) dependent child in the same home, the total payment made, other than for medical expenses, for a calendar month may not exceed one hundred four dollars ($104) for each additional child and, if the second parent of the child is incapacitated and is living in the home, the payment made may not exceed one

hundred four dollars ($104) for the benefit of the incapacitated parent.

(b) The office of the secretary shall calculate and report to the legislative council, by December 1 of every even-numbered year, the amounts that would result if the amounts described under this section were adjusted each year using the Social Security cost of living adjustment rate.

[Pre-1992 Revision Citation: 12-1-7-3(b).]

As added by P.L.2-1992, SEC.8. Amended by P.L.46-1995, SEC.12; P.L.103-2023, SEC.12.

IC 12-14-2-5.1 Time limitations on receipt of assistance; cash assistance minimum

Sec. 5.1. (a) Subject to section 5.2 of this chapter, a parent or an essential person may not receive payments if the person has received assistance under this article during the person's lifetime for twenty-four (24) months after June 30, 1995.

(b) A family receiving TANF under this chapter remains eligible to receive TANF services, including access to the Title IV-D child support enforcement program and the IMPACT (JOBS) program, when the family's applicable income is greater than the maximum benefit amount under IC 12-14-1-1.7, but the family's gross income is less than one hundred percent (100%) of the federal income poverty level.

(c) A recipient family shall receive a cash assistance benefit under the TANF program of at least ten dollars ($10) if:

(1) the family's applicable income is greater than the maximum benefit amount specified in IC 12-14-1-1.7;

(2) the family's gross income is less than one hundred percent (100%) of the federal income poverty level; and

(3) a parent or essential person receiving assistance has employment earnings.

As added by P.L.46-1995, SEC.13. Amended by P.L.1-1997, SEC.57; P.L.161-2007, SEC.15; P.L.153-2011, SEC.14; P.L.103-2023, SEC.13.

IC 12-14-2-5.2 Employment credit

Sec. 5.2. (a) A person may earn credit for one (1) month of TANF assistance for each six (6) consecutive months the person is employed full time. However, credit may not be earned for employment completed before the date the person first applies for assistance under this article.

(b) To qualify for credit under subsection (a), a person must supply the county office with proof of the periods during which the person was employed.

(c) A person may not retain credit for more than twenty-four (24) months of TANF assistance under this article at any time.

(d) Credit earned by one (1) member of an assistance group under this section applies to all members of the assistance group.

As added by P.L.46-1995, SEC.14. Amended by P.L.161-2007, SEC.16.

IC 12-14-2-5.3 Repealed

As added by P.L.46-1995, SEC.15. Amended by P.L.2-1997, SEC.36; P.L.145-2006, SEC.79; P.L.161-2007, SEC.17; P.L.156-2020, SEC.53. Repealed by P.L.103-2023, SEC.14.

IC 12-14-2-5.4 Repealed

As added by P.L.46-1995, SEC.16. Repealed by P.L.161-2007, SEC.40.

IC 12-14-2-6 Need of child; age excluded as factor

Sec. 6. Age may not be a factor in determining the need of a child.

[Pre-1992 Revision Citation: 12-1-7-3(c).]

As added by P.L.2-1992, SEC.8.

IC 12-14-2-7 Repealed

[Pre-1992 Revision Citation: 12-1-7-3(d).]

As added by P.L.2-1992, SEC.8. Repealed by P.L.161-2007, SEC.40.

IC 12-14-2-8 Repealed

[Pre-1992 Revision Citation: 12-1-7-3(e).]

As added by P.L.2-1992, SEC.8. Repealed by P.L.161-2007, SEC.40.

IC 12-14-2-9 Repealed

[Pre-1992 Revision Citation: 12-1-7-3.1.]

As added by P.L.2-1992, SEC.8. Amended by P.L.161-2007, SEC.18. Repealed by P.L.103-2023, SEC.15.

IC 12-14-2-10 Repealed

[Pre-1992 Revision Citation: 12-1-7-4.5.]

As added by P.L.2-1992, SEC.8. Amended by P.L.4-1993, SEC.67; P.L.5-1993, SEC.80. Repealed by P.L.161-2007, SEC.40.

IC 12-14-2-11 Compliance with awards

Sec. 11. The county office shall make an award that, including a subsequent modification, is binding and must be complied with by the county office until the award or modified award is vacated.

[Pre-1992 Revision Citation: 12-1-7-7 part.]

As added by P.L.2-1992, SEC.8. Amended by P.L.4-1993, SEC.68; P.L.5-1993, SEC.81.

IC 12-14-2-12 Notification of assistance decision

Sec. 12. The county office shall notify the applicant and the division of the county office's decision concerning assistance in writing.

[Pre-1992 Revision Citation: 12-1-7-7 part.]

As added by P.L.2-1992, SEC.8. Amended by P.L.4-1993, SEC.69; P.L.5-1993, SEC.82.

IC 12-14-2-13 Reporting of assistance decisions

Sec. 13. The county office shall immediately report to the division the decision for each application for assistance to a dependent child.

[Pre-1992 Revision Citation: 12-1-7-9 part.]

As added by P.L.2-1992, SEC.8. Amended by P.L.4-1993, SEC.70; P.L.5-1993, SEC.83.

IC 12-14-2-14 Repealed

[Pre-1992 Revision Citation: 12-1-7-7 part.]

As added by P.L.2-1992, SEC.8. Amended by P.L.79-1992, SEC.1; P.L.4-1993, SEC.71; P.L.5-1993, SEC.84. Repealed by P.L.273-1999, SEC.124.

IC 12-14-2-15 Amount granted; justification; conformance with article

Sec. 15. The amount of the assistance granted must be justified and conform with this article.

[Pre-1992 Revision Citation: 12-1-7-9 part.]

As added by P.L.2-1992, SEC.8.

IC 12-14-2-16 Child living with relative prescribed in IC 12-7-2-58

Sec. 16. If an investigation discloses that a child is a dependent child and the child is living or will live with at least one (1) of the relatives prescribed in IC 12-7-2-58, assistance may be allowed for the support of the child without complying with an Indiana law other than this article.

[Pre-1992 Revision Citation: 12-1-7-14.]
As added by P.L.2-1992, SEC.8.

IC 12-14-2-17 Mandatory school attendance

Sec. 17. (a) To retain eligibility for TANF assistance under this article, a recipient of TANF assistance and a dependent child who is a recipient of TANF assistance must attend school if all of the following apply:

(1) The recipient or the dependent child meets the compulsory attendance requirements under IC 20-33-2.

(2) The recipient or the dependent child has not graduated from a high school or has not obtained a high school equivalency certificate (as defined in IC 12-14-5-2).

(3) The recipient or the dependent child is not excused from attending school under IC 20-33-2-14 through IC 20-33-2-17.

(4) The recipient or the dependent child does not have good cause for failing to attend school, as determined by rules adopted by the director under IC 4-22-2.

(5) If the recipient or the dependent child is the mother of a child, a physician has not determined that the recipient or the dependent child should delay returning to school after giving birth.

(b) A recipient or the dependent child of a recipient described in subsection (a) who has more than three (3) unexcused absences during a school year is subject to revocation or suspension of assistance as provided in section 18 of this chapter.

(c) The director, in consultation with the department of education, shall adopt rules under IC 4-22-2 to establish a definition for the term "unexcused absence".

As added by P.L.46-1995, SEC.17. Amended by P.L.1-2005, SEC.130; P.L.161-2007, SEC.19.

IC 12-14-2-18 Revocation or suspension of assistance; sanctions

Sec. 18. (a) A recipient or dependent child who fails to meet the requirements of section 17 of this chapter is subject to the revocation or suspension of assistance as provided under rules adopted by the division.

(b) A TANF recipient or applicant who refuses to participate in an employment opportunity or a job training opportunity offered to the recipient or applicant under IC 12-8-12 is subject to sanctions established by the director under IC 12-8-12-6(2).

(c) Except in a case in which the parent, custodian, or guardian of the dependent child qualifies for a good cause or other exception provided by statute or administrative rule, a parent, custodian, or guardian who refuses to cooperate with the Title IV-D agency as required by IC 12-14-7-2, IC 12-14-7-3, or IC 12-14-2-24 in:

(1) a paternity action; or

(2) the establishment or enforcement of a child support order;

is subject to sanctions or revocation or suspension of assistance as provided under rules adopted by the division.

(d) The division may adopt rules under IC 4-22-2 to implement subsection (c).

As added by P.L.46-1995, SEC.18. Amended by P.L.2-1997, SEC.37; P.L.161-2007, SEC.20; P.L.80-2010, SEC.16.

IC 12-14-2-19 Release of school attendance records

Sec. 19. The division may require consent to the release of school attendance records as a condition of eligibility to receive assistance under this chapter.

As added by P.L.46-1995, SEC.19.

IC 12-14-2-20 Voluntary leave of employment or reduction in hours

Sec. 20. (a) This section does not apply to a person who voluntarily leaves an employer for any of the following reasons:

(1) The person accepted previously secured permanent full-time work with another employer that offered reasonable expectation of higher wages or better working conditions.

(2) The person left the employer due to a medically substantiated physical disability and is involuntarily unemployed after having made reasonable efforts to maintain the employment relationship.

(3) The person left work to enter the armed forces of the United States.

(4) The person's employment was terminated under the compulsory retirement provision of a collective bargaining agreement to which the employer is a party, or under any other plan, system, or program, public or private, providing for compulsory retirement.

(5) The person voluntarily left the employer, and:

(A) the person's previous employment was outside the person's labor market;

(B) the person left to accept previously secured full-time work with an employer in the person's labor market; and

(C) the person actually became employed with the employer in the person's labor market within the area surrounding the person's permanent residence, outside which the person cannot reasonably commute on a daily basis. In determining whether a person can reasonably commute under this clause, the division shall consider the nature of the person's job.

(6) The person was laid off by the employer.

(b) A person who applies for TANF assistance under this article and:

(1) voluntarily leaves the person's most recent employer:

(A) within six (6) months before applying for TANF; or

(B) at any time after becoming a recipient of TANF under this chapter; or

(2) voluntarily reduces the number of hours the person works in order to qualify for or retain eligibility for assistance under this article;

is ineligible to receive assistance under IC 12-14 for six (6) months after leaving the person's employer or reducing the person's hours.

As added by P.L.46-1995, SEC.20. Amended by P.L.161-2007, SEC.21.

IC 12-14-2-21 Personal responsibility agreement

Sec. 21. (a) A TANF recipient or the parent or essential person of a TANF recipient, if the TANF recipient is less than eighteen (18) years of age, must sign a personal responsibility agreement to do the following:

(1) Develop an individual self-sufficiency plan with other family members and a caseworker.

(2) Accept any reasonable employment as soon as it becomes available.

(3) Agree to a loss of assistance, including TANF assistance under this article, if convicted of a felony under IC 35-43-5 for fraud relating to Medicaid or public relief or assistance for ten (10) years after the conviction.

(4) Accept responsibility for ensuring that each child of the person receives all appropriate vaccinations against disease at an appropriate age.

(5) If the person is less than eighteen (18) years of age and is a parent, live with the person's parents, legal guardian, or an adult relative other than a parent or legal guardian in order to receive public assistance.

(6) Subject to IC 12-8-1.5-11 and section 5.1 of this chapter, agree to accept assistance for not more than twenty-four (24) months under the TANF program (IC 12-14).

(7) Be available for and actively seek and maintain employment.

(8) Participate in any training program required by the division.

(9) Accept responsibility for ensuring that the person and each child of the person attend school until the person and each child of the person graduate from high school or attain a high school equivalency certificate (as defined in IC 12-14-5-2).

(10) Raise the person's children in a safe, secure home.

(11) Agree not to abuse illegal drugs or other substances that would interfere with the person's ability to attain self-sufficiency.

(b) Except as provided in subsection (c), assistance under the TANF program shall be withheld or denied to a person who does not fulfill the requirements of the personal responsibility agreement under subsection (a).

(c) A person who is granted an exemption under section 23 of this chapter may be excused from specific provisions of the personal responsibility agreement as determined by the director.

As added by P.L.46-1995, SEC.21. Amended by P.L.161-2007, SEC.22; P.L.160-2012, SEC.36; P.L.174-2021, SEC.9; P.L.103-2023, SEC.16.

IC 12-14-2-22 Repealed

As added by P.L.46-1995, SEC.22. Repealed by P.L.161-2007, SEC.40.

IC 12-14-2-23 Exemptions

Sec. 23. (a) This section applies only to a person's eligibility for assistance under section 5.1 of this chapter.

(b) As used in this section, "school" means a program resulting in high school graduation.

(c) Due to extraordinary circumstances, a person who is the parent of a dependent child, an essential person, or a dependent child may apply, in a manner prescribed by the division, for an exemption from the requirements of this chapter if the person can document that the person has complied with the personal responsibility agreement under section 21 of this chapter and the person demonstrates any of the following:

(1) The person has a substantial physical or mental disability that prevents the person from obtaining or participating in gainful employment.

(2) The person is a minor parent who is in school full time and who has a dependent child.

(3) The person is a minor parent who is enrolled full time in an educational program culminating in a high school equivalency certificate and who has a dependent child.

A person seeking an exemption under this section must show documentation to the division to substantiate the person's claim for an exemption under subdivision (1), (2), or (3).

(d) After receiving an application for exemption from a parent, an essential person, or a dependent child under subsection (c), the division shall investigate and determine if the parent, essential person, or dependent child qualifies for an exemption from this chapter. The director shall make a final determination regarding:

(1) whether to grant an exemption;

(2) the length of an exemption, if granted, subject to subsection (f); and

(3) the extent of an exemption, if granted.

(e) If the director determines that a parent, an essential person, or a dependent child qualifies for an exemption under this chapter, the parent, essential person, or dependent child is entitled to receive one hundred percent (100%) of the payments that the parent, essential person, or dependent child is entitled to receive under this chapter, subject to any ratable reduction.

(f) An exemption granted under this section may not exceed one (1) year, but may be renewed.

(g) The division shall publish the number and type of exemptions granted under this section on the division's website.

(h) The division may adopt rules under IC 4-22-2 to carry out this section.

As added by P.L.46-1995, SEC.23. Amended by P.L.28-2004, SEC.101; P.L.130-2018, SEC.47; P.L.103-2023, SEC.17; P.L.1-2025, SEC.167.

IC 12-14-2-24 Establishing paternity required; exceptions; revocation; good

faith effort to cooperate required; presumption of good faith effort; other considerations

Sec. 24. (a) A dependent child and a parent or an essential person are not eligible for TANF assistance under this chapter unless the mother of the dependent child:

(1) initiates a court proceeding to establish paternity, other than an adoption proceeding, except as provided in IC 31-14-20-2;

(2) executes a paternity affidavit under IC 16-37-2-2.1; or

(3) requests, at the time of application or renewal, that the Title IV-D agency or its agents file a paternity action under IC 31-14-4-3.

(b) A person applying for assistance under this chapter is not required to comply with subsection (a) if:

(1) the father of the dependent child has been charged with an act of rape, incest, or child molesting that occurred against the dependent child's mother within ten (10) months before the birth of the dependent child;

(2) the mother of the dependent child is deceased;

(3) the division determines under rules adopted by the division under IC 4-22-2 that the mother of the dependent child could not know the identity of the child's father;

(4) the mother of the dependent child provides proof, and the division agrees, that the physical health or safety of the mother or the dependent child would be jeopardized if the mother complies with subsection (a); or

(5) the dependent child is living in the family home of a relative other than the mother of the child as described under IC 12-14-1-1(a) and the relative provides proof, and the division agrees, that the physical health or safety of the mother, relative, or dependent child would be jeopardized if the relative complies with subsection (a).

(c) If a dependent child's mother is a party to a paternity action filed under IC 31-14 (or IC 31-6-6.1 before its repeal), a county office shall revoke assistance under this chapter if the mother fails to pursue the paternity action.

(d) The office may not delay payments otherwise owing to a provider if the mother fails to comply with this section.

(e) Except as provided in subsection (b)(1), (b)(3), and (b)(5), if a child is residing with a nonparent guardian or custodian, the nonparent guardian or custodian shall make a good faith effort to cooperate with a prosecuting attorney or the division by providing to the prosecuting attorney or the division any information regarding the potential paternity of the child.

(f) The nonparent custodian or guardian is presumed to make a good faith effort under subsection (e) if the nonparent custodian or guardian does one (1) or more of the following:

(1) Responds to telephone calls from a prosecuting attorney or correspondence from a prosecuting attorney.

(2) Appears for an appointment, in person or by telephone, with a prosecuting attorney.

(3) Appears at a court hearing when requested by a prosecuting attorney.

(4) Does one (1) or more of the following:

(A) Provides information described in IC 12-7-2-43.5(b), to the extent the information is known.

(B) Affirms that the information described in IC 12-7-2-43.5(b) is not known.

(g) Before making a determination that the nonparent custodian or guardian is not making a good faith effort to cooperate, the prosecuting attorney shall consider one (1) or more of the following:

(1) Whether the nonparent custodian or guardian could reasonably be expected to provide the information.

(2) The age of the child for whom child support is being sought.

(3) The circumstances surrounding the conception of the child.

(4) The age and mental capacity of the nonparent custodian or guardian.

(5) The time that has expired since the nonparent custodian or guardian has last had

contact with:

(A) the alleged father of the child;

(B) a parent of the child; or

(C) a relative of the persons listed in clause (A) or (B).

(6) Any credible information that demonstrates an inability to provide correct information about an alleged father or a parent of the child because of deception by the alleged father or parent.

(7) Any other credible information obtained by the prosecuting attorney that demonstrates the nonparent custodian or guardian has knowledge of the information sought by the prosecuting attorney.

As added by P.L.46-1995, SEC.24. Amended by P.L.1-1997, SEC.58; P.L.161-2007, SEC.23; P.L.80-2010, SEC.17.

IC 12-14-2-25 Information on receipt of previous assistance

Sec. 25. (a) When a person applies for assistance under this chapter, the county office shall determine whether the person has received assistance under the TANF program from another state within the past three (3) years.

(b) The county office shall require each applicant to provide proof of all addresses used by the applicant and each member of the applicant's immediate family during the three (3) years before completing the application.

(c) The county office shall contact the agency administering TANF in any state where the applicant alleges to have lived within the past three (3) years to determine if the applicant has received assistance under the TANF program in that state.

(d) Each month of assistance the applicant has received under the TANF program from another state within the past three (3) years counts as one (1) month against the person's lifetime eligibility for assistance in Indiana as determined under section 5.1 of this chapter.

(e) Each county office shall provide information to another state regarding assistance provided to a person in Indiana if the other state has, or is willing to provide, similar information as needed to the county office.

As added by P.L.46-1995, SEC.25. Amended by P.L.161-2007, SEC.24.

IC 12-14-2-26 Registration at employment and training office

Sec. 26. (a) To be eligible for assistance under this article, a parent or an essential person must register at the parent's or essential person's local employment and training office:

(1) when the person first applies for assistance; and

(2) each time the person reapplies for assistance.

(b) Assistance shall be denied to a person who does not comply with subsection (a).

As added by P.L.46-1995, SEC.26.

IC 12-14-2.5 Chapter 2.5. Eligibility of Qualified Aliens, Lawful Permanent Residents, and Illegal Aliens for TANF

12-14-2.5-1 Qualified aliens
12-14-2.5-2 Repealed
12-14-2.5-3 Illegal aliens
12-14-2.5-4 Child born in the United States
12-14-2.5-5 Violation of federal law

IC 12-14-2.5-1 Qualified aliens

Sec. 1. A person who:

(1) is not a citizen of the United States;

(2) is a qualified alien, as defined in 8 U.S.C. 1641(b); and

(3) meets all other eligibility criteria under this chapter;

is eligible for the TANF program, subject to 8 U.S.C. 1612 and 8 U.S.C. 1613.

As added by P.L.46-1995, SEC.27. Amended by P.L.161-2007, SEC.25.

IC 12-14-2.5-2 Repealed

As added by P.L.46-1995, SEC.27. Repealed by P.L.161-2007, SEC.40.

IC 12-14-2.5-3 Illegal aliens

Sec. 3. A person who is in the United States without permission of the United States Citizenship and Immigration Services is not entitled to receive any assistance under this article.

As added by P.L.46-1995, SEC.27. Amended by P.L.1-2007, SEC.120; P.L.161-2007, SEC.26.

IC 12-14-2.5-4 Child born in the United States

Sec. 4. A child who:

(1) is born in the United States to a person described in section 1 or 3 of this chapter; and

(2) otherwise meets the requirements for eligibility under this article;

is eligible to receive assistance under this article.

As added by P.L.46-1995, SEC.27. Amended by P.L.161-2007, SEC.27.

IC 12-14-2.5-5 Violation of federal law

Sec. 5. Any provision of this chapter that violates a federal law or federal regulation is void.

As added by P.L.46-1995, SEC.27.

IC 12-14-3 Chapter 3. Temporary Assistance for Needy Families; Certificates

12-14-3-1 Designation of information
12-14-3-2 Repealed
12-14-3-3 Repealed
12-14-3-4 Repealed

IC 12-14-3-1 Designation of information

Sec. 1. When assistance is granted to a dependent child under IC 12-14-1 through IC 12-14-8, the award made must be entered on a written notice prescribed by the division that designates the following:

(1) The name and residence of the recipient.

(2) The amount of the award.

(3) The date when the assistance is to begin.

(4) Any other fact required by the division.

[Pre-1992 Revision Citation: 12-1-7-8 part.]

As added by P.L.2-1992, SEC.8. Amended by P.L.273-1999, SEC.81; P.L.161-2007, SEC.28; P.L.10-2019, SEC.57.

IC 12-14-3-2 Repealed

[Pre-1992 Revision Citation: 12-1-7-8 part.]

As added by P.L.2-1992, SEC.8. Amended by P.L.4-1993, SEC.72; P.L.5-1993, SEC.85. Repealed by P.L.161-2007, SEC.40.

IC 12-14-3-3 Repealed

[Pre-1992 Revision Citation: 12-1-7-8 part.]

As added by P.L.2-1992, SEC.8. Amended by P.L.4-1993, SEC.73; P.L.5-1993, SEC.86. Repealed by P.L.161-2007, SEC.40.

IC 12-14-3-4 Repealed

[Pre-1992 Revision Citation: 12-1-7-8 part.]

As added by P.L.2-1992, SEC.8. Amended by P.L.4-1993, SEC.74; P.L.5-1993, SEC.87. Repealed by P.L.161-2007, SEC.40.

IC 12-14-4 Chapter 4. Repealed

[Pre-1992 Revision Citations:
12-14-4-1 formerly 12-1-7-11 part
12-14-4-2 formerly 12-1-7-11 part
12-14-4-3 formerly 12-1-7-11 part
12-14-4-4 formerly 12-1-7-11 part.]

Repealed by P.L.161-2007, SEC.40.

IC 12-14-5 Chapter 5. Temporary Assistance for Needy Families; Education and Employment Training

12-14-5-1 Application
12-14-5-2 "State of Indiana general educational development (GED) diploma"
12-14-5-3 Cooperation in developing educational and vocational training services and facilities
12-14-5-4 Continuation of family assistance grant; educational program participation; vocational training or retraining; additional payments
12-14-5-5 Division plan for vocational and educational training in each county
12-14-5-6 Payment for training and other expenses; source of funds; maximum monthly amounts under IC 12-14-2
12-14-5-7 State or federal higher education awards; determination of income and resources when applying for assistance

IC 12-14-5-1 Application

Sec. 1. Sections 1 through 5 of this chapter apply to an individual who is:

(1) less than eighteen (18) years of age and not enrolled in an educational or a vocational training program; or

(2) a parent of a dependent child who has not graduated from high school or earned a:

(A) high school equivalency certificate; or

(B) state of Indiana general educational development (GED) diploma;

and is a member of a family that receives TANF.

[Pre-1992 Revision Citation: 12-1-7-4(a).]

As added by P.L.2-1992, SEC.8. Amended by P.L.149-1995, SEC.3; P.L.161-2007, SEC.29.

IC 12-14-5-2 "State of Indiana general educational development (GED) diploma"

Sec. 2. As used in this chapter, "state of Indiana general educational development (GED) diploma" means the state credential issued to a qualified applicant under IC 20-20-6 (before its repeal) or IC 22-4.1-18.

[Pre-1992 Revision Citation: 12-1-7-4(b).]

As added by P.L.2-1992, SEC.8. Amended by P.L.149-1995, SEC.4; P.L.1-2005, SEC.131; P.L.7-2011, SEC.2.

IC 12-14-5-3 Cooperation in developing educational and vocational training services and facilities

Sec. 3. The division, the department of education, and the public schools shall cooperate as follows:

(1) With all public and private educational and vocational training or retraining agencies or facilities operating in Indiana.

(2) In developing necessary education and vocational training or retraining services and facilities to improve the skills of the parents in families receiving assistance and services under this article, for whom jobs are not immediately available, or that will provide education, training, and experience for parents and for children nearing adulthood who lack the skills required for employment opportunities that are or may become available.

[Pre-1992 Revision Citation: 12-1-7-4(c).]

As added by P.L.2-1992, SEC.8.

IC 12-14-5-4 Continuation of family assistance grant; educational program participation; vocational training or retraining; additional payments

Sec. 4. (a) The division shall require parents for whom education or training is suitable

and available to do the following for the continuation of the family assistance grant:

(1) Participate in an educational program designed to enhance opportunities for employment.

(2) Attend a vocational training or retraining facility.

(b) Additional money may be made available and payments made for vocational training and other expenses to persons furnishing the vocational training or the person receiving the training.

[Pre-1992 Revision Citation: 12-1-7-4(d).]

As added by P.L.2-1992, SEC.8.

IC 12-14-5-5 Division plan for vocational and educational training in each county

Sec. 5. The division shall adopt a plan for furnishing in each county:

(1) vocational training; and

(2) educational training;

that allows an individual described in section 1 of this chapter to develop the skills to obtain a state of Indiana general educational development (GED) diploma.

[Pre-1992 Revision Citation: 12-1-7-4(e) part.]

As added by P.L.2-1992, SEC.8. Amended by P.L.149-1995, SEC.5.

IC 12-14-5-6 Payment for training and other expenses; source of funds; maximum monthly amounts under IC 12-14-2

Sec. 6. Payment for training and other expenses must be made by the division from money appropriated for the training and other services even though expenditures may exceed the maximum established under IC 12-14-2.

[Pre-1992 Revision Citation: 12-1-7-4(e) part.]

As added by P.L.2-1992, SEC.8.

IC 12-14-5-7 State or federal higher education awards; determination of income and resources when applying for assistance

Sec. 7. Except as provided by federal law, if an individual receives a state or federal higher education award that is paid directly to an approved postsecondary educational institution for the individual's benefit:

(1) the individual is not required to report the award as income or as a resource of the individual when applying for assistance for a dependent child under this chapter; and

(2) the award may not be considered as income or a resource of the individual in determining initial or continuing eligibility for assistance for a dependent child under this chapter.

[Pre-1992 Revision Citation: 12-1-7-5.2.]

As added by P.L.2-1992, SEC.8. Amended by P.L.2-2007, SEC.159.

IC 12-14-5.5 Chapter 5.5. Temporary Assistance for Needy Families; Performing Public Service

12-14-5.5-1 Implementation of program
12-14-5.5-2 Rules and exemptions
12-14-5.5-3 Agency list
12-14-5.5-4 Maximum work hours
12-14-5.5-5 Refusal to perform public service

IC 12-14-5.5-1 Implementation of program

Sec. 1. The division shall implement a program to require a person receiving assistance under the TANF program and who is:

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

(2) less than eighteen (18) years of age and the parent of a dependent child;

to engage in public service in exchange for assistance under these programs.

As added by P.L.46-1995, SEC.28. Amended by P.L.161-2007, SEC.30.

IC 12-14-5.5-2 Rules and exemptions

Sec. 2. (a) The division may adopt rules under IC 4-22-2 to establish criteria for determining:

(1) the persons required to engage in public service; and

(2) the public and private agencies eligible for the placement of persons engaged in public service.

(b) Rules adopted under this section may provide an exemption for:

(1) a person with a substantial physical or mental disability that prevents the person from obtaining or participating in gainful employment;

(2) a person engaged in full time work; and

(3) a person engaged full time in an education program or a training program approved by the division.

As added by P.L.46-1995, SEC.28.

IC 12-14-5.5-3 Agency list

Sec. 3. The division shall maintain a list of public and private agencies eligible for placement of a person engaged in public service under this chapter.

As added by P.L.46-1995, SEC.28.

IC 12-14-5.5-4 Maximum work hours

Sec. 4. The maximum number of hours a person is required to work under this chapter is equal to the number of hours multiplied by the minimum wage that is equivalent to the value of all assistance received. However, a person may not be required to work more than forty (40) hours per week.

As added by P.L.46-1995, SEC.28.

IC 12-14-5.5-5 Refusal to perform public service

Sec. 5. A person required to engage in public service under this chapter who refuses to engage in public service is not entitled to receive assistance under the TANF program.

As added by P.L.46-1995, SEC.28. Amended by P.L.161-2007, SEC.31.

IC 12-14-6 Chapter 6. Temporary Assistance for Needy Families; Funeral and Cemetery Expenses

12-14-6-0.1 Application of certain amendments to chapter
12-14-6-1 Funeral director's expense payments
12-14-6-2 Cemetery expenses payment
12-14-6-3 Contributions excluded in determining amount paid to funeral director
12-14-6-4 Contributions excluded in determining cemetery expenses payment
12-14-6-5 Sworn claims indicating expenses; filing

IC 12-14-6-0.1 Application of certain amendments to chapter

Sec. 0.1. The amendments made to sections 3 and 4 of this chapter by P.L.118-1997 do not apply to an individual whose death occurs before July 1, 1997.

As added by P.L.220-2011, SEC.260.

IC 12-14-6-1 Funeral director's expense payments

Sec. 1. (a) This section applies upon the death of either of the following:

(1) A recipient who is receiving assistance as a dependent child.

(2) A parent of the recipient.

(b) Unless otherwise determined by the director, the division shall pay one thousand two hundred dollars ($1,200) for the funeral director's expenses of the decedent if the following conditions exist:

(1) The estate of the deceased is insufficient to pay the funeral director's expenses.

(2) The person legally responsible for the burial of the deceased is unable to pay the funeral director's expenses.

[Pre-1992 Revision Citation: 12-1-7-13(a).]

As added by P.L.2-1992, SEC.8. Amended by P.L.4-1993, SEC.77; P.L.5-1993, SEC.90; P.L.273-1999, SEC.83; P.L.205-2013, SEC.184.

IC 12-14-6-2 Cemetery expenses payment

Sec. 2. Unless otherwise determined by the director, in addition to the amount paid under section 1 of this chapter, not more than eight hundred dollars ($800) shall be paid for the cemetery's expenses for the following:

(1) To cover provision of burial rights if necessary.

(2) Opening and closing a burial plot and provision of an outer container.

(3) Service required by the cemetery authorities.

[Pre-1992 Revision Citation: 12-1-7-13(b) part.]

As added by P.L.2-1992, SEC.8. Amended by P.L.273-1999, SEC.84; P.L.205-2013, SEC.185.

IC 12-14-6-3 Contributions excluded in determining amount paid to funeral director

Sec. 3. An amount not exceeding a combined total of seven hundred fifty dollars ($750) that is contributed by:

(1) friends;

(2) relatives; and

(3) the resources of the deceased;

may not be considered when determining the amount to be paid to the funeral director for expenses under this chapter. However, the resources of the deceased may not be used if the deceased has prepaid funeral expenses that were excluded as a resource for Medicaid eligibility under IC 12-15-2.

[Pre-1992 Revision Citation: 12-1-7-13(b) part.]

As added by P.L.2-1992, SEC.8. Amended by P.L.118-1997, SEC.1.

IC 12-14-6-4 Contributions excluded in determining cemetery expenses payment

Sec. 4. An amount not exceeding a combined total of two hundred dollars ($200) that is contributed by:

(1) friends;

(2) relatives; and

(3) the resources of the deceased;

may not be considered when determining the amount to be paid to the cemetery for expenses under this chapter. However, the resources of the deceased may not be used if the deceased has prepaid funeral expenses that were excluded as a resource for Medicaid eligibility under IC 12-15-2.

[Pre-1992 Revision Citation: 12-1-7-13(b) part.]

As added by P.L.2-1992, SEC.8. Amended by P.L.118-1997, SEC.2.

IC 12-14-6-5 Sworn claims indicating expenses; filing

Sec. 5. The funeral director and the cemetery representative shall file a sworn claim with the division indicating expenses incurred due to the death of a recipient.

[Pre-1992 Revision Citation: 12-1-7-13(c).]

As added by P.L.2-1992, SEC.8. Amended by P.L.4-1993, SEC.78; P.L.5-1993, SEC.91; P.L.273-1999, SEC.85.

IC 12-14-7 Chapter 7. Temporary Assistance for Needy Families; Child Support

12-14-7-1	Assignment of support payment rights; eligibility for assistance
12-14-7-2	Absence of support order; cooperate in obtaining order; good faith effort to cooperate required; presumption of good faith effort; other considerations
12-14-7-3	Child born out of wedlock; cooperate in establishing paternity and child support; good faith effort to cooperate required; presumption of good faith effort; other considerations
12-14-7-4	Assignment of right to support payments; date effective; amount valid against; termination

IC 12-14-7-1 Assignment of support payment rights; eligibility for assistance

Sec. 1. If an applicant for assistance is entitled to child support or spousal support, the applicant shall, to be eligible for assistance and in compliance with federal regulations, assign the right to:

(1) accrued;

(2) present; and

(3) pending support;

payments to the state agency responsible for administering Title IV-D of the federal Social Security Act.

[Pre-1992 Revision Citation: 12-1-7-1.1(a).]

As added by P.L.2-1992, SEC.8.

IC 12-14-7-2 Absence of support order; cooperate in obtaining order; good faith effort to cooperate required; presumption of good faith effort; other considerations

Sec. 2. (a) If the parents of a dependent child are:

(1) separated or divorced; and

(2) there is no court order for the support of the child;

the other parent shall cooperate, within federal regulations, with the state agency responsible for administering Title IV-D of the federal Social Security Act in obtaining a support order.

(b) If a child is residing with a nonparent guardian or custodian, the nonparent guardian or custodian shall make a good faith effort to cooperate with the division and any agency responsible for administering Title IV-D of the federal Social Security Act in obtaining and enforcing a child support order.

(c) The nonparent custodian or guardian is presumed to make a good faith effort under subsection (b) if the nonparent custodian or guardian does one (1) or more of the following:

(1) Responds to telephone calls from a prosecuting attorney or correspondence from a prosecuting attorney.

(2) Appears for an appointment, in person or by telephone, with a prosecuting attorney.

(3) Appears at a court hearing when requested by a prosecuting attorney.

(4) Does one (1) or more of the following:

(A) Provides information described in IC 12-7-2-43.5(b), to the extent the information is known.

(B) Affirms that the information described in IC 12-7-2-43.5(b) is not known.

(d) Before making a determination that the nonparent custodian or guardian is not making a good faith effort to cooperate, the prosecuting attorney shall consider one (1) or more of the following:

(1) Whether the nonparent custodian or guardian could reasonably be expected to provide the information.

(2) The age of the child for whom child support is being sought.

(3) The circumstances surrounding the conception of the child.

(4) The age and mental capacity of the nonparent custodian or guardian.

(5) The time that has expired since the nonparent custodian or guardian has last had contact with:

(A) the alleged father of the child;

(B) a parent of the child; or

(C) a relative of the persons listed in clause (A) or (B).

(6) Any credible information that demonstrates an inability to provide correct information about an alleged father or a parent of the child because of deception by the alleged father or parent.

(7) Any other credible information obtained by the prosecutor that demonstrates the nonparent custodian or guardian has knowledge of the information sought by the prosecuting attorney.

[Pre-1992 Revision Citation: 12-1-7-1.1(b).]

As added by P.L.2-1992, SEC.8. Amended by P.L.80-2010, SEC.18.

IC 12-14-7-3 Child born out of wedlock; cooperate in establishing paternity and child support; good faith effort to cooperate required; presumption of good faith effort; other considerations

Sec. 3. (a) If a child is born out of wedlock, the mother shall, when establishing the paternity of the child and obtaining a support order, cooperate with the state agency responsible for administering Title IV-D of the federal Social Security Act, in compliance with federal regulations governing Title IV-D of the federal Social Security Act.

(b) If a child is residing with a nonparent guardian or custodian, the nonparent guardian or custodian shall make a good faith effort to cooperate with the division and with any agency responsible for administering Title IV-D of the federal Social Security Act by providing any information known to the nonparent guardian or custodian regarding the potential paternity of the child.

(c) If a child is residing with a nonparent guardian or custodian, the nonparent guardian or custodian shall make a good faith effort to cooperate with the division and any agency responsible for administering Title IV-D of the federal Social Security Act in the establishment and enforcement of a child support order.

(d) The nonparent custodian or guardian is presumed to make a good faith effort under subsections (b) and (c) if the nonparent custodian or guardian does one (1) or more of the following:

(1) Responds to telephone calls from a prosecutor or correspondence from a prosecuting attorney.

(2) Appears for an appointment, in person or by telephone, with a prosecuting attorney.

(3) Appears at a court hearing when requested by a prosecuting attorney.

(4) Does one (1) or more of the following:

(A) Provides information described in IC 12-7-2-43.5(b), to the extent the information is known.

(B) Affirms that the information described in IC 12-7-2-43.5(b) is not known.

(e) Before making a determination that the nonparent custodian or guardian is not making a good faith effort to cooperate, the prosecuting attorney shall consider one (1) or more of the following:

(1) Whether the nonparent custodian or guardian could reasonably be expected to provide the information.

(2) The age of the child for whom child support is being sought.

(3) The circumstances surrounding the conception of the child.

(4) The age and mental capacity of the nonparent custodian or guardian.

(5) The time that has expired since the nonparent custodian or guardian has last had contact with:

(A) the alleged father of the child;

(B) a parent of the child; or

(C) a relative of the persons listed in clause (A) or (B).

(6) Any credible information that demonstrates an inability to provide correct information about an alleged father or a parent of the child because of deception by the alleged father or parent.

(7) Any other credible information obtained by the prosecuting attorney that demonstrates the nonparent custodian or guardian has knowledge of the information sought by the prosecuting attorney.

[Pre-1992 Revision Citation: 12-1-7-1.1(c).]

As added by P.L.2-1992, SEC.8. Amended by P.L.80-2010, SEC.19.

IC 12-14-7-4 Assignment of right to support payments; date effective; amount valid against; termination

Sec. 4. An assignment under section 1 of this chapter:

(1) becomes effective when an applicant becomes eligible to receive assistance;

(2) is valid up to the amount of assistance provided to a recipient that has not been reimbursed to the agency responsible for administering Title IV-A of the federal Social Security Act; and

(3) terminates:

(A) with respect to current support, at the end of a benefit period in which a recipient becomes ineligible to receive assistance; and

(B) with respect to accrued support, when all assistance received by the recipient on behalf of the recipient or on behalf of a child has been repaid.

[Pre-1992 Revision Citation: 12-1-7-1.1(d).]

As added by P.L.2-1992, SEC.8.

IC 12-14-8 Chapter 8. Temporary Assistance for Needy Families; Change of Assistance

12-14-8-1 Appeals
12-14-8-2 Hearing on appeal
12-14-8-3 Review of decisions; consideration of applications
12-14-8-4 Investigations
12-14-8-5 Change or withdrawal of assistance
12-14-8-6 Cancellation, revocation, or suspension of assistance
12-14-8-7 Reporting of cancellation, revocation, or suspension of assistance
12-14-8-8 Decisions subject to review by division
12-14-8-9 Effect of decision by the division
12-14-8-10 Reconsideration of assistance

IC 12-14-8-1 Appeals

Sec. 1. If:

(1) an application is not acted upon by the county office within a reasonable time after the filing of the application;

(2) an application is denied; or

(3) assistance previously granted is modified or revoked;

the applicant may appeal to the division in the manner and form required by the division.

[Pre-1992 Revision Citation: 12-1-7-9 part.]

As added by P.L.2-1992, SEC.8. Amended by P.L.4-1993, SEC.79; P.L.5-1993, SEC.92.

IC 12-14-8-2 Hearing on appeal

Sec. 2. The division shall, upon receipt of an appeal, give the applicant an opportunity for a fair hearing.

[Pre-1992 Revision Citation: 12-1-7-9 part.]

As added by P.L.2-1992, SEC.8.

IC 12-14-8-3 Review of decisions; consideration of applications

Sec. 3. The division may do the following:

(1) Review a decision of a county office.

(2) Consider an application upon which a decision has not been made by the county office within a reasonable time.

[Pre-1992 Revision Citation: 12-1-7-9 part.]

As added by P.L.2-1992, SEC.8. Amended by P.L.4-1993, SEC.80; P.L.5-1993, SEC.93.

IC 12-14-8-4 Investigations

Sec. 4. The county office may conduct further investigations if the division requires investigation or the county office believes further investigation is necessary.

[Pre-1992 Revision Citation: 12-1-7-10 part.]

As added by P.L.2-1992, SEC.8. Amended by P.L.4-1993, SEC.81; P.L.5-1993, SEC.94.

IC 12-14-8-5 Change or withdrawal of assistance

Sec. 5. If after further investigation the division or the county office finds that a child's circumstances have altered sufficiently to warrant the action, the amount of assistance may be:

(1) changed; or

(2) entirely withdrawn.

[Pre-1992 Revision Citation: 12-1-7-10 part.]

As added by P.L.2-1992, SEC.8. Amended by P.L.4-1993, SEC.82; P.L.5-1993, SEC.95.

IC 12-14-8-6 Cancellation, revocation, or suspension of assistance

Sec. 6. The county office may:

(1) cancel;

(2) revoke; or

(3) suspend;

assistance at any time that a child becomes ineligible for assistance under this article.

[Pre-1992 Revision Citation: 12-1-7-10 part.]

As added by P.L.2-1992, SEC.8. Amended by P.L.4-1993, SEC.83; P.L.5-1993, SEC.96.

IC 12-14-8-7 Reporting of cancellation, revocation, or suspension of assistance

Sec. 7. Whenever assistance is:

(1) canceled;

(2) revoked;

(3) suspended; or

(4) in any way changed;

the county office shall report the decision and the record of the investigation to the division immediately.

[Pre-1992 Revision Citation: 12-1-7-10 part.]

As added by P.L.2-1992, SEC.8. Amended by P.L.4-1993, SEC.84; P.L.5-1993, SEC.97.

IC 12-14-8-8 Decisions subject to review by division

Sec. 8. A decision under IC 12-14-1 through IC 12-14-8 is subject to review by the division.

[Pre-1992 Revision Citation: 12-1-7-10 part.]

As added by P.L.2-1992, SEC.8. Amended by P.L.273-1999, SEC.86; P.L.10-2019, SEC.58.

IC 12-14-8-9 Effect of decision by the division

Sec. 9. A decision of the division that complies with this article:

(1) is binding on the county office involved;

(2) shall be complied with by the county office; and

(3) has the same force and effect as decisions of the county office from which appeals are not taken.

[Pre-1992 Revision Citation: 12-1-7-9 part.]

As added by P.L.2-1992, SEC.8. Amended by P.L.4-1993, SEC.85; P.L.5-1993, SEC.98.

IC 12-14-8-10 Reconsideration of assistance

Sec. 10. Assistance granted under this article to a dependent child shall be reconsidered by the county office as frequently as required by rules adopted under IC 4-22-2 by the director of the division.

[Pre-1992 Revision Citation: 12-1-7-10 part.]

As added by P.L.2-1992, SEC.8. Amended by P.L.4-1993, SEC.86; P.L.5-1993, SEC.99.

IC 12-14-9 Chapter 9. Repealed

[Pre-1992 Revision Citations:
12-14-9-1 formerly 12-1-7-12 part
12-14-9-2 formerly 12-1-7-12 part
12-14-9-3 formerly 12-1-7-12 part.]

Repealed by P.L.273-1999, SEC.124.

IC 12-14-9.5 Chapter 9.5. Repealed

Repealed by P.L.10-2019, SEC.59.

IC 12-14-10 Chapter 10. Repealed

[Pre-1992 Revision Citations:
12-14-10-1 formerly 12-1-32-1
12-14-10-2 formerly 12-1-32-2 part.]

Repealed by P.L.181-2006, SEC.62.

IC 12-14-11 Chapter 11. Repealed

[Pre-1992 Revision Citations:

12-14-11-1	formerly 12-1-33-1
12-14-11-2	formerly 12-1-33-2
12-14-11-3	formerly 12-1-33-3
12-14-11-4	formerly 12-1-33-4
12-14-11-5	formerly 12-1-33-5; 12-1-33-6 part
12-14-11-6	formerly 12-1-33-6 part
12-14-11-7	formerly 12-1-33-6 part
12-14-11-8	formerly 12-1-33-7
12-14-11-9	formerly 12-1-33-8 part
12-14-11-10	formerly 12-1-33-8 part
12-14-11-11	formerly 12-1-33-9 part
12-14-11-12	formerly 12-1-33-9 part
12-14-11-13	formerly 12-1-33-10
12-14-11-14	formerly 12-1-33-11
12-14-11-15	formerly 12-1-33-12 part
12-14-11-16	formerly 12-1-33-12 part
12-14-11-17	formerly 12-1-33-12 part
12-14-11-18	formerly 12-1-33-13
12-14-11-19	formerly 12-1-33-15.]

Repealed by P.L.181-2006, SEC.62.

IC 12-14-12 Chapter 12. Repealed

[Pre-1992 Revision Citations:

12-14-12-1	formerly 4-28-9-1
12-14-12-2	formerly 4-28-9-2(a) part
12-14-12-3	formerly 4-28-9-2(b) part
12-14-12-4	formerly 4-28-9-2(a) part
12-14-12-5	formerly 4-28-9-2(b) part
12-14-12-6	formerly 4-28-9-2(c)
12-14-12-7	formerly 4-28-9-2(d)
12-14-12-8	formerly 4-28-9-2(e)
12-14-12-9	formerly 4-28-9-3
12-14-12-10	formerly 4-28-9-4.]

Repealed by P.L.181-2006, SEC.62.

IC 12-14-13 Chapter 13. Supplemental Assistance to the Aged

12-14-13-1 Certificate; required information
12-14-13-2 Form of certificate
12-14-13-3 Copies of certificate
12-14-13-4 Certificate; seal of division
12-14-13-5 Distribution of certificate copies

IC 12-14-13-1 Certificate; required information

Sec. 1. If supplemental assistance is granted to an aged person under this chapter, the division shall enter the following on a certificate:

(1) The award made.
(2) The name and residence of the recipient.
(3) The amount of the award.
(4) The date when the assistance to the recipient is to begin.
(5) Any other fact required by the division.

[Pre-1992 Revision Citation: 12-1-5-8(a) part.]

As added by P.L.2-1992, SEC.8.

IC 12-14-13-2 Form of certificate

Sec. 2. The division shall provide the form for the certificate.

[Pre-1992 Revision Citation: 12-1-5-8(a) part.]

As added by P.L.2-1992, SEC.8.

IC 12-14-13-3 Copies of certificate

Sec. 3. Four (4) copies of the certificate must be prepared.

[Pre-1992 Revision Citation: 12-1-5-8(a) part.]

As added by P.L.2-1992, SEC.8.

IC 12-14-13-4 Certificate; seal of division

Sec. 4. A certificate must bear the seal of the division.

[Pre-1992 Revision Citation: 12-1-5-8(a) part.]

As added by P.L.2-1992, SEC.8.

IC 12-14-13-5 Distribution of certificate copies

Sec. 5. The copies of the certificate shall be distributed as follows:

(1) One (1) copy retained by and filed in the division.
(2) One (1) copy filed with the state comptroller.
(3) One (1) copy filed in the office of the county recorder.
(4) One (1) copy given to the recipient.

[Pre-1992 Revision Citation: 12-1-5-8(a) part.]

As added by P.L.2-1992, SEC.8. Amended by P.L.9-2024, SEC.330.

IC 12-14-14 Chapter 14. Supplemental Assistance to the Blind

12-14-14-1	Eligibility for eye treatment
12-14-14-2	Failure to qualify under definition of blind; qualification for eye treatment
12-14-14-3	Direct payment to provider of eye treatment
12-14-14-4	Time limits for recommendations concerning assistance applications and for acting on recommendations
12-14-14-5	Voluntary repayment; interest

IC 12-14-14-1 Eligibility for eye treatment

Sec. 1. The division shall provide for eye treatment to an individual who:

(1) is in need of eye treatment, either to prevent blindness or to restore eyesight;

(2) qualifies for eye treatment under the rules adopted under IC 4-22-2 by the director of the division; and

(3) is living and intends to remain in Indiana in a bona fide living arrangement.

[Pre-1992 Revision Citation: 12-1-6-17(a) part.]

As added by P.L.2-1992, SEC.8.

IC 12-14-14-2 Failure to qualify under definition of blind; qualification for eye treatment

Sec. 2. An individual qualifies for eye treatment under this chapter even if the individual does not qualify under the definition of blind.

[Pre-1992 Revision Citation: 12-1-6-17(a) part.]

As added by P.L.2-1992, SEC.8.

IC 12-14-14-3 Direct payment to provider of eye treatment

Sec. 3. If an individual qualifies for eye treatment under this chapter, payment shall be paid directly to the provider.

[Pre-1992 Revision Citation: 12-1-6-17(a) part.]

As added by P.L.2-1992, SEC.8.

IC 12-14-14-4 Time limits for recommendations concerning assistance applications and for acting on recommendations

Sec. 4. (a) The county office shall submit to the division within fifteen (15) working days the county office's recommendations concerning an application for assistance under this chapter.

(b) The division shall act upon a recommendation under subsection (a) within thirty (30) working days.

(c) The time limits imposed under subsections (a) and (b) do not apply if either of the following occurs:

(1) The application is incomplete.

(2) The county office is unable to verify the information in the application.

[Pre-1992 Revision Citation: 12-1-6-17(b); 12-1-6-17(c); 12-1-6-17(d).]

As added by P.L.2-1992, SEC.8. Amended by P.L.4-1993, SEC.90; P.L.5-1993, SEC.103.

IC 12-14-14-5 Voluntary repayment; interest

Sec. 5. This chapter does not allow interest to be added to a voluntary repayment of supplemental assistance that a recipient or former recipient of blind assistance may, during the recipient's lifetime, desire to make.

[Pre-1992 Revision Citation: 12-1-6-18(c).]

As added by P.L.2-1992, SEC.8.

IC 12-14-15 Chapter 15. Supplemental Assistance for Persons With Disabilities

12-14-15-1 Assistance to qualified individuals
12-14-15-2 Inmates; commencement of assistance

IC 12-14-15-1 Assistance to qualified individuals

Sec. 1. Assistance shall be given to a needy individual with a disability who meets the following qualifications:

(1) Has a pending application on file with the federal Social Security Administration for assistance under Public Law 92-603, supplemental security income (SSI), or is receiving assistance. However, a person whose application for assistance under Public Law 92-603 has been denied but who meets all other requirements of this chapter is eligible for supplemental assistance.

(2) Has one (1) of the following:

(A) A physical or mental impairment, disease, or loss that is verifiable by a physician licensed under IC 25-22.5, that appears reasonably certain to result in death or to last for a continuous period of at least twelve (12) months without significant improvement, and that substantially impairs the individual's ability to perform labor or services or to engage in a useful occupation.

(B) A mental impairment, disease, or loss that is:

(i) diagnosed by a physician licensed under IC 25-22.5 or a health services provider in psychology licensed under IC 25-33-1; and

(ii) verifiable by a physician licensed under IC 25-22.5 or a psychologist licensed under IC 25-33;

that appears reasonably certain to last for a continuous period of at least twelve (12) months without significant improvement, and that substantially impairs the individual's ability to perform labor or services or to engage in a useful occupation. Employment in a sheltered workshop or under an approved vocational rehabilitation plan is not considered a useful occupation for the purposes of this chapter. The determination of medical disability under this subdivision shall be made without reference to the individual's ability to pay for treatment.

(3) Does not have a parent, spouse, or other legally responsible relative able to support the individual.

(4) Is at least eighteen (18) years of age.

(5) Is residing and intends to remain in Indiana in a bona fide living arrangement.

(6) Has insufficient income or other resources to provide a reasonable subsistence according to the standards established by the division.

(7) Except as otherwise provided in this chapter, is not an inmate of or being maintained by a municipal, state, or national institution while receiving assistance.

(8) Has not, at any time within five (5) years immediately before the date of the filing of an application for assistance under this chapter, made an assignment or transfer of property for the purpose of making or that will make the individual eligible for assistance under this chapter, except as otherwise provided in this chapter.

[Pre-1992 Revision Citation: 12-1-7.1-1 part.]

As added by P.L.2-1992, SEC.8. Amended by P.L.152-1995, SEC.4; P.L.67-2000, SEC.1; P.L.218-2003, SEC.1; P.L.99-2007, SEC.90.

IC 12-14-15-2 Inmates; commencement of assistance

Sec. 2. An inmate may apply for assistance under this chapter. However, if assistance is granted, the assistance may not begin until the individual is no longer an inmate.

[Pre-1992 Revision Citation: 12-1-7.1-1(g).]

As added by P.L.2-1992, SEC.8.

IC 12-14-16 Chapter 16. Supplemental Assistance; Liens

12-14-16-1	Application of chapter
12-14-16-2	Certificate filed with county recorder; notice of lien
12-14-16-3	Property subject to lien; duration; priority
12-14-16-4	Certificate not recorded at length
12-14-16-5	Persons notified by filing
12-14-16-6	Abstract of certificates; separate book
12-14-16-7	Abstract book; operation as lien; property subject; subsequently acquired property
12-14-16-8	Abstract book; entries
12-14-16-9	Abstract book; purposes for which used
12-14-16-10	Filing or entry fees; notation of filing entered upon notice from division or county department
12-14-16-11	Lien foreclosure proceedings
12-14-16-12	Asserting lien against other claimants or lien holders

IC 12-14-16-1 Application of chapter

Sec. 1. This chapter applies to an individual who receives any of the following:

(1) Supplemental assistance to the aged.

(2) Supplemental assistance to the blind.

(3) Supplemental assistance for persons with disabilities.

[1992 Revision Citation: New.]

As added by P.L.2-1992, SEC.8.

IC 12-14-16-2 Certificate filed with county recorder; notice of lien

Sec. 2. A certificate filed with the county recorder is notice of a lien against the recipient and the recipient's estate for any amount recoverable under this article.

[Pre-1992 Revision Citations: 12-1-5-8(a) part; 12-1-7.1-10 part; 12-1-6-18(d) part.]

As added by P.L.2-1992, SEC.8.

IC 12-14-16-3 Property subject to lien; duration; priority

Sec. 3. A lien under section 2 of this chapter:

(1) is a specific lien in favor of the division and the county office against the real property of the recipient;

(2) continues from the date of the filing of the notice until the lien is satisfied; and

(3) takes priority over any other lien subsequently acquired.

[Pre-1992 Revision Citations: 12-1-5-8(a) part; 12-1-7.1-10 part; 12-1-6-18(d) part.]

As added by P.L.2-1992, SEC.8. Amended by P.L.4-1993, SEC.91; P.L.5-1993, SEC.104.

IC 12-14-16-4 Certificate not recorded at length

Sec. 4. A certificate may not be recorded at length.

[Pre-1992 Revision Citations: 12-1-5-8(a) part; 12-1-7.1-10 part; 12-1-6-18(d) part.]

As added by P.L.2-1992, SEC.8.

IC 12-14-16-5 Persons notified by filing

Sec. 5. The filing of a certificate constitutes notice to any person of the rights of the state and county.

[Pre-1992 Revision Citations: 12-1-5-8(a) part; 12-1-7.1-10 part; 12-1-6-18(d) part.]

As added by P.L.2-1992, SEC.8.

IC 12-14-16-6 Abstract of certificates; separate book

Sec. 6. The county recorder shall keep a separate book where an abstract of all certificates must be entered.

[Pre-1992 Revision Citations: 12-1-5-8(a) part; 12-1-7.1-10 part; 12-1-6-18(d) part.]

As added by P.L.2-1992, SEC.8.

IC 12-14-16-7 Abstract book; operation as lien; property subject; subsequently acquired property

Sec. 7. The book required by section 6 of this chapter is intended to operate as a lien upon the real or personal property of the recipient, whether then owned or subsequently acquired.

[Pre-1992 Revision Citations: 12-1-5-8(a) part; 12-1-7.1-10 part; 12-1-6-18(d) part.]

As added by P.L.2-1992, SEC.8.

IC 12-14-16-8 Abstract book; entries

Sec. 8. The book must indicate the following:

(1) The time of filing.

(2) The name of the recipient.

(3) The date of the certificate.

(4) Remarks.

[Pre-1992 Revision Citations: 12-1-5-8(a) part; 12-1-7.1-10 part; 12-1-6-18(d) part.]

As added by P.L.2-1992, SEC.8.

IC 12-14-16-9 Abstract book; purposes for which used

Sec. 9. The book may be used only for purposes connected with administration programs listed in section 1 of this chapter.

[Pre-1992 Revision Citations: 12-1-5-8(a) part,12-1-7.1-10 part; 12-1-6-18(d) part.]

As added by P.L.2-1992, SEC.8.

IC 12-14-16-10 Filing or entry fees; notation of filing entered upon notice from division or county department

Sec. 10. A fee may not be charged for the filing of a certificate or the entry of the abstract. Upon written notice from the division or county office, the recorder shall enter a proper notation of the filing.

[Pre-1992 Revision Citations: 12-1-5-8(a) part; 12-1-7.1-10 part; 12-1-6-18(d) part.]

As added by P.L.2-1992, SEC.8. Amended by P.L.4-1993, SEC.92; P.L.5-1993, SEC.105.

IC 12-14-16-11 Lien foreclosure proceedings

Sec. 11. The division and county office may bring a proceeding in foreclosure on the lien or to make arbitration of the amount due on the lien if the action protects a public interest. However, with respect to supplemental assistance to the aged, a foreclosure may not be commenced against the homestead of the recipient while occupied by the recipient or the recipient's spouse, except in case of fraud.

[Pre-1992 Revision Citations: 12-1-5-8(b) part; 12-1-7.1-10 part; 12-1-6-18(d) part.]

As added by P.L.2-1992, SEC.8. Amended by P.L.4-1993, SEC.93; P.L.5-1993, SEC.106.

IC 12-14-16-12 Asserting lien against other claimants or lien holders

Sec. 12. The division and county office may at any time assert the lien against other claimants or lien holders in protection of the homestead or other real property of the recipient.

[Pre-1992 Revision Citations: 12-1-5-8(b) part; 12-1-7.1-10 part; 12-1-6-18(d) part.]

As added by P.L.2-1992, SEC.8. Amended by P.L.4-1993, SEC.94; P.L.5-1993, SEC.107.

IC 12-14-17 Chapter 17. Supplemental Assistance; Funeral and Cemetery Expenses

12-14-17-0.1 Application of certain amendments to chapter
12-14-17-1 Application of chapter
12-14-17-2 Application of section; funeral expenses payment; preferred claim
12-14-17-3 Cemetery expenses payment; preferred claim
12-14-17-3.5 Superior claim
12-14-17-4 Funeral expenses payment; contributions excluded in determining amount
12-14-17-5 Cemetery expenses payment; contributions excluded in determining amount
12-14-17-6 Claims for expenses

IC 12-14-17-0.1 Application of certain amendments to chapter

Sec. 0.1. The amendments made to sections 4 and 5 of this chapter by P.L.118-1997 do not apply to an individual whose death occurs before July 1, 1997.

As added by P.L.220-2011, SEC.261.

IC 12-14-17-1 Application of chapter

Sec. 1. This chapter applies to the following individuals:

(1) An individual who receives supplemental assistance to the aged.

(2) An individual who receives supplemental assistance to the blind.

(3) An individual who receives supplemental assistance for persons with disabilities.

(4) An individual who has a disability, is aged, or is blind who, at the time of death, was certified to receive medical assistance under Medicaid.

[1992 Revision Citation: New.]

As added by P.L.2-1992, SEC.8. Amended by P.L.1-1994, SEC.58; P.L.99-2007, SEC.91.

IC 12-14-17-2 Application of section; funeral expenses payment; preferred claim

Sec. 2. (a) This section applies upon the death of either of the following:

(1) A recipient who is receiving supplemental assistance.

(2) An individual who had a disability, was aged, or was blind who, at the time of death, was certified as eligible to receive medical assistance under Medicaid.

(b) Except as provided in subsection (c), the division shall pay one thousand two hundred dollars ($1,200) for the funeral director's expenses of the decedent if the following conditions exist:

(1) The estate of the deceased is insufficient to pay the funeral director's expenses.

(2) The individual legally responsible for the burial of the deceased is unable to pay the funeral director's expenses.

(c) If the division determines that the estate of the deceased is sufficient to pay all or part of the funeral director's expenses, the division:

(1) shall pay one thousand two hundred dollars ($1,200) for expenses that the funeral director has incurred; and

(2) may recover the amount paid by the division under this section as a preferred claim from the estate of the deceased.

[Pre-1992 Revision Citations: 12-1-5-11 part; 12-1-6-11 part; 12-1-7.1-13 part.]

As added by P.L.2-1992, SEC.8. Amended by P.L.1-1994, SEC.59; P.L.273-1999, SEC.87; P.L.9-2006, SEC.1; P.L.99-2007, SEC.92; P.L.205-2013, SEC.186.

IC 12-14-17-3 Cemetery expenses payment; preferred claim

Sec. 3. (a) Except as provided in subsection (b), in addition to money paid by the division under section 2 of this chapter and even if the deceased or person legally responsible for the deceased possesses a burial lot, the division shall pay eight hundred dollars ($800) for the cemetery's expenses for the deceased to cover the following:

(1) The provision of burial rights if necessary.

(2) The opening and closing of a burial plot and provision of an outer container.

(3) The service required by the cemetery authorities.

(b) If the division determines that the estate of the deceased is sufficient to pay all or part of the cemetery's expenses, the division:

(1) shall pay eight hundred dollars ($800) for expenses that the cemetery has incurred; and

(2) may recover the amount paid by the division under this section as a preferred claim from the estate of the deceased.

[Pre-1992 Revision Citations: 12-1-5-11 part; 12-1-6-11 part; 12-1-7.1-13 part.]

As added by P.L.2-1992, SEC.8. Amended by P.L.273-1999, SEC.88; P.L.9-2006, SEC.2; P.L.205-2013, SEC.187.

IC 12-14-17-3.5 Superior claim

Sec. 3.5. Except for a claim for the costs and expenses of administration, a claim filed under sections 2(c) and 3(b) of this chapter is a superior claim.

As added by P.L.9-2006, SEC.3.

IC 12-14-17-4 Funeral expenses payment; contributions excluded in determining amount

Sec. 4. The division:

(1) may not consider a combined total of two thousand five hundred dollars ($2,500) that is contributed by:

(A) friends;

(B) relatives; and

(C) the resources of the deceased; and

(2) may consider any amount that exceeds two thousand five hundred dollars ($2,500) contributed by:

(A) friends;

(B) relatives; and

(C) the resources of the deceased;

when determining the amount to be paid to the funeral director for expenses under this chapter. However, the resources of the deceased may not be used if the deceased has prepaid funeral expenses that were excluded as a resource for Medicaid eligibility under IC 12-15-2. The division shall raise the dollar amounts in subdivisions (1) and (2) by one hundred dollars ($100) each year for three (3) years beginning on July 1, 2024.

[Pre-1992 Revision Citations: 12-1-5-11 part; 12-1-6-11 part; 12-1-7.1-13 part.]

As added by P.L.2-1992, SEC.8. Amended by P.L.118-1997, SEC.3; P.L.9-2006, SEC.4; P.L.47-2023, SEC.1.

IC 12-14-17-5 Cemetery expenses payment; contributions excluded in determining amount

Sec. 5. The division:

(1) may not consider a combined total of one thousand dollars ($1,000) that is contributed by:

(A) friends;

(B) relatives; and

(C) the resources of the deceased; and

(2) may consider any amount that exceeds one thousand dollars ($1,000) contributed by:

(A) friends;

(B) relatives; and

(C) the resources of the deceased;

when determining the amount to be paid to the cemetery for expenses under this chapter. However, the resources of the deceased may not be used if the deceased has prepaid funeral expenses that were excluded as a resource for Medicaid eligibility under IC 12-15-2. The division shall raise the dollar amounts in subdivisions (1) and (2) by one hundred dollars ($100) each year for three (3) years beginning on July 1, 2024.

[Pre-1992 Revision Citations: 12-1-5-11 part; 12-1-6-11 part; 12-1-7.1-13 part.]

As added by P.L.2-1992, SEC.8. Amended by P.L.118-1997, SEC.4; P.L.9-2006, SEC.5; P.L.47-2023, SEC.2.

IC 12-14-17-6 Claims for expenses

Sec. 6. (a) The funeral director and the cemetery representative shall file a sworn claim with the county office indicating expenses incurred due to the death of a recipient.

(b) With respect to supplemental assistance to the blind and persons with disabilities, a sworn claim must be verified and forwarded to the division for payment.

[Pre-1992 Revision Citations: 12-1-5-11 part; 12-1-6-11 part; 12-1-7.1-13 part.]

As added by P.L.2-1992, SEC.8. Amended by P.L.4-1993, SEC.95; P.L.5-1993, SEC.108.

IC 12-14-18 Chapter 18. Supplemental Assistance; Excess Property or Income

12-14-18-1	Application of chapter
12-14-18-1.5	"Eligible individual" defined
12-14-18-1.7	"Holocaust victim's settlement payment" defined
12-14-18-2	Cancellation or alteration of amount of assistance
12-14-18-3	Fraudulently obtained supplemental assistance; recovery; penalty; preferred claim against estate; right of action against recipient
12-14-18-4	Fraudulently obtained supplemental assistance; superiority of claim against recipient's estate

IC 12-14-18-1 Application of chapter

Sec. 1. This chapter applies to an individual who receives any of the following:

(1) Supplemental assistance to the aged.

(2) Supplemental assistance to the blind.

(3) Supplemental assistance for persons with disabilities.

[1992 Revision Citation: New.]

As added by P.L.2-1992, SEC.8.

IC 12-14-18-1.5 "Eligible individual" defined

Sec. 1.5. As used in this chapter, "eligible individual" means:

(1) a person who was systematically persecuted for racial or religious reasons by Nazi Germany or any other Axis regime; or

(2) an heir of a person described in subdivision (1).

As added by P.L.128-1999, SEC.15.

IC 12-14-18-1.7 "Holocaust victim's settlement payment" defined

Sec. 1.7. As used in this chapter, "Holocaust victim's settlement payment" means a payment received:

(1) as a result of the settlement of the action entitled "In re Holocaust Victims' Asset Litigation", (E.D. NY) C.A. No. 96-4849;

(2) under the German Act Regulating Unresolved Property Claims;

(3) under any other foreign law providing payments for Holocaust claims; or

(4) as a result of the settlement of any other Holocaust claim, including:

(A) insurance claims;

(B) claims relating to looted art;

(C) claims relating to looted financial assets; or

(D) claims relating to slave labor wages.

As added by P.L.128-1999, SEC.16.

IC 12-14-18-2 Cancellation or alteration of amount of assistance

Sec. 2. (a) If while receiving supplemental assistance a recipient obtains property or income in excess of the amount stated in the application, the recipient shall notify the division or county office, if the recipient receives supplemental assistance to the aged, immediately of the receipt or possession of the property or income.

(b) The division may, after investigation, cancel or alter the amount of the assistance in accordance with the circumstances.

(c) Excess supplemental assistance paid is recoverable by the county as a debt due to the state.

(d) However, an eligible individual is not required to notify the division or county office of a Holocaust victim's settlement payment received by the individual. The division may not alter the amount of supplemental assistance paid to the individual after the individual's receipt of the payment.

[Pre-1992 Revision Citations: 12-1-5-16(a); 12-1-6-18(a) part; 12-1-7.1-16(a).]
As added by P.L.2-1992, SEC.8. Amended by P.L.4-1993, SEC.96; P.L.5-1993, SEC.109; P.L.128-1999, SEC.17.

IC 12-14-18-3 Fraudulently obtained supplemental assistance; recovery; penalty; preferred claim against estate; right of action against recipient

Sec. 3. If:

(1) the division determines that a recipient possessed income or property in excess of the amount reported; and

(2) it is shown that supplemental assistance was obtained fraudulently;

the total amount of the supplemental assistance plus a penalty of twenty percent (20%) may be recovered by the division as a preferred claim from the estate of the recipient or in an action brought against the recipient while living.

[Pre-1992 Revision Citations: 12-1-5-16(b) part; 12-1-6-18(b) part; 12-1-7.1-16(b).]
As added by P.L.2-1992, SEC.8.

IC 12-14-18-4 Fraudulently obtained supplemental assistance; superiority of claim against recipient's estate

Sec. 4. A claim filed under section 3 of this chapter is a superior claim, except for claims for the following:

(1) Expenses of administration.

(2) Expenses of burial and last sickness.

(3) Taxes accrued at the time of the decedent's death.

(4) Debts secured at the time of the decedent's death.

(5) Debts secured by liens created before assistance was granted.

[Pre-1992 Revision Citations: 12-1-5-16(b) part; 12-1-6-18(b) part; 12-1-7.1-16(b) part.]
As added by P.L.2-1992, SEC.8.

IC 12-14-19 Chapter 19. Valuation of Certain Resources for Supplemental Assistance

12-14-19-1 Exclusions for irrevocable trusts, prepaid funeral agreements, and life insurance policies
12-14-19-2 Resources used in determining eligibility for assistance

IC 12-14-19-1 Exclusions for irrevocable trusts, prepaid funeral agreements, and life insurance policies

Sec. 1. If an applicant for or recipient of assistance under Title XVI of the federal Social Security Act (42 U.S.C. 1381 et seq.):

(1) establishes one (1) irrevocable trust that has a value not greater than one thousand dollars ($1,000) exclusive of interest and is established for the sole purpose of providing money for the burial of the applicant or recipient;

(2) enters into an irrevocable prepaid funeral agreement that has a value not greater than one thousand dollars ($1,000);

(3) owns a life insurance policy with a face value not greater than one thousand dollars ($1,000) and with respect to which provision is made to pay not more than one thousand dollars ($1,000) toward the applicant's or recipient's funeral expenses; or

(4) receives a Holocaust victim's settlement payment;

the value of the trust, prepaid funeral agreement, life insurance policy, or Holocaust victim's settlement payment may not be considered as a resource in determining the applicant's or recipient's eligibility for the assistance.

[Pre-1992 Revision Citation: 12-1-7.2-2(a).]

As added by P.L.2-1992, SEC.8. Amended by P.L.128-1999, SEC.18.

IC 12-14-19-2 Resources used in determining eligibility for assistance

Sec. 2. (a) If:

(1) an applicant for or recipient of assistance under Title XVI of the federal Social Security Act (42 U.S.C. 1381 et seq.) owns resources described in section 1(1), 1(2), or 1(3) of this chapter; and

(2) the total face value of the resources exceeds one thousand dollars ($1,000);

the value of the resources greater than one thousand dollars ($1,000) may be considered as a resource in determining the applicant's or recipient's eligibility for the assistance.

(b) However, a Holocaust victim's settlement payment received by an eligible individual may not be considered as a resource in determining the applicant's or recipient's eligibility for the assistance under this section.

[Pre-1992 Revision Citation: 12-1-7.2-2(b).]

As added by P.L.2-1992, SEC.8. Amended by P.L.128-1999, SEC.19.

IC 12-14-20 Chapter 20. Voluntary Contributions for Public Assistance Recipients

12-14-20-1 Acceptance by division; deposit in state welfare fund
12-14-20-2 Issuance of receipt; form

IC 12-14-20-1 Acceptance by division; deposit in state welfare fund

Sec. 1. (a) The division may accept voluntary contributions from a person desiring to contribute to the support of a parent or other person who receives public assistance.

(b) The division shall deposit contributions made under this section in the state welfare fund.

[Pre-1992 Revision Citation: 12-1-23.5-1.]

As added by P.L.2-1992, SEC.8.

IC 12-14-20-2 Issuance of receipt; form

Sec. 2. The division shall issue to each person who makes a contribution under section 1 of this chapter a receipt for the contribution on a form approved by the state board of accounts.

[Pre-1992 Revision Citations: 12-1-7-61(a) part; 12-1-23.5-2.]

As added by P.L.2-1992, SEC.8.

IC 12-14-21 Chapter 21. Recovery From the Estate of a Recipient of Aged Assistance

12-14-21-0.1 Application of certain amendments to chapter
12-14-21-1 Filing of claims
12-14-21-2 Claims on behalf of assistance providers
12-14-21-3 Priority
12-14-21-4 Real property occupied by surviving spouse

IC 12-14-21-0.1 Application of certain amendments to chapter

Sec. 0.1. The amendments made to section 3 of this chapter by P.L.118-1997 do not apply to an individual whose death occurs before July 1, 1997.

As added by P.L.220-2011, SEC.262.

IC 12-14-21-1 Filing of claims

Sec. 1. Upon the death of an individual who is a recipient of aged assistance under this article, the county office shall file a claim against the individual's estate for recovery of all assistance paid to or on behalf of the individual by a county or state on or after May 1, 1947.

[Pre-1992 Revision Citation: 12-1-19-1(a) part.]

As added by P.L.2-1992, SEC.8. Amended by P.L.4-1993, SEC.97; P.L.5-1993, SEC.110.

IC 12-14-21-2 Claims on behalf of assistance providers

Sec. 2. A claim filed under this chapter is on behalf of the division and a county office that has paid assistance to the recipient.

[Pre-1992 Revision Citation: 12-1-19-1(a) part.]

As added by P.L.2-1992, SEC.8. Amended by P.L.4-1993, SEC.98; P.L.5-1993, SEC.111.

IC 12-14-21-3 Priority

Sec. 3. Notwithstanding any other law, a claim filed for recovery of aged assistance has priority in order of payment from the estate over all other claims, except the following:

(1) Prior recorded encumbrances.

(2) Taxes.

(3) Reasonable costs of administration.

(4) Funeral expenses in an amount not to exceed five hundred fifty dollars ($550). However, this amount is zero (0) if the decedent has prepaid funeral expenses that were excluded as a resource for Medicaid eligibility under IC 12-15-2.

[Pre-1992 Revision Citation: 12-1-19-1(b).]

As added by P.L.2-1992, SEC.8. Amended by P.L.118-1997, SEC.5.

IC 12-14-21-4 Real property occupied by surviving spouse

Sec. 4. (a) If the real property of a deceased recipient is occupied by a surviving spouse, the division may not assert the division's lien or claim during the lifetime of the surviving spouse unless other claimants or persons have opened an estate and are attempting to enforce claims.

(b) If other claimants or persons have opened an estate and are attempting to enforce claims, the division shall file and assert the claim for recovery of old age assistance.

[Pre-1992 Revision Citation: 12-1-19-1(c).]

As added by P.L.2-1992, SEC.8.

IC 12-14-22 Chapter 22. Miscellaneous Provisions Concerning Family Assistance

12-14-22-1	Authority to conduct examinations, issue subpoenas, and require attendance of witnesses or production of books and records
12-14-22-2	Signing of subpoenas and subpoenas duces tecum
12-14-22-3	Compelling obedience to subpoena or request for production; requirements
12-14-22-4	Making and keeping of records, accounts, and reports
12-14-22-5	Public inspection of claims for services; organization of records; confidential records
12-14-22-6	Furnishing of assistance recipient lists
12-14-22-7	Monthly schedule of payments made; filing; organization of information; public inspection
12-14-22-8	Use of list; violations; notice
12-14-22-9	Relief from liability of maintaining and supporting child or spouse
12-14-22-10	Recovery of assistance
12-14-22-11	Application for old age assistance or assistance as blind person; county in which to be filed
12-14-22-12	Termination of Indiana residency; temporary absence
12-14-22-13	Repealed

IC 12-14-22-1 Authority to conduct examinations, issue subpoenas, and require attendance of witnesses or production of books and records

Sec. 1. When enforcing a program administered by the county office, the county office and the division may do the following:

(1) Conduct examinations.

(2) Subpoena witnesses.

(3) Require the attendance of witnesses and the production of books, records, and papers at any reasonable place in the county seat of the county in which the witness resides or the books, records, or papers are located.

[Pre-1992 Revision Citation: 12-1-10-1 part.]

As added by P.L.2-1992, SEC.8. Amended by P.L.4-1993, SEC.99; P.L.5-1993, SEC.112.

IC 12-14-22-2 Signing of subpoenas and subpoenas duces tecum

Sec. 2. A subpoena and subpoena duces tecum must be signed either by the director of the division or a county office.

[Pre-1992 Revision Citation: 12-1-10-1 part.]

As added by P.L.2-1992, SEC.8. Amended by P.L.4-1993, SEC.100; P.L.5-1993, SEC.113.

IC 12-14-22-3 Compelling obedience to subpoena or request for production; requirements

Sec. 3. (a) The circuit or superior court or other court with jurisdiction in the county shall compel obedience to a subpoena and request for the production of books, records, and papers after the requirements under subsection (b) have been satisfied.

(b) Requirements to compel information under subsection (a) include the following:

(1) Written application by the officer or employee conducting the examination.

(2) Ten (10) days notice.

(3) A showing of the probable materiality of the books, records, and papers, or, for a witness, that the witness is believed to be possessed of information material to the examination.

[Pre-1992 Revision Citation: 12-1-10-1 part.]

As added by P.L.2-1992, SEC.8.

IC 12-14-22-4 Making and keeping of records, accounts, and reports

Sec. 4. The county office shall make and keep records and accounts and make reports concerning assistance under this article that the division requires.

[Pre-1992 Revision Citation: 12-1-10-2(a).]

As added by P.L.2-1992, SEC.8. Amended by P.L.4-1993, SEC.101; P.L.5-1993, SEC.114.

IC 12-14-22-5 Public inspection of claims for services; organization of records; confidential records

Sec. 5. (a) A claim for services furnished recipients of old age assistance or assistance to dependent children that is on file in the county office shall be kept open to the public during regular office hours for inspection, study, and securing data.

(b) The records shall be maintained in alphabetical order.

(c) This section may not be construed to include confidential medical records, voter registration records under IC 12-14-1.5 or IC 12-14-25, and other confidential records that are by law declared to be confidential or privileged.

[Pre-1992 Revision Citation: 12-1-10-2(b).]

As added by P.L.2-1992, SEC.8. Amended by P.L.4-1993, SEC.102; P.L.5-1993, SEC.115; P.L.12-1995, SEC.118.

IC 12-14-22-6 Furnishing of assistance recipient lists

Sec. 6. Each month the county office shall furnish each township trustee in the county a list of all persons who are legal residents of the township and who have been certified during the month to receive an award of assistance under this article.

[Pre-1992 Revision Citation: 12-1-10-2(c).]

As added by P.L.2-1992, SEC.8. Amended by P.L.4-1993, SEC.103; P.L.5-1993, SEC.116.

IC 12-14-22-7 Monthly schedule of payments made; filing; organization of information; public inspection

Sec. 7. (a) A schedule of payments made to or for the benefit of each recipient under this article shall be filed by the county office each month with the county auditor and the prosecuting attorney.

(b) The schedule shall be kept open to the public at all times for inspection, study, and securing data. The schedule must contain the names and addresses, in alphabetical order, of all recipients of benefits.

[Pre-1992 Revision Citation: 12-1-10-2(d).]

As added by P.L.2-1992, SEC.8. Amended by P.L.4-1993, SEC.104; P.L.5-1993, SEC.117.

IC 12-14-22-8 Use of list; violations; notice

Sec. 8. (a) A person who solicits, discloses, receives, makes use of, or authorizes, participates in, or acquiesces in the use of a list or name kept under this chapter for commercial or political purposes commits a Class B misdemeanor.

(b) The division shall notify the co-directors of the election division if a violation of this section concerns confidential voter registration records under IC 3-7-15.

[Pre-1992 Revision Citation: 12-1-10-3.]

As added by P.L.2-1992, SEC.8. Amended by P.L.12-1995, SEC.119; P.L.2-1996, SEC.237; P.L.3-1997, SEC.433.

IC 12-14-22-9 Relief from liability of maintaining and supporting child or spouse

Sec. 9. This article does not relieve a person from the liability of maintaining and supporting the person's child or spouse as provided by law.

[Pre-1992 Revision Citation: 12-1-10-6 part.]

As added by P.L.2-1992, SEC.8.

IC 12-14-22-10 Recovery of assistance

Sec. 10. If the division or county office has reason to believe that a spouse or parent is or was reasonably able to assist the recipient during the period the recipient received assistance under this article, the division or county office may bring suit during or after the provision of assistance against the spouse or parent to recover the amount of assistance paid under this article or the part that the spouse or parent might reasonably have paid.

[Pre-1992 Revision Citation: 12-1-10-6 part.]

As added by P.L.2-1992, SEC.8. Amended by P.L.4-1993, SEC.105; P.L.5-1993, SEC.118.

IC 12-14-22-11 Application for old age assistance or assistance as blind person; county in which to be filed

Sec. 11. (a) Unless for good cause shown or otherwise ordered by the division, an applicant for old age assistance or for assistance as a blind person must file an application in the county in which the applicant has resided continuously for one (1) full year during the period of nine (9) years preceding the date on which the applicant files an application.

(b) If the applicant has resided continuously for one (1) full year in more than one (1) county during the preceding nine (9) years, the applicant must file an application in the county in which the applicant last resided a full year.

(c) If an applicant is living in an institution, private hospital, health facility, or home for the aged, the application must be made to the county in which the applicant last resided continuously for one (1) year before the date the applicant entered the institution, private hospital, health facility, or home for the aged. If the applicant is eligible, assistance shall be awarded by that county.

(d) If the applicant has not resided continuously for one (1) full year during the preceding nine (9) years in one (1) county, the applicant must file an application in the county of residence at the time of application.

[Pre-1992 Revision Citation: 12-1-10-7.]

As added by P.L.2-1992, SEC.8.

IC 12-14-22-12 Termination of Indiana residency; temporary absence

Sec. 12. An individual who has applied for or is receiving assistance under this article and who moves out of and does not reside in Indiana is ineligible to receive assistance in Indiana. However, temporary absence from Indiana or the county, for a period of time and for reasons that the division approves, does not interrupt the residence of the recipient as prescribed in this article.

[Pre-1992 Revision Citation: 12-1-10-8.]

As added by P.L.2-1992, SEC.8.

IC 12-14-22-13 Repealed

As added by P.L.46-1995, SEC.29. Repealed by P.L.109-1997, SEC.3.

IC 12-14-23 Chapter 23. Community Action Agencies; Community Action Boards

12-14-23-1	Legislative policy; purpose of chapter
12-14-23-2	"Community action agency" defined
12-14-23-3	"Community action program" defined
12-14-23-4	Community action programs; design and purpose; components
12-14-23-5	Organization under IC 12-14-23; right to receive state or federal funds
12-14-23-6	Administration of programs; community action board
12-14-23-7	Subsidiary board or agency responsible for major policy determination; representation of geographic area
12-14-23-8	Community action agencies; consultation with neighborhood based organizations
12-14-23-9	Community action agencies; powers, duties, and activities
12-14-23-10	Interlocal cooperation agreements

IC 12-14-23-1 Legislative policy; purpose of chapter

Sec. 1. (a) It is the policy of Indiana to help develop the full potential of each of its citizens so that they can live in decency and dignity and so that they can contribute to the strength of the state as a whole. The resources of the private sector of the economy should be employed to increase the opportunities for people to develop their capabilities.

(b) It is the purpose of this chapter to strengthen, supplement, and coordinate efforts that further the policies stated in subsection (a).

[Pre-1992 Revision Citation: 12-1-21-1.]

As added by P.L.2-1992, SEC.8.

IC 12-14-23-2 "Community action agency" defined

Sec. 2. As used in this chapter, "community action agency" means an entity that meets the following conditions:

(1) Is any of the following:

(A) A private nonprofit organization that is geographically located within a community.

(B) A private nonprofit organization that is located in a county or counties contiguous to or within reasonable proximity of a community.

(C) A political subdivision, if there is no qualified nonprofit organization identified that meets the criteria set forth in clause A or B.

(2) Has the authority under state or federal law to receive money to support the community action programs described in sections 3 and 4 of this chapter.

(3) Is designated as a community action agency by the governor or by federal law.

[Pre-1992 Revision Citation: 12-1-21-2.]

As added by P.L.2-1992, SEC.8. Amended by P.L.186-2001, SEC.7.

IC 12-14-23-3 "Community action program" defined

Sec. 3. As used in this chapter, "community action program" means a community based and operated program that meets the following conditions:

(1) Includes or is designed to include a sufficient number of projects or components to provide a range of services and activities that have a measurable and potentially major impact on causes of poverty in:

(A) the community; or

(B) those areas of the community where poverty is a particularly acute problem.

(2) Has been developed, and organizes and combines the program's component projects and activities, in a manner appropriate to carry out all the purposes of this chapter.

(3) Conforms to any other criteria that the governor prescribes consistent with this chapter.

[Pre-1992 Revision Citation: 12-1-21-9(a).]
As added by P.L.2-1992, SEC.8.

IC 12-14-23-4 Community action programs; design and purpose; components

Sec. 4. (a) The components of a community action program shall be designed to assist participants, including the poor and near poor, persons with disabilities, farmworkers, the elderly, and youth, to do the following:

(1) Secure and retain meaningful employment.

(2) Attain an adequate education.

(3) Make better use of available income.

(4) Provide and maintain adequate housing and a suitable living environment.

(5) Undertake family planning consistent with personal and family goals and religious and moral convictions.

(6) Obtain services for the following:

(A) The prevention of narcotics addiction and alcoholism.

(B) The rehabilitation of narcotic addicts and alcoholics.

(7) Obtain emergency assistance through loans or grants to meet immediate and urgent individual and family needs, including the need for health services, nutritious food, housing, and employment related assistance.

(8) Remove obstacles and solve personal and family problems that block the achievement of self-sufficiency.

(9) Achieve greater participation in the affairs of the community.

(10) Make more frequent and effective use of other programs related to the purposes of this chapter.

(b) Components of a community action program may be:

(1) administered by:

(A) the community action agency when consistent with sound and efficient management and applicable law; or

(B) other agencies;

(2) projects assisted from other public or private sources; and

(3) specially designed to meet local needs, or designed under the eligibility standards of a state or federal program providing assistance to a particular type of activity that will help meet local needs.

[Pre-1992 Revision Citation: 12-1-21-9(b).]
As added by P.L.2-1992, SEC.8.

IC 12-14-23-5 Organization under IC 12-14-23; right to receive state or federal funds

Sec. 5. A community action agency may not receive state or federal money appropriated or allocated by the state to carry out community action programs unless the agency is organized in accordance with this chapter.

[Pre-1992 Revision Citation: 12-1-21-3.]
As added by P.L.2-1992, SEC.8.

IC 12-14-23-6 Administration of programs; community action board

Sec. 6. (a) Each community action agency shall administer the agency's community action programs through a volunteer community action board consisting of not less than fifteen (15) and not more than fifty-one (51) members.

(b) One-third (1/3) of the members of the board must be elected public officials currently holding office or representatives of the public officials.

(c) At least one-third (1/3) of the members of the board must be persons chosen by democratic selection procedures that are adequate to assure that those members are representative of the poor in the area served.

(d) The other members of the board must be officials or members of business, industry, labor, religious, welfare, education, or other major groups and interests in the community.

(e) Each member of the board selected to represent a specific geographic area within a community must reside in the area represented.

[Pre-1992 Revision Citation: 12-1-21-4.]

As added by P.L.2-1992, SEC.8.

IC 12-14-23-7 Subsidiary board or agency responsible for major policy determination; representation of geographic area

Sec. 7. If a community action agency places in a subsidiary board, council, or similar agency the responsibility for major policy determination concerning the character, funding, extent, administration, and budgeting of programs to be carried on in a particular geographic area within the community, the board, council, or agency must be broadly representative of the geographic area.

[Pre-1992 Revision Citation: 12-1-21-5.]

As added by P.L.2-1992, SEC.8.

IC 12-14-23-8 Community action agencies; consultation with neighborhood based organizations

Sec. 8. Each community action agency shall consult neighborhood based organizations composed of:

(1) residents of the area served; or

(2) members of the groups served;

to assist the agency in the planning, conduct, and evaluation of components of the community action program.

[Pre-1992 Revision Citation: 12-1-21-6.]

As added by P.L.2-1992, SEC.8.

IC 12-14-23-9 Community action agencies; powers, duties, and activities

Sec. 9. A community action agency shall do the following:

(1) Systematically plan for an effective community action program.

(2) Develop information concerning the problems and causes of poverty in the community.

(3) Determine the amount and effectiveness of the assistance being provided to deal with the problems and causes of poverty in the community.

(4) Establish priorities among projects, activities, and areas to ensure the best and most efficient use of resources.

(5) Encourage agencies engaged in activities related to the community action program to do the following:

(A) Plan for, secure, and administer available assistance on a common or cooperative basis.

(B) Provide planning or technical assistance to those agencies.

(6) In cooperation with community agencies and officials, undertake actions to improve existing efforts to reduce poverty, including the following:

(A) Improving day-to-day communications.

(B) Closing service gaps.

(C) Focusing resources on the most needy.

(D) Providing additional opportunities to low income individuals for any of the following:

(i) Regular employment.

(ii) Participation in the programs or activities for which those community agencies and officials are responsible.

(7) Initiate and sponsor projects responsive to those needs of the poor that are not

otherwise being met. The projects must emphasize the following:

(A) Providing central or common services that can be drawn upon by various related programs.

(B) Developing new approaches or new types of services that can be incorporated into other programs.

(C) Filling gaps pending the expansion or modification of the programs.

(8) Establish effective procedures to do the following:

(A) Enable the poor and the affected area residents to influence the character of programs affecting the interests of the poor and the affected area.

(B) Provide for regular participation of the poor and the affected area residents in the implementation of the programs.

(C) Provide technical and other support needed to enable the poor and neighborhood groups to secure available assistance from public and private sources.

(9) Join with and encourage business, labor, and other private groups and organizations to undertake, together with public officials and agencies, activities in support of the community action program that will result in the additional use of private resources and capabilities. These activities shall be undertaken for the following purposes:

(A) Developing new employment opportunities.

(B) Stimulating investment that will have a measurable impact on reducing poverty among residents of areas of concentrated poverty.

(C) Providing methods by which residents of the areas can work with private groups, firms, and institutions in seeking solutions to problems of common concern.

[Pre-1992 Revision Citation: 12-1-21-7.]

As added by P.L.2-1992, SEC.8.

IC 12-14-23-10 Interlocal cooperation agreements

Sec. 10. Community action agencies may enter into interlocal cooperation agreements with units of government.

[Pre-1992 Revision Citation: 12-1-21-8.]

As added by P.L.2-1992, SEC.8.

IC 12-14-24 Chapter 24. Repealed

Repealed by P.L.145-2006, SEC.376.

IC 12-14-25 Chapter 25. Voter Registration Services and Food Stamp Program Services

12-14-25-1 Purpose of chapter
12-14-25-1.5 Repealed
12-14-25-2 Designated individual
12-14-25-3 Transmittal of voter registration application or declination forms
12-14-25-4 Repealed
12-14-25-5 Methods for transmittal of voter registration applications or declinations
12-14-25-6 Hand delivery
12-14-25-7 Information to be provided to division
12-14-25-8 Confidentiality of information
12-14-25-9 Notice regarding elections
12-14-25-10 Information to be provided to election division

IC 12-14-25-1 Purpose of chapter

Sec. 1. This chapter prescribes the procedures to be followed by the division in processing:

(1) voter registration applications; and

(2) records concerning an individual's declining to register to vote;

under 52 U.S.C. 20506(a)(2)(A) and IC 3-7-15.

As added by P.L.12-1995, SEC.120. Amended by P.L.128-2015, SEC.230.

IC 12-14-25-1.5 Repealed

As added by P.L.4-1996, SEC.99. Repealed by P.L.81-2005, SEC.35.

IC 12-14-25-2 Designated individual

Sec. 2. The director of the division shall designate an employee of each food stamp office as the individual responsible for performing the voter registration duties of the bureau under this chapter at that office.

As added by P.L.12-1995, SEC.120.

IC 12-14-25-3 Transmittal of voter registration application or declination forms

Sec. 3. (a) As required under 52 U.S.C. 20506(d)(1), the designated office employee shall transmit a completed voter registration application:

(1) to the circuit court clerk or board of registration of the county in which the individual's residential address (as indicated on the application) is located; and

(2) not later than five (5) days after the application is accepted at the office.

(b) The designated employee shall transmit the voter registration application (or a separate declination form) on which the individual declined to register to vote by specifically declining to register or by failing to complete the voter registration portion of the application.

(c) The declination must be transmitted:

(1) to the circuit court clerk or board of registration of the county in which the individual's residential address (as indicated on the application) is located; and

(2) not later than five (5) days after the application is accepted at the office.

As added by P.L.12-1995, SEC.120. Amended by P.L.3-1995, SEC.145; P.L.258-2013, SEC.88; P.L.128-2015, SEC.231.

IC 12-14-25-4 Repealed

As added by P.L.12-1995, SEC.120. Repealed by P.L.3-1995, SEC.155.

IC 12-14-25-5 Methods for transmittal of voter registration applications or declinations

Sec. 5. A designated employee may use any of the following methods to transmit voter registration applications or declinations under section 3 or 4 of this chapter:

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

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

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

As added by P.L.12-1995, SEC.120. Amended by P.L.216-2015, SEC.35; P.L.210-2015, SEC.40.

IC 12-14-25-6 Hand delivery

Sec. 6. If a county director or designated employee transmits registration applications or declinations by hand delivery under section 5(1) of this chapter, the circuit court clerk or board of registration shall provide the director or designated employee with a receipt for the forms. The receipt must state the date and time of delivery, and the printed name and signature of the person who received the forms.

As added by P.L.12-1995, SEC.120.

IC 12-14-25-7 Information to be provided to division

Sec. 7. (a) The co-directors of the election division shall provide the division with a list of the current addresses and telephone numbers of the offices of the circuit court clerk or board of registration in each county. The division shall promptly forward the list and each revision of the list to each county office.

(b) The co-directors shall provide the division with pre-addressed packets for food stamp offices to transmit applications under section 5(1) or 5(2) of this chapter.

As added by P.L.12-1995, SEC.120. Amended by P.L.2-1996, SEC.238; P.L.3-1997, SEC.434.

IC 12-14-25-8 Confidentiality of information

Sec. 8. Voter registration information received or maintained under this chapter is confidential.

As added by P.L.12-1995, SEC.120.

IC 12-14-25-9 Notice regarding elections

Sec. 9. The codirectors of the election division shall notify the division of family resources of the following:

(1) The scheduled date of each primary, general, municipal, and special election.

(2) The jurisdiction in which the election will be held.

As added by P.L.12-1995, SEC.120. Amended by P.L.2-1996, SEC.239; P.L.3-1997, SEC.435; P.L.145-2006, SEC.81; P.L.146-2008, SEC.385.

IC 12-14-25-10 Information to be provided to election division

Sec. 10. The division shall provide the co-directors of the election division with a list stating the following:

(1) The address and telephone number of each food stamp office.

(2) The name of each employee designated by the director to be responsible for performing voter registration duties under this chapter.

As added by P.L.12-1995, SEC.120. Amended by P.L.2-1996, SEC.240; P.L.3-1997, SEC.436.

IC 12-14-25.5 Chapter 25.5. Repealed

Repealed by P.L.145-2006, SEC.376.

IC 12-14-26 Chapter 26. Repealed

Repealed by P.L.128-2012, SEC.11.

IC 12-14-28 Chapter 28. Temporary Assistance for Needy Families Expenditures

12-14-28-1	"Qualifying family"
12-14-28-2	Application of other expenditures
12-14-28-3	Provisions of assistance
12-14-28-3.3	Eligibility of individuals with criminal convictions; participation in substance abuse or mental health treatment; substance abuse testing
12-14-28-3.8	State election to opt out
12-14-28-5	Income eligibility limits
12-14-28-6	Eligibility not considered entitlement
12-14-28-7	Rules

IC 12-14-28-1 "Qualifying family"

Sec. 1. As used in this chapter, "qualifying family" means a family that meets all the following conditions:

(1) The family consists of:

(A) a pregnant woman;

(B) a child who is less than eighteen (18) years of age; or

(C) a child who is at least eighteen (18) years of age but less than twenty-four (24) years of age who is attending secondary or post secondary school at least half-time.

(2) The child described in subdivision (1)(B) or (1)(C) resides with a custodial parent or other adult caretaker relative, which may include a child that may be temporarily living away from the custodial parent or other adult caretaker relative while attending school.

(3) The gross family income is less than four hundred percent (400%) of the federal poverty level.

As added by P.L.273-1999, SEC.199. Amended by P.L.153-2011, SEC.15.

IC 12-14-28-2 Application of other expenditures

Sec. 2. (a) The division shall use the criteria for a qualifying family set forth in section 1 of this chapter to determine and apply all other state or local program expenditures by all state agencies and by political subdivisions that qualify as expenditures toward Indiana's maintenance of effort under the federal Temporary Assistance for Needy Families (TANF) program (45 CFR 260 et seq.).

(b) The division shall determine whether the amount of expenditures that it projects will be reported to the federal government as Indiana's maintenance of effort under the federal Temporary Assistance for Needy Families (TANF) program (45 CFR 265) will be less than necessary to avoid a reduction in the federal TANF distribution to Indiana.

As added by P.L.273-1999, SEC.199. Amended by P.L.1-2009, SEC.102.

IC 12-14-28-3 Provisions of assistance

Sec. 3. (a) The division may provide assistance under a plan of temporary assistance to needy families for a qualifying family.

(b) Individuals who may receive assistance for a qualifying family must reside with the qualifying family and include the following individuals:

(1) The custodial parent or other adult caretaker relative.

(2) The spouse of the custodial parent or other adult caretaker relative.

(3) A child who is less than eighteen (18) years of age.

(4) A child who is at least eighteen (18) years of age but less than twenty-four (24) years of age and who is attending secondary or post secondary school at least half-time, even though the child may be temporarily living away from the custodial parent or other adult caretaker relative while attending school.

(5) A pregnant woman and her spouse if the family's eligibility is based on the

pregnancy.

(6) The noncustodial parent of a child described in subdivision (3) or (4) even though the noncustodial parent is not residing with the eligible family.

As added by P.L.273-1999, SEC.199.

IC 12-14-28-3.3 Eligibility of individuals with criminal convictions; participation in substance abuse or mental health treatment; substance abuse testing

Sec. 3.3. (a) An individual who:

(1) except for 21 U.S.C. 862a(a), meets the federal and Indiana TANF program eligibility requirements;

(2) has been convicted of an offense under federal or state law that:

(A) is classified as a felony;

(B) has as an element the possession or use of a controlled substance (as defined in 21 U.S.C. 802(6)); and

(C) does not have as an element the distribution or manufacturing of a controlled substance (as defined in 21 U.S.C. 802(6)); and

(3) either has completed or is participating in substance abuse or mental health treatment provided by:

(A) an addiction services provider certified by the division of mental health and addiction;

(B) a mental health provider (as defined in IC 16-36-1.5-2);

(C) the department of correction;

(D) the federal government; or

(E) a faith based program certified by the division of mental health and addiction;

is eligible to receive assistance under this chapter for not more than twelve (12) months.

(b) For purposes of eligibility for assistance under this chapter, a court may order an individual described in subsection (a) to participate in substance abuse or mental health treatment under this section.

(c) The department of correction shall assist an individual who:

(1) is incarcerated by the department of correction; and

(2) will be eligible for assistance under this chapter upon:

(A) release to parole;

(B) assignment to a community transition program; or

(C) discharge from the department of correction;

with applying for assistance under this chapter as described in IC 11-10-12-5.

(d) An individual who is receiving TANF under this section must be tested not less than one (1) time every two (2) months for drugs at a time chosen by the provider of the substance abuse or mental health treatment the individual completed or is participating in under this section. Nothing in this section shall prevent the provider from testing for drugs more frequently if more frequent testing is part of the program operated by the provider.

As added by P.L.161-2007, SEC.32.

IC 12-14-28-3.8 State election to opt out

Sec. 3.8. In accordance with 21 U.S.C. 862a(d)(1), the state elects to opt out of the application of 21 U.S.C. 862a(a) for an individual who has completed or is participating in a substance abuse or mental health treatment program described in section 3.3(a)(3) of this chapter.

As added by P.L.161-2007, SEC.33.

IC 12-14-28-5 Income eligibility limits

Sec. 5. The division may establish income eligibility limits that are lower than those specified in section 1 of this chapter for a particular type of benefit or service.

As added by P.L.273-1999, SEC.199.

IC 12-14-28-6 Eligibility not considered entitlement

Sec. 6. This chapter shall not be interpreted as an entitlement for an individual or family to assistance under a program established under Indiana's plan of temporary assistance to needy families.

As added by P.L.273-1999, SEC.199.

IC 12-14-28-7 Rules

Sec. 7. The division may adopt rules under IC 4-22-2 necessary to implement this chapter.

As added by P.L.273-1999, SEC.199.

IC 12-14-29 Chapter 29. Assistance for Reentry Court Program Participants

12-14-29-1	"Reentry court program"
12-14-29-2	Eligibility for SNAP program
12-14-29-3	Eligibility for TANF program
12-14-29-4	State election to opt out
12-14-29-5	Court referral for SNAP and TANF benefits; 12 month TANF benefit limitation
12-14-29-6	Modification or revocation of court order
12-14-29-7	Court notification to division of family resources local office

IC 12-14-29-1 "Reentry court program"

Sec. 1. "Reentry court program", for purposes of this chapter, refers to a program that meets the following requirements:

(1) A circuit or superior court has established and administers the program.

(2) The program is designed to supervise and provide services to an individual who was previously incarcerated by the department of correction in an adult correctional facility.

(3) The goal of the program is to increase the likelihood that the individual will:

(A) become self-sufficient; and

(B) not commit additional crimes.

(4) The program provides intensive supervision, which may include twenty-four (24) hour electronic monitoring supervision of the individual.

(5) The program provides regular and direct judicial intervention that is supported and advised by a transition team that consists of at least the following:

(A) A professional from a community corrections program.

(B) A professional from a victim assistance program.

(C) A professional from the treatment community.

(D) An employment trainer.

(E) A community volunteer.

As added by P.L.92-2005, SEC.3.

IC 12-14-29-2 Eligibility for SNAP program

Sec. 2. Under this chapter, an individual is eligible for the federal Supplemental Nutrition Assistance Program (SNAP) if the individual meets all the following requirements:

(1) The individual is a resident of:

(A) a county having a reentry court program; or

(B) a county that offers individuals on probation or in a community corrections program evidence based mental health and addiction forensic treatment services administered or coordinated by a provider certified by the division of mental health and addiction to provide mental health or addiction treatment.

(2) The individual was convicted of an offense under IC 35-48 (controlled substances) for conduct occurring after August 22, 1996.

(3) Except for 21 U.S.C. 862a(a), the individual meets the federal Supplemental Nutrition Assistance Program (SNAP) requirements.

(4) The individual is successfully participating in:

(A) a reentry court program; or

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

As added by P.L.92-2005, SEC.3. Amended by P.L.184-2014, SEC.6; P.L.158-2014, SEC.6; P.L.5-2015, SEC.35; P.L.86-2018, SEC.158.

IC 12-14-29-3 Eligibility for TANF program

Sec. 3. Under this chapter, an individual is eligible for the TANF program if the individual meets all the following requirements:

(1) The individual is a resident of:

(A) a county having a reentry court program; or

(B) a county that offers individuals on probation or in a community corrections program evidence based mental health and addiction forensic treatment services administered or coordinated by a provider certified by the division of mental health and addiction to provide mental health or addiction treatment.

(2) The individual was convicted of an offense under IC 35-48 (controlled substances) for conduct occurring after August 22, 1996.

(3) Except for 21 U.S.C. 862a(a), the individual meets the federal and Indiana TANF program requirements.

(4) The individual is successfully participating in:

(A) a reentry court program; or

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

As added by P.L.92-2005, SEC.3. Amended by P.L.184-2014, SEC.7; P.L.158-2014, SEC.7; P.L.86-2018, SEC.159.

IC 12-14-29-4 State election to opt out

Sec. 4. In accordance with 21 U.S.C. 862a(d)(1), the state elects to opt out of the application of 21 U.S.C. 862a(a) for individuals participating in:

(1) a reentry court program; or

(2) a program that offers individuals on probation or in a community corrections program evidence based mental health and addiction forensic treatment services administered or coordinated by a provider certified by the division of mental health and addiction to provide mental health or addiction treatment.

As added by P.L.92-2005, SEC.3. Amended by P.L.158-2014, SEC.8; P.L.86-2018, SEC.160.

IC 12-14-29-5 Court referral for SNAP and TANF benefits; 12 month TANF benefit limitation

Sec. 5. (a) If referred by a court, an individual who meets the requirements of section 2 of this chapter may receive federal Supplemental Nutrition Assistance Program (SNAP) benefits.

(b) If referred by a court, an individual who meets the requirements of section 3 of this chapter may receive TANF benefits for not more than twelve (12) months.

As added by P.L.92-2005, SEC.3. Amended by P.L.5-2015, SEC.36; P.L.209-2018, SEC.7.

IC 12-14-29-6 Modification or revocation of court order

Sec. 6. A court may modify or revoke an order issued under this chapter concerning a SNAP eligible individual or a TANF eligible individual at any time.

As added by P.L.92-2005, SEC.3. Amended by P.L.158-2014, SEC.9; P.L.184-2014, SEC.9; P.L.210-2015, SEC.41.

IC 12-14-29-7 Court notification to division of family resources local office

Sec. 7. A court shall immediately notify the division of family resources local office:

(1) upon the court's finding of probable cause that an individual has committed a felony offense during the period in which the individual is eligible for TANF or SNAP; or

(2) when an individual has been terminated from:

(A) a reentry court program; or

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

during the period in which the individual is eligible for TANF or SNAP.

As added by P.L.92-2005, SEC.3. Amended by P.L.128-2012, SEC.12; P.L.184-2014, SEC.10; P.L.158-2014, SEC.10; P.L.210-2015, SEC.42; P.L.86-2018, SEC.161.

IC 12-14-30 Chapter 30. Supplemental Nutrition Assistance Program

12-14-30-1	"SNAP"
12-14-30-2	Schedule of distribution of benefits; authority to prorate benefits
12-14-30-3	Opt out of federal limitation of SNAP eligibility for certain convictions; violations affecting eligibility
12-14-30-4	Expanded categorical eligibility; countable asset limitation; report
12-14-30-5	Income exclusions in determining eligibility
12-14-30-6	Census income exclusion in determining eligibility
12-14-30-7	Expired
12-14-30-8	Simplified requirements for SNAP certification or recertification

IC 12-14-30-1 "SNAP"

Sec. 1. As used in this chapter, "SNAP" refers to the federal Supplemental Nutrition Assistance Program under 7 U.S.C. 2011 et seq.

As added by P.L.260-2013, SEC.1.

IC 12-14-30-2 Schedule of distribution of benefits; authority to prorate benefits

Sec. 2. (a) Beginning January 1, 2014, the division shall implement a schedule for the distribution of benefits to an approximately evenly distributed number of SNAP recipients during the fifth through the twenty-third day of each month.

(b) The division may prorate benefits for a SNAP recipient for the first month the division begins to use the schedule described in subsection (a).

As added by P.L.260-2013, SEC.1.

IC 12-14-30-3 Opt out of federal limitation of SNAP eligibility for certain convictions; violations affecting eligibility

Sec. 3. (a) Beginning January 1, 2020, and in accordance with 21 U.S.C. 862a(d)(1), the state elects to opt out of the application of 21 U.S.C. 862a(a) for individuals who have been convicted of an offense under IC 35-48 (controlled substances), or an offense in another jurisdiction that is substantially similar, for conduct occurring after August 22, 1996, if any of the following circumstances are met:

(1) The individual has successfully completed probation, parole, community corrections, a reentry court program, or any other postconviction monitoring program ordered by a court.

(2) The individual is successfully complying with the individual's conditions of probation, parole, or community corrections, the terms of participation in a reentry court program, or the requirements of any other postconviction monitoring program ordered by a court.

(3) The individual is eligible for SNAP benefits under IC 12-14-29-2 as a participant in a program described in IC 12-14-29-2(4).

(b) If the individual violates any terms of the probation, parole, community corrections, or reentry court program described in subsection (a), the individual is not eligible for SNAP.

As added by P.L.209-2018, SEC.8.

IC 12-14-30-4 Expanded categorical eligibility; countable asset limitation; report

Sec. 4. (a) The division shall notify the United States Department of Agriculture and take any other action necessary for the state to:

(1) elect to participate in; and

(2) implement, beginning January 1, 2018;

expanded categorical eligibility within SNAP.

(b) The division shall implement for the expanded categorical eligibility a countable asset

limitation for resources that does not exceed five thousand dollars ($5,000). In determining whether an individual meets the resource requirement of this subsection, an individual's funeral and burial resources, including both revocable and irrevocable resources, may not be counted.

(c) The division may adopt rules under IC 4-22-2 necessary to implement this section.

(d) Before November 1, 2018, the division shall submit a report in an electronic format under IC 5-14-6 to the legislative council concerning the projected total amounts that individuals receiving SNAP benefits would be required to repay over the period beginning January 1, 2018, and ending December 31, 2019, due to positive errors, in which individuals are approved for an amount in error and then are required to repay the amount. The projected total amounts must be based on the amounts that individuals receiving SNAP benefits have been required to repay over the period beginning January 1, 2018, and ending September 30, 2018, due to positive errors.

As added by P.L.207-2017, SEC.1.

IC 12-14-30-5 Income exclusions in determining eligibility

Sec. 5. (a) Except as otherwise provided by federal law, income that an individual earns for:

(1) employment in a paid internship;

(2) employment in a work based learning course (as defined in IC 20-43-8-0.7; or

(3) paid postsecondary work experience that allows the individual to apply for a related apprenticeship (as defined by IC 20-43-8-0.3);

may not be considered as a resource, asset, or income in determining an applicant's or recipient's eligibility for SNAP assistance.

(b) The division shall apply for any plan amendment, waiver, or any other federal approval necessary to implement this section. Upon approval, the division shall implement this section not later than thirty (30) days from receipt of the federal approval.

As added by P.L.14-2020, SEC.5.

IC 12-14-30-6 Census income exclusion in determining eligibility

Sec. 6. (a) Except as otherwise provided by federal law, income that an individual earns employed at a temporary job as a census worker may not be considered as a resource, asset, or income in determining an applicant's or recipient's eligibility for SNAP assistance.

(b) The division shall apply for any plan amendment, waiver, or any other federal approval necessary to implement this section. Upon approval, the division shall implement this section not later than thirty (30) days from receipt of the federal approval.

As added by P.L.14-2020, SEC.6.

IC 12-14-30-7 Expired

As added by P.L.1-2022, SEC.2. Expired 4-16-2022 by P.L.1-2022, SEC.2.

IC 12-14-30-8 Simplified requirements for SNAP certification or recertification

Sec. 8. (a) As used in this section, "eligible individual" means an individual who:

(1) is:

(A) sixty (60) years of age or older; or

(B) a person with a disability, as determined under rules adopted by the division; and

(2) resides in a household every resident of which is:

(A) sixty (60) years of age or older; or

(B) a person with a disability, as determined under rules adopted by the division.

(b) The division shall develop and implement simplified requirements by which an eligible individual may certify or recertify the individual's eligibility for SNAP benefits.

(c) The simplified requirements under subsection (b) must:

(1) simplify and reduce the number of verification requirements for certifying and recertifying an eligible individual's eligibility to receive SNAP benefits, including by use of a shortened application form;

(2) allow an eligible individual to waive recertification interview requirements; and

(3) allow an eligible individual who certifies or recertifies the individual's eligibility to receive SNAP benefits under the simplified requirements to remain eligible for SNAP benefits for thirty-six (36) months after the certification or recertification.

(d) An eligible individual who certifies or recertifies the individual's eligibility to receive SNAP benefits under the simplified requirements under subsection (b) must:

(1) submit to the division a change reporting form not less than once every twelve (12) months during the thirty-six (36) month eligibility period described in subsection (c)(3); and

(2) notify the division, in accordance with federal law, if the individual's income increases.

(e) The division shall, in a manner that complies with federal law, use data matching to:

(1) identify; and

(2) provide information regarding SNAP eligibility to;

eligible individuals who are receiving Medicaid and are eligible for SNAP benefits.

As added by P.L.44-2023, SEC.1.

IC 12-14-31 Chapter 31. Child Care and Development Fund Program Eligibility

12-14-31-1 "CCDF program"
12-14-31-2 Additional income exemption for CCDF program eligibility
12-14-31-3 CCDF eligibility for child care employees
12-14-31-4 CCDF program eligibility of foster parent household
12-14-31-5 Allocation of vouchers to foster parent households

IC 12-14-31-1 "CCDF program"

Sec. 1. As used in this chapter, "CCDF program" refers to the federal Child Care and Development Fund voucher program administered under 45 CFR 98 and 45 CFR 99.

As added by P.L.83-2022, SEC.4.

IC 12-14-31-2 Additional income exemption for CCDF program eligibility

Sec. 2. Subject to approval by the United States Department of Health and Human Services, after a household has been determined to be eligible for assistance under the CCDF program, additional annual income of up to fifteen thousand dollars ($15,000) earned by the household may not be considered as changing the household's eligibility status if the additional annual income is earned by an individual who:

(1) resides in the household; and

(2) earns the additional annual income while the individual is a student participating in or pursuing:

(A) the individual's first postsecondary degree;

(B) a workforce certificate;

(C) a preapprenticeship; or

(D) an apprenticeship.

As added by P.L.83-2022, SEC.4.

IC 12-14-31-3 CCDF eligibility for child care employees

Sec. 3. A household that, at the time of the office of the secretary's initial determination of the household's income eligibility for purposes of entry into the CCDF program:

(1) subject to federal law, has a parent or guardian who is working or attending a job training or an educational program;

(2) has a household income that does not exceed eighty-five percent (85%) of Indiana's state median income for the household's family size;

(3) includes a child care employee (as defined in IC 12-17.2-7.2-0.5); and

(4) otherwise meets federal eligibility requirements for the CCDF program;

is eligible for assistance under the CCDF program.

As added by P.L.92-2024, SEC.7. Amended by P.L.213-2025, SEC.110.

IC 12-14-31-4 CCDF program eligibility of foster parent household

Sec. 4. A household that, at the time of the office of the secretary's initial determination of the household's income eligibility for purposes of entry into the CCDF program, includes a foster parent (as defined in IC 31-9-2-47) is eligible for assistance under the CCDF program for children in foster care (as defined in IC 31-9-2-46.7).

As added by P.L.57-2025, SEC.1.

IC 12-14-31-5 Allocation of vouchers to foster parent households

Sec. 5. The office of the secretary shall allocate two hundred (200) CCDF vouchers to be used for a child placed with a licensed foster parent. However, if any child care vouchers remain unused after a period of ninety (90) days, the office of the secretary may allocate those child care vouchers to other applicants.

As added by P.L.57-2025, SEC.2.

IC 12-15 ARTICLE 15. MEDICAID

Ch. 1.	Administration
Ch. 1.3.	Medicaid Waivers and Plan Amendments
Ch. 1.5.	Voter Registration Services and Medicaid Applications
Ch. 2.	Eligibility
Ch. 2.2.	Repealed
Ch. 2.3.	Presumptive Eligibility for Women With Breast or Cervical Cancer
Ch. 2.5.	Eligibility of Refugees, Lawful Permanent Residents, and Illegal Aliens for Medicaid Assistance
Ch. 3.	Ineligibility; Financial Limitations
Ch. 4.	Application for Assistance
Ch. 5.	Services Provided
Ch. 6.	Individual Contributions
Ch. 7.	Personal Allowance
Ch. 8.	Liens
Ch. 8.5.	Liens on Real Property of Medicaid Recipients
Ch. 9.	Death and Funeral Expenses; Claims Against an Estate
Ch. 10.	Selection of Provider
Ch. 11.	Provider Agreements and Competitive Bidding
Ch. 11.5.	Lake County Disproportionate Share Hospitals
Ch. 12.	Managed Care
Ch. 12.5.	Managed Care for the Aging
Ch. 12.7.	Pathways for Aging Risk Based Managed Care Program
Ch. 13.	Provider Payment; General
Ch. 13.5.	Medicaid Recovery Audits
Ch. 13.6.	Audit of Prescription Drug Cost Sharing
Ch. 14.	Payment to Nursing Facilities
Ch. 14.5.	Repealed
Ch. 15.	Payment to Hospitals; General
Ch. 16.	Disproportionate Share Providers; Eligibility
Ch. 17.	Disproportionate Share Providers; Disproportionate Share Payments
Ch. 18.	Disproportionate Share Providers; Assessments
Ch. 19.	Disproportionate Share Providers; Enhanced Disproportionate Share Payments
Ch. 20.	Indigent Care Trust Fund
Ch. 20.5.	Disproportionate Share Providers
Ch. 20.7.	Payment Schedule
Ch. 21.	Rules
Ch. 22.	Provider Sanctions
Ch. 23.	Improper Payments
Ch. 23.5.	Coordination of Benefits Study
Ch. 24.	Theft; Kickbacks and Bribes
Ch. 25.	Solicitation of Nonresidents
Ch. 26.	Prior Authorization
Ch. 27.	Confidentiality and Release of Information
Ch. 28.	Appeals and Hearings
Ch. 29.	Insurance
Ch. 30.	Contracting
Ch. 30.5.	Nonemergency Medical Transportation
Ch. 31.	Repealed
Ch. 31.1.	Adjustment of Pharmacy Dispensing Fees
Ch. 32.	Community Residential Facilities for the Developmentally Disabled
Ch. 33.	Medicaid Advisory Commission
Ch. 33.3.	Medicaid Beneficiary Advisory Commission
Ch. 33.5.	Medicaid Clinical Advisory Committee
Ch. 34.	Home Health Care Services; Office of Medicaid Policy and Planning
Ch. 35.	Drug Utilization Review
Ch. 35.5.	Prescription Drugs
Ch. 36.	Payments for Special Services
Ch. 37.	Medicaid Demonstration Projects
Ch. 38.	Examination of Funds

Ch. 39.	Intermediate Care Facilities for Individuals With Intellectual Disabilities Medicaid Waiver Expansion
Ch. 39.6.	Long Term Care Program
Ch. 39.8.	Long Term Care Insurance Partnership Program
Ch. 40.	Payment for Hospice Services
Ch. 41.	Medicaid Buy-In Program for Working Individuals With Disabilities
Ch. 42.	Repealed
Ch. 43.	PACE Program
Ch. 44.	Repealed
Ch. 44.1.	Repealed
Ch. 44.2.	Healthy Indiana Plan Trust Fund; Premium Assistance Program
Ch. 44.5.	Healthy Indiana Plan 2.0
Ch. 45.	Repealed
Ch. 46.	Repealed
Ch. 47.	Long Acting Reversible Contraceptives
Ch. 47.3.	Repealed

IC 12-15-1 Chapter 1. Administration

12-15-1-1	Administration of Medicaid program
12-15-1-2	Agents of the division of family resources
12-15-1-3	Supervision of county offices
12-15-1-4	Written protocols; contracts implementing state program
12-15-1-5	Agreement with Commissioner of the United States Social Security Administration; eligibility determinations for aged, blind, and disabled; authorization to request transition change for determinations
12-15-1-6	Agreement with Secretary of United States Department of Health and Human Services; division of administrative costs
12-15-1-7	Agreement with Secretary of United States Department of Health and Human Services; eligibility determinations after January 1, 1974
12-15-1-8	Receipt of assistance in adult category before January 1, 1974; automatic coverage
12-15-1-9	Application to county offices
12-15-1-10	Administrative actions and directions; adoption of procedures and rules
12-15-1-11	Money received from recipient or collected from estate; payment into Medicaid account; apportionment
12-15-1-12	Attorney general; appearance and representation of state in proceedings affecting property or resources upon which state may have claim
12-15-1-13	Annual effectiveness evaluation
12-15-1-14	Effectiveness evaluation; annual report to legislative council
12-15-1-14.3	Annual report to the budget committee
12-15-1-14.5	Report concerning services provided to recipients who have medically complex conditions; recommendations
12-15-1-15	Assignment, enforcement, and collection of rights of payment; contracts for administration of program; rules
12-15-1-16	School corporations; enrollment in Medicaid program; sharing reimbursable costs; school based covered services
12-15-1-17	Reimbursement from parent for health services provided to child
12-15-1-17.5	Advertising under the Medicaid program; prohibitions; rules
12-15-1-18	Use of funds to encourage application and enrollment of minors
12-15-1-18.5	Payer affordability penalty fund
12-15-1-18.5	Payer affordability penalty fund
12-15-1-19	Contracts with community entities
12-15-1-20	Implementation of policy of funds following an individual transferring to community based care
12-15-1-20.2	Computer system for disproportionate share hospital payment program; HCI; UPL
12-15-1-20.4	Suspension of Medicaid; notice of release; eligibility and services
12-15-1-21	Single electronic Medicaid eligibility verification system
12-15-1-21.2	Plan to qualify services for exceptional learners; recovery of state share of cost of services

12-15-1-21.7	Life insurance policy treatment
12-15-1-22	Visit to Medicaid provider offices, entities, or facilities; rules
12-15-1-23	Periodic review of Medicaid reimbursement rates
12-15-1-24	Prohibition on self-attestation without verification; data matching agreements; review of data from other agencies concerning Medicaid recipients
12-15-1-25	Review of information to assess Medicaid eligibility; authority to contract with third party

IC 12-15-1-1 Administration of Medicaid program

Sec. 1. The office of the secretary shall administer the Medicaid program under 42 U.S.C. 1396 et seq.

[Pre-1992 Revision Citation: 12-1-7-16(a) part.]

As added by P.L.2-1992, SEC.9. Amended by P.L.109-2014, SEC.18.

IC 12-15-1-2 Agents of the division of family resources

Sec. 2. A county office shall serve as an agent of the division of family resources.

[Pre-1992 Revision Citation: 12-1-7-16(a) part.]

As added by P.L.2-1992, SEC.9. Amended by P.L.4-1993, SEC.106; P.L.5-1993, SEC.119; P.L.145-2006, SEC.82.

IC 12-15-1-3 Supervision of county offices

Sec. 3. The division of family resources shall supervise the county offices regarding services provided under this chapter.

[Pre-1992 Revision Citation: 12-1-7-16(a) part.]

As added by P.L.2-1992, SEC.9. Amended by P.L.4-1993, SEC.107; P.L.5-1993, SEC.120; P.L.145-2006, SEC.83.

IC 12-15-1-4 Written protocols; contracts implementing state program

Sec. 4. (a) The office and the division of family resources shall formulate written protocols that specify the following:

(1) That the county offices are responsible for all eligibility determinations made under the state Medicaid program.

(2) That the office is responsible for payment of a claim made under the state Medicaid plan.

(b) The office may enter into any contract to implement the state program.

[Pre-1992 Revision Citation: 12-6-6-5.]

As added by P.L.2-1992, SEC.9. Amended by P.L.4-1993, SEC.108; P.L.5-1993, SEC.121; P.L.145-2006, SEC.84.

IC 12-15-1-5 Agreement with Commissioner of the United States Social Security Administration; eligibility determinations for aged, blind, and disabled; authorization to request transition change for determinations

Sec. 5. (a) The office may enter into an agreement with the Commissioner of the United States Social Security Administration under which the Commissioner shall accept applications and make determinations of eligibility for Medicaid for individuals who are aged, individuals who are blind, and individuals with a disability in accordance with the standards and criteria established by the state plan for Medicaid.

(b) The office may request the United States Department of Health and Human Services to approve Indiana's transition, beginning January 1, 2014, as a state that determines eligibility for individuals who are aged, blind, or disabled under Medicaid based on Section 1634 of the federal Social Security Act.

[Pre-1992 Revision Citation: 12-1-7-19.1(a) part.]

As added by P.L.2-1992, SEC.9. Amended by P.L.99-2007, SEC.93; P.L.160-2011, SEC.5.

IC 12-15-1-6 Agreement with Secretary of United States Department of Health and Human Services; division of administrative costs

Sec. 6. The office may pay to the Secretary of the United States Department of Health and Human Services one-half (1/2) of the administrative cost of carrying out the agreement. However, with respect to an individual eligible for benefits under the federal Supplemental Security Income program the costs must only include those costs which are additional to the cost in carrying out the Supplemental Security Income program.

[Pre-1992 Revision Citation: 12-1-7-19.1(a) part.]

As added by P.L.2-1992, SEC.9.

IC 12-15-1-7 Agreement with Secretary of United States Department of Health and Human Services; eligibility determinations after January 1, 1974

Sec. 7. The agreement under section 5 of this chapter must cover eligibility determinations after January 1, 1974.

[Pre-1992 Revision Citation: 12-1-7-19.1(a) part.]

As added by P.L.2-1992, SEC.9.

IC 12-15-1-8 Receipt of assistance in adult category before January 1, 1974; automatic coverage

Sec. 8. An individual who receives assistance in one (1) of the adult categories before January 1, 1974, is not required to make a new application and is automatically covered by the plan while the individual remains eligible.

[Pre-1992 Revision Citation: 12-1-7-19.1(a) part.]

As added by P.L.2-1992, SEC.9.

IC 12-15-1-9 Application to county offices

Sec. 9. (a) If the state does not enter into a contract with the Secretary of the United States Department of Health and Human Services to administer the Medicaid program, a recipient must make an application for Medicaid to the county office of the county or district in which the recipient resides.

(b) The application must be in the manner required by the office.

(c) However, an applicant who:

(1) was receiving assistance before January 1, 1974; and

(2) has been certified as eligible for Medicaid;

is not required to make an application while the recipient continues to remain eligible under state laws.

[Pre-1992 Revision Citation: 12-1-7-19.1(b).]

As added by P.L.2-1992, SEC.9. Amended by P.L.4-1993, SEC.109; P.L.5-1993, SEC.122.

IC 12-15-1-10 Administrative actions and directions; adoption of procedures and rules

Sec. 10. The secretary may:

(1) take actions;

(2) give directions; and

(3) adopt procedures and rules under IC 4-22-2;

necessary to carry out the Medicaid program and the federal Social Security Act to provide Medicaid and ensure uniform equitable treatment of applicants for and recipients of Medicaid.

[Pre-1992 Revision Citation: 12-1-7-16(b).]

As added by P.L.2-1992, SEC.9. Amended by P.L.35-2016, SEC.33.

IC 12-15-1-11 Money received from recipient or collected from estate;

payment into Medicaid account; apportionment

Sec. 11. (a) Money received from a Medicaid recipient or collected from the recipient's estate shall be:

(1) forwarded to the office; and

(2) paid into the Medicaid account of the state general fund.

(b) Money under subsection (a) must be distributed in proportion to the amounts in which the assistance payments represented money contributed by the federal government and the state.

[Pre-1992 Revision Citation: 12-1-7-27.]

As added by P.L.2-1992, SEC.9.

IC 12-15-1-12 Attorney general; appearance and representation of state in proceedings affecting property or resources upon which state may have claim

Sec. 12. The attorney general may enter the appearance of the state in a proceeding affecting property or resources upon which the state may have a claim for Medicaid to do the following:

(1) Prosecute and defend in the proceeding.

(2) Institute probate proceedings as a creditor to deceased persons.

(3) Enter into a stipulation, a compromise, a settlement, an agreement, or an arrangement with respect to appropriate claims, either in the course of or in the absence of and apart from any action or proceeding.

[Pre-1992 Revision Citation: 12-1-7-26.]

As added by P.L.2-1992, SEC.9.

IC 12-15-1-13 Annual effectiveness evaluation

Sec. 13. The office shall conduct an annual evaluation of the effectiveness of providing Medicaid under IC 12-15-2-12 and IC 12-15-2-14.

[Pre-1992 Revision Citation: 12-1-7-58 part.]

As added by P.L.2-1992, SEC.9.

IC 12-15-1-14 Effectiveness evaluation; annual report to legislative council

Sec. 14. The office shall annually submit a report to the legislative council that covers all aspects of the office's evaluation, including the following:

(1) The number and demographic characteristics of the individuals receiving Medicaid during the preceding fiscal year.

(2) The number of births during the preceding fiscal year.

(3) The number of infant deaths during the preceding fiscal year.

(4) The improvement in the number of low birth weight babies for the preceding fiscal year.

(5) The total cost of providing Medicaid during the preceding fiscal year.

(6) The total cost savings during the preceding fiscal year that are realized in other state funded programs because of providing Medicaid.

The report must be in an electronic format under IC 5-14-6.

[Pre-1992 Revision Citation: 12-1-7-58 part.]

As added by P.L.2-1992, SEC.9. Amended by P.L.28-2004, SEC.103.

IC 12-15-1-14.3 Annual report to the budget committee

Sec. 14.3. The office of the secretary shall annually prepare and present a report to the budget committee concerning the enforcement of the Medicaid five (5) year look back period required under this article.

As added by P.L.126-2025, SEC.3.

IC 12-15-1-14.5 Report concerning services provided to recipients who have medically complex conditions; recommendations

Sec. 14.5. (a) The office of the secretary shall prepare a report on the provision of Medicaid services, including Medicaid home and community based waiver services, to recipients who have medically complex conditions. The report must include the following, categorized by whether the recipient was less than, or at least, eighteen (18) years of age:

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

(A) the state plan;

(B) a Medicaid waiver; or

(C) services under both clause (A) and (B);

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

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

(A) The state plan.

(B) A Medicaid waiver.

(C) Services under both clause (A) and (B).

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

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

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

(3) The budget committee.

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

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

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

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

(2) Training and certification requirements.

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

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

As added by P.L.243-2025, SEC.10.

IC 12-15-1-15 Assignment, enforcement, and collection of rights of payment; contracts for administration of program; rules

Sec. 15. (a) The office shall administer the program of assignment, enforcement, and collection of rights of payments for medical care that is provided for under 42 U.S.C. 1396k.

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

(c) The secretary shall adopt rules under IC 4-22-2 to implement this section.

[Pre-1992 Revision Citation: 12-1-2-18.]

As added by P.L.2-1992, SEC.9. Amended by P.L.210-2015, SEC.43; P.L.35-2016, SEC.34.

IC 12-15-1-16 School corporations; enrollment in Medicaid program; sharing reimbursable costs; school based covered services

Sec. 16. (a) Each:

(1) school corporation; or

(2) school corporation's employed, licensed, or qualified provider;

must enroll in a program to use federal funds under the Medicaid program (IC 12-15-1 et seq.) with the intent to share the costs of services that are reimbursable under the Medicaid

program and that are provided to eligible children by the school corporation. However, a school corporation or a school corporation's employed, licensed, or qualified provider is not required to file any claims or participate in the program developed under this section.

(b) The secretary and the department of education may develop policies and adopt rules to administer the program developed under this section.

(c) The federal reimbursement for services provided under this section must be distributed to the school corporation. The state shall retain the nonfederal share of the reimbursement for Medicaid services provided under this section.

(d) The office of Medicaid policy and planning, with the approval of the budget agency and after consultation with the department of education, shall establish procedures for the timely distribution of federal reimbursement due to the school corporations. The distribution procedures may provide for offsetting reductions to distributions of state tuition support or other state funds to school corporations in the amount of the nonfederal reimbursements required to be retained by the state under subsection (c).

(e) The office may apply to the United States Department of Health and Human Services for a state plan amendment to allow school corporations to seek Medicaid reimbursement for medically necessary, school based Medicaid covered services that are provided under federal or state mandates. If the state plan amendment is approved and implemented, services may be provided by a qualified provider in a school setting to Medicaid enrolled students. Subject to subsection (f), the services may be pursuant to any of the following:

(1) An individualized education program (as defined in IC 20-18-2-9).

(2) A plan developed under Section 504 of the federal Rehabilitation Act, 29 U.S.C. 794.

(3) A behavioral intervention plan (as defined in IC 20-20-40-1).

(4) A service plan developed under 511 IAC 7-34.

(5) An individualized health care plan.

The office may, in consultation with the department of education, develop any necessary state plan amendment under this subsection. The office may apply for any state plan amendment necessary to implement this subsection.

(f) Services under subsection (e) may not include the following:

(1) An abortion.

(2) Counseling for abortion procedures.

(3) Referrals for abortion services.

(4) Abortifacients.

(5) Contraceptives.

(g) If the state plan amendment described in subsection (e) is approved and implemented, the medically necessary, school based Medicaid covered services described in subsection (e):

(1) may only be performed by a qualified provider;

(2) must be within the qualified provider's scope of practice; and

(3) must be provided in accordance with this article and administrative rules concerning the Medicaid program.

As added by P.L.80-1994, SEC.1. Amended by P.L.224-2003, SEC.64; P.L.35-2016, SEC.35; P.L.108-2019, SEC.193; P.L.196-2021, SEC.1; P.L.35-2022, SEC.3.

IC 12-15-1-17 Reimbursement from parent for health services provided to child

Sec. 17. (a) The office shall, under procedures established by the department of state revenue, file an application for the offset of state tax refunds due to a parent who:

(1) is required by a court or an administrative order to provide coverage of the costs of health services to a child who is eligible for medical assistance;

(2) has received payment from a third party for the costs of the services to the child; and

(3) has not used the payments to reimburse, as appropriate, either the:

(A) other parent or guardian of the child; or

(B) provider of the health services;

to the extent necessary to reimburse the office, or, where the other parent has paid the provider or the office, the other parent, for the costs of the services provided to the child under the Medicaid program.

(b) The office may institute garnishment proceedings against the wages, salary, or other employment income of the parent described in subsection (a) to the extent necessary to reimburse the office for the costs of health services provided to a child who has received the services under the Medicaid program.

(c) Claims for current or past due child support take priority over any claims authorized by this section.

As added by P.L.46-1995, SEC.30.

IC 12-15-1-17.5 Advertising under the Medicaid program; prohibitions; rules

Sec. 17.5. The following may not advertise or otherwise market the Medicaid program:

(1) A state agency.

(2) A person that has contracted with the office of the secretary under the Medicaid program except to indicate their participation in the program.

The secretary may adopt rules concerning permissible advertising or marketing indicating participation in the Medicaid program by a person that has contracted with the office of the secretary.

As added by P.L.126-2025, SEC.4.

IC 12-15-1-18 Use of funds to encourage application and enrollment of minors

Sec. 18. The office shall use all funds that are appropriated to the office under 42 U.S.C. 1397ee to conduct activities allowed under 42 U.S.C. 1397bb(c)(1) in order to encourage children who are:

(1) less than nineteen (19) years of age;

(2) eligible for Medicaid; and

(3) not enrolled in the Medicaid program;

to apply for and enroll in the Medicaid program.

As added by P.L.58-1998, SEC.5.

IC 12-15-1-18.5 Payer affordability penalty fund

Note: This version of section amended by P.L.216-2025, SEC.2, effective 5-6-2025. See also following version of this section amended by P.L.239-2025, SEC.1, effective 7-1-2025.

Sec. 18.5. (a) The payer affordability penalty fund is established for the purpose of receiving fines collected under IC 16-21-6-3, IC 16-21-6-13, IC 16-21-19, IC 27-1-46.5, and IC 27-2-25.5 to be used for:

(1) the state's share of the Medicaid program; and

(2) a study of hospitals that are impacted by changes made in the disproportionate share hospital methodology payments set forth in Section 203 of the federal Consolidated Appropriations Act of 2021.

The office of the secretary shall perform the study and provide the results of the study described in subdivision (2) to the budget committee.

(b) The fund shall be administered by the office of the secretary.

(c) The expenses of administering the fund shall be paid from money in the fund.

(d) The treasurer of state shall invest the money in the fund not currently needed to meet the obligations of the fund in the same manner as other public money may be invested. Interest that accrues from these investments shall be deposited in the fund.

(e) Money in the fund at the end of a state fiscal year does not revert to the state general fund.

(f) Money in the fund is continually appropriated.
As added by P.L.203-2023, SEC.5. Amended by P.L.216-2025, SEC.2.

IC 12-15-1-18.5 Payer affordability penalty fund

Note: This version of section amended by P.L.239-2025, SEC.1, effective 7-1-2025. See also preceding version of this section amended by P.L.216-2025, SEC.2, effective 5-6-2025.

Sec. 18.5. (a) The payer affordability penalty fund is established for the purpose of receiving fines collected under IC 16-21-6-3, IC 27-1-4.5-7, and IC 27-2-25.5 to be used for:

(1) the state's share of the Medicaid program; and

(2) a study of hospitals that are impacted by changes made in the disproportionate share hospital methodology payments set forth in Section 203 of the federal Consolidated Appropriations Act of 2021.

The office of the secretary shall perform the study and provide the results of the study described in subdivision (2) to the budget committee.

(b) The fund shall be administered by the office of the secretary.

(c) The expenses of administering the fund shall be paid from money in the fund.

(d) The treasurer of state shall invest the money in the fund not currently needed to meet the obligations of the fund in the same manner as other public money may be invested. Interest that accrues from these investments shall be deposited in the fund.

(e) Money in the fund at the end of a state fiscal year does not revert to the state general fund.

(f) Money in the fund is continually appropriated.
As added by P.L.203-2023, SEC.5. Amended by P.L.239-2025, SEC.1.

IC 12-15-1-19 Contracts with community entities

Sec. 19. The office may, in administering managed care programs, contract with community entities, including private entities, for the following:

(1) Outreach for and enrollment in the managed care programs.

(2) Provision of services.

(3) Consumer education and public health education.
As added by P.L.273-1999, SEC.170.

IC 12-15-1-20 Implementation of policy of funds following an individual transferring to community based care

Sec. 20. (a) The office shall implement a policy that allows the amount of Medicaid funds necessary to provide services to follow an individual who is transferring from institutional care to Medicaid home and community based care.

(b) The amount may not exceed the amount that would have been spent on the individual if the individual had stayed in institutional care.
As added by P.L.47-2009, SEC.2.

IC 12-15-1-20.2 Computer system for disproportionate share hospital payment program; HCI; UPL

Sec. 20.2. The office shall develop, maintain, and use a computer system to store documents concerning the disproportionate share hospital payment program, the hospital care for the indigent program, and the hospital care for the indigent upper payment level program. The system must include the following documents related to the programs:

(1) Federal and state laws.

(2) Federal and state rules and regulations.

(3) Policies and guidance statements.

(4) Medicaid waivers.

(5) Medicaid state plan amendments.

(6) Funding allotments to health care facilities.

(7) Funding formulas and any other explanatory information detailing how an individual allotment is calculated.

As added by P.L.140-2009, SEC.1.

IC 12-15-1-20.4 Suspension of Medicaid; notice of release; eligibility and services

Sec. 20.4. (a) If a Medicaid recipient is:

(1) adjudicated to be a delinquent child and placed in:

(A) a community based correctional facility for children;

(B) a juvenile detention facility; or

(C) a secure facility, not including a facility licensed as a child caring institution under IC 31-27; or

(2) incarcerated in a prison or jail; and

ineligible to participate in the Medicaid program during the placement described in subdivision (1) or (2) because of federal Medicaid law, the division of family resources, upon notice that a child has been adjudicated to be a delinquent child and placed in a facility described in subdivision (1) or upon notice that a person is incarcerated in a prison or jail and placed in a facility described in subdivision (2), shall suspend the person's participation in the Medicaid program.

(b) If the division of family resources receives:

(1) a dispositional decree under IC 31-37-19-28; or

(2) a modified disposition order under IC 31-37-22-9;

regarding a person described in subsection (a)(2) and the department of correction gives the division of family resources at least forty (40) days notice that the person will be released from a facility described in subsection (a)(2), the division of family resources shall take action necessary to ensure that the person is eligible to participate in the Medicaid program upon the person's release, if the person is eligible to participate.

(c) A facility described in subsection (a)(1) shall, not less than forty-five (45) days before the release date of a person placed in the facility as described in subsection (a)(1), provide notice of the person's release date to the division of family resources. The division of family resources shall take action necessary to ensure that the person is eligible to:

(1) participate in the Medicaid program upon the person's release, if the person is eligible to participate; and

(2) receive services mandated under 42 U.S.C. 1396a for thirty (30) days before the person's release date and for thirty (30) days after the person's release date.

As added by P.L.114-2009, SEC.1. Amended by P.L.1-2010, SEC.57; P.L.185-2015, SEC.9; P.L.152-2017, SEC.3; P.L.57-2021, SEC.1; P.L.26-2025, SEC.2.

IC 12-15-1-21 Single electronic Medicaid eligibility verification system

Sec. 21. Beginning January 1, 2012, the office and a contractor of the office shall operate a single electronic eligibility verification system that would allow the determination of whether an individual is participating in the state Medicaid program.

As added by P.L.27-2011, SEC.1.

IC 12-15-1-21.2 Plan to qualify services for exceptional learners; recovery of state share of cost of services

Sec. 21.2. (a) The budget agency shall develop a plan and seek federal approval to qualify services that are provided to assist exceptional learners in accessing or coordinating services, or both, under the state Medicaid plan.

(b) The budget agency and the office of the secretary shall establish a method to collect the state share of the costs of services that are:

(1) reimbursable under the Medicaid program; and

(2) provided to Medicaid eligible children receiving services in private psychiatric

residential treatment facilities;
from the county of residence of the child receiving services.
As added by P.L.220-2011, SEC.263.

IC 12-15-1-21.7 Life insurance policy treatment

Sec. 21.7. (a) To the extent allowed by federal law, the office may use federal or state funds under the Medicaid program to pay premiums and other expenses related to a life insurance policy that is in force and owned by an applicant or a recipient who:

(1) is:

(A) at least fifty-five (55) years of age; or

(B) permanently institutionalized; and

(2) has:

(A) made an irrevocable election to name the state as a beneficiary of the life insurance policy for an amount equal to:

(i) Medicaid benefits provided to the recipient under IC 12-15-5 or IC 12-14-17; plus

(ii) premiums or expenses paid by the office to the insurer that issued the life insurance policy; or

(B) collaterally assigned the life insurance policy to the state under a written agreement submitted to and recorded by the insurer that issued the life insurance policy.

(b) Any life insurance policy that is in force and under which the state is named as an irrevocable beneficiary or that has been collaterally assigned to the state may not be sold, assigned, or the ownership transferred to any person or entity. This restriction exists as long as the life insurance policy names the state as an irrevocable beneficiary or as long as the life insurance policy is collaterally assigned to the state.

(c) Life insurance policy proceeds that exceed the amount of Medicaid benefits provided to a recipient shall be paid to a beneficiary named by the applicant or recipient.
As added by P.L.196-2011, SEC.1.

IC 12-15-1-22 Visit to Medicaid provider offices, entities, or facilities; rules

Sec. 22. (a) The office shall visit a Medicaid provider's office, entity, or facility if:

(1) the provider is categorized as high risk to the Medicaid program under 42 U.S.C. 1395cc(j)(2)(B) and 42 CFR 455.450; and

(2) the provider's Medicaid claims have increased by at least fifty percent (50%) over a six (6) month period.

(b) The office shall adopt rules under IC 4-22-2 or issue a Medicaid provider bulletin setting forth procedures and standards for the visit required under this section.
As added by P.L.197-2013, SEC.9.

IC 12-15-1-23 Periodic review of Medicaid reimbursement rates

Sec. 23. (a) Not later than November 1, 2023, the office shall:

(1) develop a schedule for the periodic review of Medicaid reimbursement rates for each category of service that does not have a rate review frequency in state or federal code; and

(2) provide the schedule developed under subdivision (1) to the budget committee.

The office may determine the frequency of review of each service category's Medicaid reimbursement rates according to the schedule. However, each service category's Medicaid reimbursement rates must be reviewed at least once every four (4) years.

(b) The review of the first set of Medicaid reimbursement rates to be reviewed according to the schedule developed under subsection (a)(1) must be completed not later than November 1, 2024.

(c) The office shall provide the findings of each review of each service category's

Medicaid reimbursement rates to the budget committee as reviews are completed according to the schedule.
As added by P.L.201-2023, SEC.135.

IC 12-15-1-24 Prohibition on self-attestation without verification; data matching agreements; review of data from other agencies concerning Medicaid recipients

Sec. 24. (a) Except as required under federal law, the office of the secretary may not accept self-attestation of any of the following in the administration of the Medicaid program without verification before enrollment:

(1) Income.
(2) Residency.
(3) Age.
(4) Household composition.
(5) Caretaker or relative status.
(6) Receipt of other coverage.

(b) The office of the secretary shall enter into a data matching agreement with:

(1) the state lottery commission; and
(2) the Indiana gaming commission;

to, on at least a monthly basis, identify individuals receiving Medicaid assistance with lottery and gambling winnings of at least three thousand dollars ($3,000). Upon verification of any winnings resulting in the individual no longer being eligible for Medicaid, the office of the secretary shall terminate the individual's enrollment.

(c) On at least a monthly basis, the office of the secretary shall review vital statistics information provided by the Indiana department of health under IC 16-19-3-19 to determine removal of deceased individuals from Medicaid enrollment.

(d) On at least a quarterly basis, the office of the secretary shall receive and review information from the department of state revenue and the department of workforce development concerning Medicaid recipients that indicates a change in circumstances that may affect eligibility, including changes to employment or wages.

(e) On at least an annual basis, the office of the secretary shall receive and review information from the department of state revenue concerning Medicaid recipients, including:

(1) adjusted gross income; and
(2) family composition;

that indicates a change in circumstances that may affect Medicaid eligibility.

(f) On at least a monthly basis, the office of the secretary shall review information concerning Medicaid recipients who also receive SNAP to determine whether there has been any change in circumstances that may affect Medicaid eligibility, including a change in residency as may be identified through electronic benefit transfer program transactions.

(g) On at least a monthly basis, the office of the secretary shall receive and review information from the department of correction concerning Medicaid recipients that may indicate a change in circumstances that may affect Medicaid eligibility.

(h) Upon receiving information concerning a Medicaid recipient that indicates a change in circumstances that may affect Medicaid eligibility, the office of the secretary shall promptly conduct an eligibility redetermination for the recipient.
As added by P.L.126-2025, SEC.5.

IC 12-15-1-25 Review of information to assess Medicaid eligibility; authority to contract with third party

Sec. 25. (a) Unless prohibited by federal law and on at least a monthly basis, the office of the secretary shall review the following to assess continuous eligibility of Medicaid recipients:

(1) The following information maintained by the United States Social Security

Administration:

(A) Earned income information.

(B) Death register information.

(C) Incarceration records.

(D) Supplemental security income information.

(E) Beneficiary records.

(F) Earnings information.

(G) Pension information.

(2) The following information maintained by the United States Department of Health and Human Services:

(A) Income and employment information maintained in the national directory of new hires data base.

(B) Child support enforcement data.

(3) Change of address information maintained by the United States Postal Service.

(4) Payment and earnings information maintained by the United States Department of Housing and Urban Development.

(5) National fleeing felon information maintained by the United States Federal Bureau of Investigation.

(6) Tax filing information maintained by the United States Department of the Treasury.

(b) The office of the secretary may contract with an independent third party for additional data base searches that may contain information that indicates a change in circumstances that may affect Medicaid applicant or recipient eligibility.

As added by P.L.126-2025, SEC.6.

IC 12-15-1.3 Chapter 1.3. Medicaid Waivers and Plan Amendments

12-15-1.3-1	Waivers to implement intent of P.L.46-1995; expiration of section
12-15-1.3-2	Application of waivers under P.L.46-1995 to certain persons; expiration of section
12-15-1.3-3	Application of waivers under P.L.46-1995 to certain persons; expiration of section
12-15-1.3-4	Waivers to implement P.L.257-1997
12-15-1.3-5	Expired
12-15-1.3-6	Waiver application for prescription drug program for low income senior citizens; conditions; changes to program approved by prescription drug advisory committee; limitation of state expenditures; implementation of waiver
12-15-1.3-6.5	State plan amendment for reimbursement for services and prescriptions for hormonal contraceptives provided by pharmacists
12-15-1.3-7	Expired
12-15-1.3-8	Expired
12-15-1.3-9	Expired
12-15-1.3-10	Expired
12-15-1.3-11	Expired
12-15-1.3-12	Expired
12-15-1.3-13	Application for waiver to provide presumptive eligibility for certain pregnant women; implementation of waiver; rules
12-15-1.3-13.5	Expired
12-15-1.3-14	Expired
12-15-1.3-15	Waiver amendment; emergency placement priority
12-15-1.3-16	Expired
12-15-1.3-17	Expired
12-15-1.3-17.5	Budget committee review of state plan amendments, waiver requests, or revisions
12-15-1.3-18	Reimbursement rates for federal home and community based services program; direct care staff compensation; procedures; documentation
12-15-1.3-18.5	Reimbursement for level of care assessments for health and wellness waiver and traumatic brain injury waiver
12-15-1.3-18.7	Application by secretary for amendment to use asset limit threshold; implementation
12-15-1.3-19	Application for amendment to family and supports services waiver; priority status; rules
12-15-1.3-20	State plan amendment for reimbursement for eligible Medicaid rehabilitation option services; required commencement of a plan of treatment
12-15-1.3-21	Medicaid rehabilitation option services; state plan amendment for reimbursement in school setting
12-15-1.3-22	Application for amendment to establish long term care partnership program and discontinue long term care program
12-15-1.3-22	Repealed
12-15-1.3-23	Application for amendment to state Medicaid plan
12-15-1.3-24	Application for waiver to provide behavioral health services to committed offenders
12-15-1.3-25	Certified community behavioral health clinics; implementation; certification; requirements; reimbursement for eligible services; demonstration program; rules

IC 12-15-1.3-1 Waivers to implement intent of P.L.46-1995; expiration of section

Sec. 1. (a) The terms and conditions of any waivers that are obtained by the state from the United States Department of Health and Human Services or the United States Department of Agriculture before January 1, 1995:

(1) are valid;

(2) comply with the legislative intent of P.L.46-1995;

(3) need not be resubmitted for approval; and

(4) may be implemented until the terms and conditions of any waivers requested under P.L.46-1995 are received and affidavits are filed with the governor's office and the budget committee attesting that the necessary waiver requests have been approved.

(b) The office of the secretary and the office of Medicaid policy and planning shall:

(1) provide the greatest effort possible to secure all federal waivers required under P.L.46-1995; and

(2) reapply for waivers required under P.L.46-1995 but denied by:

(A) the Secretary of the United States Department of Health and Human Services;

(B) the Secretary of the United States Department of Agriculture; or

(C) both the officials described in clauses (A) and (B).

(c) This section expires on the date that all waivers requested under P.L.46-1995 have been obtained.

As added by P.L.220-2011, SEC.264.

IC 12-15-1.3-2 Application of waivers under P.L.46-1995 to certain persons; expiration of section

Sec. 2. (a) Any part of P.L.46-1995 that requires a waiver from the United States Department of Health and Human Services or the United States Department of Agriculture does not apply to a person who first received assistance under IC 12-14 before January 1, 1994.

(b) This section expires on the later of the following:

(1) January 1, 1996.

(2) Ninety (90) days after the date that all waivers required to implement P.L.46-1995 have been approved.

As added by P.L.220-2011, SEC.264.

IC 12-15-1.3-3 Application of waivers under P.L.46-1995 to certain persons; expiration of section

Sec. 3. (a) Any part of P.L.46-1995 that requires a waiver from the United States Department of Health and Human Services or the United States Department of Agriculture does not apply to a person who first received assistance under IC 12-14 after December 31, 1993.

(b) This section expires on the later of the following:

(1) January 1, 1997.

(2) Fifteen (15) months after the date that all waivers required to implement P.L.46-1995 have been approved.

As added by P.L.220-2011, SEC.264.

IC 12-15-1.3-4 Waivers to implement P.L.257-1997

Sec. 4. The division of family resources shall seek any available waivers from the Secretary of the United States Department of Health and Human Services that are required to carry out P.L.257-1997.

As added by P.L.220-2011, SEC.264.

IC 12-15-1.3-5 Expired

As added by P.L.220-2011, SEC.264. Amended by P.L.229-2011, SEC.122. Expired 12-31-2011 by P.L.220-2011, SEC.264.

IC 12-15-1.3-6 Waiver application for prescription drug program for low income senior citizens; conditions; changes to program approved by prescription drug advisory committee; limitation of state expenditures; implementation of waiver

Sec. 6. (a) The office shall develop a federal Medicaid waiver application under which

a prescription drug program may be established or implemented to provide access to prescription drugs for low income senior citizens.

(b) Before the office may submit an application for a federal Medicaid waiver that will affect the Indiana prescription drug program established under IC 12-10-16, the following must occur:

(1) The office shall submit the proposed Medicaid waiver to the prescription drug advisory committee.

(2) The prescription drug advisory committee must review, allow public comment on, and approve the proposed Medicaid waiver.

(c) A prescription drug program established or implemented by the office or a contractor of the office under this section may not limit access to prescription drugs for prescription drug program recipients, except under the following circumstances:

(1) Access may be limited to the extent that restrictions were in place in the Medicaid program on March 26, 2002.

(2) Access may be limited to:

(A) prevent:

(i) fraud;

(ii) abuse;

(iii) waste;

(iv) overutilization of prescription drugs; and

(v) inappropriate utilization of prescription drugs; or

(B) implement a disease management program.

IC 12-15-35.5-7 applies to a limit implemented under this subdivision.

(d) Changes to a prescription drug program that:

(1) is established or implemented by the office or a contractor of the office under this section; and

(2) uses money from the Indiana prescription drug account established under IC 4-12-8-2;

must be approved by the prescription drug advisory committee.

(e) The office shall apply to the United States Department of Health and Human Services for approval of any waiver necessary under the federal Medicaid program to provide access to prescription drugs for low income senior citizens.

(f) A Medicaid waiver developed under this section must limit a prescription drug program's state expenditures to funding appropriated to the Indiana prescription drug account established under IC 4-12-8-2 from the Indiana tobacco master settlement agreement fund.

(g) The office may not implement a waiver under this section until the office files an affidavit with the governor attesting that the federal waiver applied for under this section is in effect. The office shall file the affidavit under this subsection not later than five (5) days after the office is notified that the waiver is approved.

(h) If the office receives a waiver under this section from the United States Department of Health and Human Services and the governor receives the affidavit filed under subsection (g), the office shall implement the waiver not more than sixty (60) days after the governor receives the affidavit.

As added by P.L.220-2011, SEC.264. Amended by P.L.213-2025, SEC.111.

IC 12-15-1.3-6.5 State plan amendment for reimbursement for services and prescriptions for hormonal contraceptives provided by pharmacists

Sec. 6.5. Before July 1, 2023, the office shall apply to the United States Department of Health and Human Services to amend the state plan to reimburse a pharmacist for services and prescriptions provided under IC 25-26-25 to an eligible Medicaid recipient.

As added by P.L.154-2023, SEC.1.

IC 12-15-1.3-7 Expired
As added by P.L.220-2011, SEC.264. Expired 12-31-2012 by P.L.220-2011, SEC.264.

IC 12-15-1.3-8 Expired
As added by P.L.220-2011, SEC.264. Expired 12-31-2012 by P.L.220-2011, SEC.264.

IC 12-15-1.3-9 Expired
As added by P.L.220-2011, SEC.264. Expired 12-31-2013 by P.L.220-2011, SEC.264.

IC 12-15-1.3-10 Expired
As added by P.L.220-2011, SEC.264. Expired 7-1-2013 by P.L.220-2011, SEC.264.

IC 12-15-1.3-11 Expired
As added by P.L.220-2011, SEC.264. Expired 1-1-2013 by P.L.220-2011, SEC.264.

IC 12-15-1.3-12 Expired
As added by P.L.220-2011, SEC.264. Expired 12-31-2013 by P.L.220-2011, SEC.264.

IC 12-15-1.3-13 Application for waiver to provide presumptive eligibility for certain pregnant women; implementation of waiver; rules

Sec. 13. (a) The office shall apply to the United States Department of Health and Human Services for any amendment to the state Medicaid plan or demonstration waiver that is needed to provide for presumptive eligibility for a pregnant woman described in IC 12-15-2-13.

(b) The office may not implement the amendment or waiver until the office files an affidavit with the governor attesting that the amendment or waiver applied for under this section is in effect. The office shall file the affidavit under this subsection not more than five (5) days after the office is notified that the amendment or waiver is approved.

(c) If the office receives approval for the amendment or waiver under this section from the United States Department of Health and Human Services and the governor receives the affidavit filed under subsection (b), the office shall implement the amendment or waiver not more than sixty (60) days after the governor receives the affidavit.

(d) The office may adopt rules under IC 4-22-2 to implement this section.
As added by P.L.220-2011, SEC.264.

IC 12-15-1.3-13.5 Expired
As added by P.L.185-2015, SEC.10. Expired 1-1-2018 by P.L.185-2015, SEC.10.

IC 12-15-1.3-14 Expired
As added by P.L.220-2011, SEC.264. Expired 12-31-2013 by P.L.220-2011, SEC.264.

IC 12-15-1.3-15 Waiver amendment; emergency placement priority

Sec. 15. (a) As used in this section, "division" refers to the division of disability and rehabilitative services established by IC 12-9-1-1.

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

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

(1) Death of a primary caregiver.

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

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

(4) There is evidence of other health and safety risks, as determined by the division

director, where other available services through:

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

(B) supports that families and communities provide;

are insufficient to address the other health and safety risks, as determined by the division director.

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

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

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

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

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

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

As added by P.L.220-2011, SEC.264. Amended by P.L.229-2011, SEC.122; P.L.35-2016, SEC.36; P.L.262-2019, SEC.5; P.L.156-2020, SEC.54; P.L.131-2024, SEC.9.

IC 12-15-1.3-16 Expired

As added by P.L.220-2011, SEC.264. Expired 12-31-2013 by P.L.220-2011, SEC.264.

IC 12-15-1.3-17 Expired

As added by P.L.220-2011, SEC.264. Expired 12-31-2013 by P.L.220-2011, SEC.264.

IC 12-15-1.3-17.5 Budget committee review of state plan amendments, waiver requests, or revisions

Sec. 17.5. The office may not implement any Medicaid state plan amendments, any Medicaid waiver requests, or any revisions to any Medicaid state plan amendments or Medicaid waiver requests unless the office has submitted a written report to the budget committee concerning the implementation of the amendment, waiver, or revision and the budget committee has reviewed the amendment, waiver, or revision.

As added by P.L.205-2013, SEC.188.

IC 12-15-1.3-18 Reimbursement rates for federal home and community based services program; direct care staff compensation; procedures; documentation

Sec. 18. (a) The definitions set forth in 460 IAC 6-3 as of January 1, 2021, apply to the terms that are used in this section.

(b) As used in this section, "benefits" means allowances and services provided by employers to employees as compensation that is in addition to salary and wages, including but not limited to paid time off, health insurance, life insurance, worker's compensation, and qualifying pensions.

(c) The office of the secretary shall increase the reimbursement rate for services if the services are provided as follows:

(1) The services are provided to an individual who receives services under a Medicaid waiver under the federal home and community based services program.

(2) The individual is authorized under the Medicaid waiver described in subdivision (1) to receive any of the following services:

(A) Adult day services.

(B) Prevocational services.

(C) Residential habilitation and support.

(D) Respite.

(E) Extended services as defined in the family supports Medicaid waiver and the

community integration habilitation Medicaid waiver.

(F) Day habilitation, as defined in the family supports Medicaid waiver and the community integration habilitation Medicaid waiver.

(G) Workplace assistance, as defined in the family supports Medicaid waiver and the community integration habilitation Medicaid waiver.

(H) Residential habilitation and support (RHS daily).

(I) Transportation services.

(J) Participant assistance and care, as defined in the family supports Medicaid waiver.

(K) Facility based support, as defined in the family supports Medicaid waiver and the community integration habilitation Medicaid waiver.

(3) The services are delivered to the individual by a direct care staff.

(d) The amount of the increase in the reimbursement rate described in subsection (c) for a state fiscal year beginning July 1, 2021, or upon approval of CMS, or thereafter is the reimbursement rate in effect as of June 30, 2019, for the services listed in subsection (c)(2) multiplied by fourteen percent (14%).

(e) An authorized service provider shall use at least ninety-five percent (95%) of the amount of the increase in the reimbursement rate to pay payroll tax liabilities and to increase the wages and benefits paid to direct care staff in comparison to payroll tax liabilities, wages, and benefits paid to direct care staff as of the provider's most recent fiscal year ended on or before December 31, 2019, who:

(1) are employed by the authorized service provider to provide services in Indiana;

(2) provide support services listed in subsection (c)(2); and

(3) are paid on an hourly basis.

(f) If a provider does not use at least ninety-five percent (95%) of the increase to pay payroll tax liabilities and to increase wages and benefits paid to direct care staff, the office shall recoup part or all of the increase in the reimbursement rate that the provider receives as provided in subsection (h).

(g) An authorized service provider providing services in Indiana shall provide written and electronic notification of its plan to pay payroll tax liabilities and to increase wages and benefits to:

(1) direct care staff described in subsection (e) who are employed by the provider; and

(2) the office of the secretary;

within thirty (30) days after the office implements an increase in reimbursement rates.

(h) The office may recoup the difference between ninety-five percent (95%) of the amount received by a provider as a result of increased reimbursement rates and the amount of the increase that is actually used by the provider to pay payroll tax liabilities and to pay an increase in wages and benefits to direct care staff. The remaining five percent (5%) may be retained by the provider to cover administrative and overhead costs.

(i) Providers shall maintain all books, documents, papers, accounting records, and other evidence required to support the reporting of payroll information for payment of payroll tax liabilities and for increased wages and benefits to direct care staff. Wages are defined as total compensation, including paid time off and training, less overtime and shift differential for direct care staff providing services to individuals receiving the services described in subsection (c)(2) as reported on the provider's payroll records. Providers shall make these materials available at their respective offices at all reasonable times and for three (3) years from the date of final payment for the services listed in subsection (c)(2) for inspection by the state or its authorized designees. Providers shall furnish copies at no cost to the state if requested.

(j) The office or its designee may recoup all or a part of the amount paid using the increased reimbursement rates based upon an audit or review of the supporting documentation required to be maintained under subsection (i) if the provider cannot provide adequate documentation to support the payment of payroll tax liabilities and the payment of

increased wages and benefits to direct care staff.

(k) If required, the office shall file Medicaid waiver amendments for the family supports Medicaid waiver and the community integration and habilitation Medicaid waiver related to rate increases and Medicaid waiver caps only on or before October 1, 2021, with the earliest possible effective date allowed by the federal Centers for Medicare and Medicaid Services. If the federal Centers for Medicare and Medicaid Services denies the Medicaid waiver amendments, the office may modify the waiver amendment request. If a waiver amendment is not approved, rate increases may not be granted under this section.

(l) This section may not be construed as creating an employment relationship of any kind between office staff and direct care staff of an authorized service provider.

As added by P.L.217-2017, SEC.78. Amended by P.L.165-2021, SEC.137.

IC 12-15-1.3-18.5 Reimbursement for level of care assessments for health and wellness waiver and traumatic brain injury waiver

Sec. 18.5. (a) As used in this section, "office" includes the following:

(1) The office of the secretary of family and social services.

(2) A managed care organization that has contracted with the office of Medicaid policy and planning under this article.

(3) A person that has contracted with:

(A) the office of the secretary of family and social services; or

(B) a managed care organization described in subdivision (2).

(b) The office may contract with an area agency on aging to provide and receive reimbursement for a level of care assessment for the following:

(1) The health and wellness Medicaid waiver.

(2) The traumatic brain injury Medicaid waiver.

As added by P.L.167-2025, SEC.7.

IC 12-15-1.3-18.7 Application by secretary for amendment to use asset limit threshold; implementation

Sec. 18.7. (a) Before September 1, 2025, the office of the secretary shall apply to the United States Department of Health and Human Services for an amendment to each home and community based services Medicaid waiver to, when determining eligibility for an individual and the individual's spouse who have both applied for a home and community based services Medicaid waiver, use an asset limit threshold that equals the asset limit for a single individual multiplied by two (2).

(b) The office of the secretary shall implement the changes in determining eligibility for a home and community based services Medicaid waiver specified in subsection (a) beginning on the date on which the United States Department of Health and Human Services approves the request for changes by the office of the secretary under this section.

As added by P.L.230-2025, SEC.128.

IC 12-15-1.3-19 Application for amendment to family and supports services waiver; priority status; rules

Sec. 19. (a) Before July 1, 2019, the office of the secretary shall apply to the United States Department of Health and Human Services for an amendment to the family and support services Medicaid waiver to create priority status on the waiver for a child of:

(1) an active member; or

(2) veteran;

of the armed forces of the United States (as defined in IC 5-9-4-3) or the national guard.

(b) The office of the secretary may not implement the amendment until the office files an affidavit with the governor attesting that the amendment applied for under this section is in effect. The office of the secretary shall file the affidavit under this subsection not more than five (5) days after the office is notified that the amendment is approved.

(c) If the office of the secretary receives approval for the amendment under this section from the United States Department of Health and Human Services and the governor receives the affidavit filed under subsection (b), the office shall implement the amendment not more than sixty (60) days after the governor receives the affidavit.

(d) The office of the secretary may adopt rules under IC 4-22-2 to implement this section.

As added by P.L.52-2019, SEC.1.

IC 12-15-1.3-20 State plan amendment for reimbursement for eligible Medicaid rehabilitation option services; required commencement of a plan of treatment

Sec. 20. (a) Before December 1, 2021, the office shall apply to the United States Department of Health and Human Services for an amendment to the state Medicaid plan that would require reimbursement by:

(1) the office; or

(2) a contractor of the office;

for eligible Medicaid rehabilitation option services provided by a behavioral health professional or other behavioral health professional authorized to provide Medicaid services working in a community mental health center for any Medicaid eligible recipient who is undertaking initial assessment, intake, or counseling in a community mental health center before the development of a plan of treatment. This subsection expires December 31, 2021.

(b) A community mental health center shall commence a plan of treatment within two (2) weeks for a Medicaid recipient who receives services under this section.

As added by P.L.207-2021, SEC.6.

IC 12-15-1.3-21 Medicaid rehabilitation option services; state plan amendment for reimbursement in school setting

Sec. 21. (a) As used in this section, "Medicaid rehabilitation option services" means clinical behavioral health services provided to recipients and families of recipients living in the community who need aid intermittently for emotional disturbances, mental illness, and addiction as part of the Medicaid rehabilitation option program.

(b) Before December 1, 2019, the office may apply to the United States Department of Health and Human Services for a state plan amendment that would require Medicaid reimbursement by:

(1) the office;

(2) a managed care organization that has contracted with the office; or

(3) a contractor of the office;

for eligible Medicaid rehabilitation option services in a school setting for any Medicaid recipient who qualifies for Medicaid rehabilitation option services by meeting specific diagnosis and level of need criteria under an assessment tool approved by the division of mental health and addiction or who submits prior authorization for Medicaid rehabilitation option services.

(c) If the office receives approval for the state plan amendment applied for under this section, the office shall comply with IC 12-15-5-19.

As added by P.L.246-2019, SEC.2.

IC 12-15-1.3-22 Application for amendment to establish long term care partnership program and discontinue long term care program

Sec. 22. (a) Before September 1, 2025, the office must reapply to the United States Department of Health and Human Services for a state plan amendment that:

(1) provides for establishment of the long term care partnership program as described in IC 12-15-39.8;

(2) provides that the long term care program established under IC 12-15-39.6 shall be discontinued on the date on which the long term care partnership program described

in IC 12-15-39.8 is fully implemented; and

(3) ensures, with the explicit concurrence of the United States Department of Health and Human Services, that an individual who purchased a qualified long term care policy (as defined in IC 12-15-39.6-5) before the discontinuance of the long term care program established under IC 12-15-39.6 shall be eligible for an asset disregard under IC 12-15-39.6-10:

(A) notwithstanding the discontinuance of the long term care program, as provided in IC 12-15-39.6-12; and

(B) even though a qualified long term care policy (as defined in IC 12-15-39.6-5):

(i) was issued before the date of the state plan amendment requested under this subsection;

(ii) is not tax qualified; and

(iii) does not meet the standards of Section 6021 of the federal Deficit Reduction Act (P.L.109–171).

(b) If the office receives approval for the state plan amendment described in subsection (a):

(1) the office shall implement the state plan amendment not later than sixty (60) days after the state plan amendment is approved; and

(2) the office shall publish in the Indiana Register under IC 4-22-7-7 a statement:

(A) announcing that the state plan amendment described in subsection (a) has been approved by the United States Department of Health and Human Services; and

(B) setting forth the date on which:

(i) the office will fully implement the state plan amendment under subdivision (1); and

(ii) the long term care program established under IC 12-15-39.6 will be discontinued.

(c) If the office does not receive approval for a state plan amendment described in subsection (a):

(1) the office shall take no action under subsection (b); and

(2) the office and the department of insurance:

(A) shall study:

(i) the long term care program established under IC 12-15-39.6, including the affordability and cost effectiveness of the program for individuals who purchase qualified long term care policies (as defined in IC 12-15-39.6-5); and

(ii) the affordability and cost effectiveness of long term care partnership programs established under Section 6021 of the federal Deficit Reduction Act of 2005;

(B) may solicit the comments and recommendations of individuals with experience and expertise in the fields of Medicaid, insurance, personal finance, and government concerning the subjects set forth in clause (A);

(C) shall make findings and recommendations concerning ways in which the affordability and cost effectiveness of the long term care program established under IC 12-15-39.6 can be improved; and

(D) shall, not later than December 1, 2026:

(i) issue a report setting forth the findings and recommendations made under clause (C); and

(ii) submit the report to the executive director of the legislative services agency in an electronic format under IC 5-14-6 for distribution to the members of the general assembly.

As added by P.L.196-2021, SEC.2. Amended by P.L.9-2022, SEC.18; P.L.107-2025, SEC.1.

IC 12-15-1.3-22 Repealed

As added by P.L.207-2021, SEC.7. Repealed by P.L.220-2021, SEC.4.

IC 12-15-1.3-23 Application for amendment to state Medicaid plan

Sec. 23. Before December 1, 2021, the office shall apply to the United States Department of Health and Human Services for an amendment to the state Medicaid plan to require Medicaid reimbursement for the purpose of authorizing Medicaid rehabilitation option services as an eligible service concurrent with reimbursement under the residential treatment program, level of care 3.1 for the clinically managed low-intensity residential services facilities, as set forth by the American Society of Addiction Medicine (ASAM), if the authorized Medicaid rehabilitation option services are not currently reimbursed as an eligible service under the ASAM 3.1 level of care Section 1115 Medicaid demonstration waiver bundled rate.

As added by P.L.220-2021, SEC.5.

IC 12-15-1.3-24 Application for waiver to provide behavioral health services to committed offenders

Sec. 24. (a) Notwithstanding any other law, the secretary, through the office, may apply to the United States Department of Health and Human Services for a Medicaid waiver to provide Medicaid reimbursement by:

(1) the office; or

(2) a contractor of the office;

for eligible services provided by qualified medical personnel (as defined in IC 11-10-3-1) to provide behavioral health services to a committed offender held by the department of correction if the secretary determines that the waiver is necessary to claim any enhanced federal matching funds available for the Medicaid program or programs funded through Medicaid.

(b) Nothing in this section obligates the secretary to apply for a waiver under this section.

(c) If the United States Centers for Medicare and Medicaid Services determines that a waiver similar to the waiver described in subsection (a) is no longer available to the state, this section is void.

As added by P.L.74-2022, SEC.9.

IC 12-15-1.3-25 Certified community behavioral health clinics; implementation; certification; requirements; reimbursement for eligible services; demonstration program; rules

Sec. 25. (a) As used in this section, "certified community behavioral health clinic" refers to a community behavioral health clinic that has been certified according to criteria established under Section 223 of the federal Protecting Access to Medicare Act of 2014 (42 U.S.C. 1396a note).

(b) The office may follow the following procedures for implementing certified community behavioral health clinics that satisfy all federal requirements necessary for certified community behavioral health clinics certified under this section to be eligible for reimbursement from the federal Substance Abuse and Mental Health Services Administration (SAMHSA) or the federal Centers for Medicare and Medicaid Services (CMS). The office may consult with the certified community behavioral health clinics while establishing and implementing changes to the certification process and requirements to do the following:

(1) Establish Indiana specific certified community behavioral health clinic goals.

(2) Conduct community needs assessments.

(3) Develop certified community behavioral health clinic criteria and processes.

(4) Establish certified community behavioral health clinic prospective payment methodology.

(5) Develop data collection and reporting capacities.

(c) After completing the processes described in subsection (b)(1) through (b)(5), and not later than December 31, 2027 (if selected for a demonstration program referenced in subsection (f)), or not later than December 31, 2025 (if not selected for a demonstration

program referenced in subsection (f)), the office may apply for:

(1) an amendment to the state Medicaid plan; or

(2) a waiver or an amendment to an existing waiver;

to require reimbursement by the office of the secretary for eligible certified community behavioral health clinic services provided by a behavioral health professional, including a behavioral health professional authorized to provide Medicaid services and employed by a certified community behavioral health clinic.

(d) Reimbursement described in subsection (c) may include reimbursement for at least:

(1) an initial assessment;

(2) intake;

(3) counseling;

(4) medication management;

(5) care coordination;

(6) peer services; and

(7) other services required by the division as provided in the state plan amendment, waiver, or demonstration program;

in a certified community behavioral health clinic for an eligible Medicaid recipient.

(e) The office of the secretary may adopt rules under IC 4-22-2 necessary to implement this section.

(f) The office may apply for, and if selected, participate in, the expansion of a community mental health services demonstration program under Section 223 of the federal Protecting Access to Medicare Act of 2014 (42 U.S.C. 1396a note), as amended by the Bipartisan Safer Communities Act (P.L. 117-159).

As added by P.L.162-2023, SEC.7.

IC 12-15-1.5 Chapter 1.5. Voter Registration Services and Medicaid Applications

12-15-1.5-1 Purpose of chapter
12-15-1.5-1.5 Repealed
12-15-1.5-2 Designated individual
12-15-1.5-3 County director responsible if no designated individual
12-15-1.5-4 Transmittal of voter registration application or declination forms
12-15-1.5-5 Transmittal of voter registration application or declination forms; accepted during final five days before end of registration period
12-15-1.5-6 Methods for transmittal of applications or declinations
12-15-1.5-7 Hand delivery
12-15-1.5-8 Information to be provided to division
12-15-1.5-9 Confidentiality of information
12-15-1.5-10 Notice regarding elections
12-15-1.5-11 Information to be provided to election division

IC 12-15-1.5-1 Purpose of chapter

Sec. 1. This chapter prescribes the procedures to be followed by a county office in processing:

(1) voter registration applications; and

(2) records concerning an individual's declining to register to vote;

under 52 U.S.C. 20506(a)(2)(A) and IC 3-7-15.

As added by P.L.12-1995, SEC.121. Amended by P.L.128-2015, SEC.232.

IC 12-15-1.5-1.5 Repealed

As added by P.L.4-1996, SEC.100. Repealed by P.L.81-2005, SEC.35.

IC 12-15-1.5-2 Designated individual

Sec. 2. A county director may designate an employee of the office as the individual responsible for performing the voter registration duties of the office under this chapter at that county office. The employee designated under this section shall supervise the registration of voters by other employees of the office and shall perform any other registration duty required to be performed by the office under this chapter. Notwithstanding this designation, any employee of the office may perform registration duties in accordance with this chapter.

As added by P.L.12-1995, SEC.121.

IC 12-15-1.5-3 County director responsible if no designated individual

Sec. 3. If a county director does not designate an employee under section 2 of this chapter, the director is the individual responsible for performing the voter registration duties of the office under this chapter at that county office.

As added by P.L.12-1995, SEC.121.

IC 12-15-1.5-4 Transmittal of voter registration application or declination forms

Sec. 4. (a) This section does not apply to a voter registration application or declination to register accepted at a county office during the final five (5) days before the end of a registration period under IC 3-7-13.

(b) As required under 52 U.S.C. 20506(d)(1), the county director or designated office employee shall transmit a completed voter registration application:

(1) to the county voter registration office in which the individual's residential address (as indicated on the application) is located; and

(2) not later than five (5) days after the application is accepted at the office.

(c) The county director or designated employee shall transmit the voter registration

application (or a separate declination form) on which the individual declined to register to vote by specifically declining to register or by failing to complete the voter registration portion of the application.

(d) The declination must be transmitted:

(1) to the county voter registration office in which the individual's residential address (as indicated on the application) is located; and

(2) not later than five (5) days after the application is accepted at the office.

As added by P.L.12-1995, SEC.121. Amended by P.L.258-2013, SEC.89; P.L.64-2014, SEC.75; P.L.128-2015, SEC.233.

IC 12-15-1.5-5 Transmittal of voter registration application or declination forms; accepted during final five days before end of registration period

Sec. 5. (a) This section applies to a voter registration application or declination to register accepted at a county office during the final five (5) days before the end of a registration period under IC 3-7-13.

(b) As required under 52 U.S.C. 20506(d)(1), the county director or designated employee shall transmit a copy of the completed voter registration application:

(1) to the circuit court clerk or board of registration of the county in which the individual's residential address (as indicated on the application) is located; and

(2) not later than five (5) days after the application is accepted by the office.

(c) The director or designated employee shall transmit a copy of the voter registration application (or a separate declination form) on which the individual declined to register to vote by specifically declining to register or by failing to complete the voter registration portion of the application.

(d) The declination must be transmitted:

(1) to the circuit court clerk or board of registration of the county in which the individual's residential address (as indicated on the application) is located; and

(2) not later than five (5) days after the application is accepted at the office.

As added by P.L.12-1995, SEC.121. Amended by P.L.128-2015, SEC.234.

IC 12-15-1.5-6 Methods for transmittal of applications or declinations

Sec. 6. A county director or designated employee may use any of the following methods to transmit voter registration applications or declinations under section 4 or 5 of this chapter:

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

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

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

As added by P.L.12-1995, SEC.121. Amended by P.L.2-1996, SEC.241; P.L.3-1997, SEC.437; P.L.2-1998, SEC.38; P.L.258-2013, SEC.90.

IC 12-15-1.5-7 Hand delivery

Sec. 7. If a county director or designated employee transmits registration applications or declinations by hand delivery under section 6(1) of this chapter, the circuit court clerk or board of registration shall provide the director or designated employee with a receipt for the forms. The receipt must state the date and time of delivery, and the printed name and signature of the person who received the forms.

As added by P.L.12-1995, SEC.121.

IC 12-15-1.5-8 Information to be provided to division

Sec. 8. The election division shall provide the division of family resources with a list of the current address and telephone number of the county voter registration office in each county. The division of family resources shall promptly forward the list and each revision of the list to each county office.

As added by P.L.12-1995, SEC.121. Amended by P.L.2-1996, SEC.242; P.L.3-1997, SEC.438; P.L.145-2006, SEC.85; P.L.146-2008, SEC.386; P.L.44-2009, SEC.11; P.L.219-2013, SEC.76.

IC 12-15-1.5-9 Confidentiality of information

Sec. 9. Voter registration information received or maintained under this chapter is confidential.

As added by P.L.12-1995, SEC.121.

IC 12-15-1.5-10 Notice regarding elections

Sec. 10. The co-directors of the election division shall notify each county director of the following:

(1) The scheduled date of each primary, general, municipal, and special election.

(2) The jurisdiction in which the election will be held.

As added by P.L.12-1995, SEC.121. Amended by P.L.2-1996, SEC.243; P.L.3-1997, SEC.439.

IC 12-15-1.5-11 Information to be provided to election division

Sec. 11. The division shall provide the co-directors of the election division with a list stating the following:

(1) The address and telephone number of each county office.

(2) The name of each county director and any employee designated by the director to be responsible for performing voter registration duties under this chapter.

As added by P.L.12-1995, SEC.121. Amended by P.L.2-1996, SEC.244; P.L.3-1997, SEC.440.

IC 12-15-2 Chapter 2. Eligibility

12-15-2-0.5	Provisions not limiting health care assistance
12-15-2-1	"Federal income poverty level"
12-15-2-2	Determination and certification of eligibility and effective date of assistance
12-15-2-3	Individuals eligible; receipt of monthly assistance payments or medical services; eligibility for medical services under aid to dependent children assistance category or under state supplemental assistance program for aged, blind, or disabled
12-15-2-3.5	Eligibility for aged or disabled
12-15-2-4	Individuals eligible; eligible under another approved state plan but for plan condition or requirement prohibited in Medicaid program under Social Security Act
12-15-2-5	Individuals eligible; recipients of old age assistance, blind assistance, or disabled assistance payments as of December 31, 1973
12-15-2-6	Expired
12-15-2-6.5	Medicaid buy-in program
12-15-2-7	Individuals eligible; children in families receiving TANF assistance
12-15-2-8	Individuals eligible; patients in institutions for people with an intellectual disability or medical institutions
12-15-2-9	Repealed
12-15-2-10	Individuals eligible; long term care program participants
12-15-2-11	Repealed
12-15-2-12	Individuals eligible; qualified children
12-15-2-13	Pregnant woman eligibility; eligibility time frame
12-15-2-13.5	Eligibility for women screened and in need of treatment for breast or cervical cancer
12-15-2-14	Minors with limited family income
12-15-2-15	Repealed
12-15-2-15.5	Repealed
12-15-2-15.6	Repealed
12-15-2-15.7	Repealed
12-15-2-15.8	Continuous eligibility to 19 years of age
12-15-2-16	Eligibility of individuals under 18 years of age
12-15-2-16.2	Eligibility of foster children; enrollment assistance
12-15-2-16.5	Automatic assignment to medical support and third party medical payments; application
12-15-2-17	Exclusion of resources in determining eligibility for Medicaid; conditions
12-15-2-17.5	Income exclusion in determining eligibility
12-15-2-17.7	Census work income exclusion in determining eligibility
12-15-2-18	Financial resources; state or federal higher education awards
12-15-2-19	Acquisition of property, income, or resources; notification of county office; alteration or cancellation of assistance; recovery of excess assistance
12-15-2-20	Conviction of certain offenses and ineligibility for Medicaid assistance time frame; removal for Medicaid fraud; appeal; rules
12-15-2-21	Ineligibility due to noncompliance
12-15-2-22	Determination of eligibility; certain equity value in motor vehicle may not be considered
12-15-2-23	Look back; exemption for certain contributions
12-15-2-23.5	Implementation of federal Deficit Reduction Act of 2005
12-15-2-24	Eligibility; community spouse resource requirements
12-15-2-25	Eligibility; retention of income to support community spouse
12-15-2-26	Eligibility for Medicare beneficiaries

IC 12-15-2-0.5 Provisions not limiting health care assistance

Sec. 0.5. (a) This section applies to a person who qualifies for assistance:

(1) under sections 13 through 16 of this chapter;

(2) under section 6 of this chapter (before its expiration) when the person becomes ineligible for medical assistance under IC 12-14-2-5.1; or

(3) as an individual with a disability if the person is less than eighteen (18) years of age

and otherwise qualifies for assistance.

(b) Notwithstanding any other law, the following may not be construed to limit health care assistance to a person described in subsection (a):

(1) IC 12-8-1.5-12.
(2) IC 12-14-1-1.
(3) IC 12-14-1-1.5.
(4) IC 12-14-2-5.1.
(5) IC 12-14-2-5.2.
(6) IC 12-14-2-17.
(7) IC 12-14-2-18.
(8) IC 12-14-2-20.
(9) IC 12-14-2-21.
(10) IC 12-14-2-24.
(11) IC 12-14-2-25.
(12) IC 12-14-2-26.
(13) IC 12-14-2.5.
(14) IC 12-14-5.5.
(15) Section 21 of this chapter.

As added by P.L.46-1995, SEC.31. Amended by P.L.2-2005, SEC.48; P.L.99-2007, SEC.94; P.L.161-2007, SEC.34; P.L.1-2010, SEC.58; P.L.160-2012, SEC.37; P.L.11-2023, SEC.41; P.L.103-2023, SEC.18.

IC 12-15-2-1 "Federal income poverty level"

Sec. 1. As used in this chapter, "federal income poverty level" means the poverty guidelines updated periodically in the Federal Register by the United States Department of Health and Human Services under 42 U.S.C. 9902(2).

[Pre-1992 Revision Citations: 12-1-7-55(a); 12-1-7-56(a) part.]

As added by P.L.2-1992, SEC.9. Amended by P.L.210-2015, SEC.44.

IC 12-15-2-2 Determination and certification of eligibility and effective date of assistance

Sec. 2. The county office shall determine eligibility and shall certify to the office at the time and in the manner required by the office a list of individuals who have been found eligible to receive Medicaid and the effective date for the payment of assistance under this chapter. The date must be one (1) month before the first day of the month in which the application or request is made.

[Pre-1992 Revision Citation: 12-1-7-21(a).]

As added by P.L.2-1992, SEC.9. Amended by P.L.4-1993, SEC.110; P.L.5-1993, SEC.123.

IC 12-15-2-3 Individuals eligible; receipt of monthly assistance payments or medical services; eligibility for medical services under aid to dependent children assistance category or under state supplemental assistance program for aged, blind, or disabled

Sec. 3. An individual who:

(1) is receiving monthly assistance payments or medical services; or
(2) would be eligible to receive medical services under the aid to dependent children assistance category or under the state supplemental assistance program for the aged, blind, or disabled;

is eligible to receive Medicaid.

[Pre-1992 Revision Citation: 12-1-7-14.4(1).]

As added by P.L.2-1992, SEC.9.

IC 12-15-2-3.5 Eligibility for aged or disabled

Sec. 3.5. An individual:

(1) who is:

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

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

(2) whose income and resources do not exceed those levels established by the Supplemental Security Income program;

is eligible to receive Medicaid assistance if the individual's family income does not exceed one hundred percent (100%) of the federal income poverty level for the same size family, using income counting standards and criteria established by the federal Social Security Administration.

As added by P.L.278-2013, SEC.4. Amended by P.L.210-2015, SEC.45.

IC 12-15-2-4 Individuals eligible; eligible under another approved state plan but for plan condition or requirement prohibited in Medicaid program under Social Security Act

Sec. 4. An individual who would be eligible for aid or assistance under one (1) of the other approved state plans except for an eligibility condition or other requirement in the plan that is specifically prohibited in a Medicaid program under Title XIX of the federal Social Security Act (42 U.S.C. 1396 et seq.) is eligible to receive Medicaid.

[Pre-1992 Revision Citation: 12-1-7-14.4(2).]

As added by P.L.2-1992, SEC.9.

IC 12-15-2-5 Individuals eligible; recipients of old age assistance, blind assistance, or disabled assistance payments as of December 31, 1973

Sec. 5. An individual who:

(1) was receiving assistance payments in the old age assistance, blind assistance, or disabled assistance categories as of December 31, 1973; and

(2) continues to remain eligible under state laws and rules;

is eligible to receive Medicaid.

[Pre-1992 Revision Citation: 12-1-7-14.4(3).]

As added by P.L.2-1992, SEC.9.

IC 12-15-2-6 Expired

[Pre-1992 Revision Citation: 12-1-7-14.4(4).]

As added by P.L.2-1992, SEC.9. Amended by P.L.287-2001, SEC.5; P.L.218-2003, SEC.2; P.L.160-2011, SEC.6. Expired 12-31-2013 by P.L.160-2011, SEC.6.

IC 12-15-2-6.5 Medicaid buy-in program

Sec. 6.5. Notwithstanding section 6 of this chapter, beginning July 1, 2002, an individual who meets the requirements of IC 12-15-41 is eligible for Medicaid.

As added by P.L.287-2001, SEC.6.

IC 12-15-2-7 Individuals eligible; children in families receiving TANF assistance

Sec. 7. A child in a family who receives TANF assistance and is less than twenty-one (21) years of age but not otherwise eligible to be included in section 2 or 3 of this chapter is eligible to receive Medicaid.

[Pre-1992 Revision Citation: 12-1-7-14.4(5).]

As added by P.L.2-1992, SEC.9. Amended by P.L.161-2007, SEC.35.

IC 12-15-2-8 Individuals eligible; patients in institutions for people with an intellectual disability or medical institutions

Sec. 8. An individual who:

(1) has been found eligible for Medicaid under section 2, 3, 4, 5, or 6 (expired) of this chapter; and

(2) is a patient in an institution for people with an intellectual disability or who is a patient in a medical institution, as long as the institution or that part of the institution in which the patient resides qualifies as an intermediate care facility for mental retardation under Title XIX of the federal Social Security Act (42 U.S.C. 1396 et seq.);

is eligible to receive Medicaid.

[Pre-1992 Revision Citation: 12-1-7-14.4(6).]

As added by P.L.2-1992, SEC.9. Amended by P.L.117-2015, SEC.20.

IC 12-15-2-9 Repealed

[Pre-1992 Revision Citation: 12-1-7-14.4(7).]

As added by P.L.2-1992, SEC.9. Repealed by P.L.210-2015, SEC.46.

IC 12-15-2-10 Individuals eligible; long term care program participants

Sec. 10. An individual who:

(1) is at least sixty-five (65) years of age;

(2) participates in the Indiana long term care program under IC 12-15-39.6; and

(3) satisfies the requirements under IC 12-15-39.6-8;

is eligible to receive Medicaid.

[Pre-1992 Revision Citation: 12-1-7-14.4(8).]

As added by P.L.2-1992, SEC.9. Amended by P.L.24-1997, SEC.45.

IC 12-15-2-11 Repealed

[Pre-1992 Revision Citation: 12-1-7-14.4(9).]

As added by P.L.2-1992, SEC.9. Repealed by P.L.117-2022, SEC.1.

IC 12-15-2-12 Individuals eligible; qualified children

Sec. 12. A qualified child (as defined in 42 U.S.C. 1396d(n)(2)) is eligible to receive Medicaid.

[Pre-1992 Revision Citation: 12-1-7-14.4(10).]

As added by P.L.2-1992, SEC.9.

IC 12-15-2-13 Pregnant woman eligibility; eligibility time frame

Sec. 13. (a) A pregnant woman whose family income does not exceed the income level established in subsection (b) is eligible to receive Medicaid coverage under 42 CFR 435.116.

(b) A pregnant woman described in this section is eligible to receive Medicaid, subject to subsection (c) and 42 U.S.C. 1396a et seq., if her family income does not exceed two hundred eight percent (208%) of the federal income poverty level for the same size family.

(c) Medicaid is available to a pregnant woman described in this section for:

(1) the duration of the pregnancy; and

(2) a period of time determined by the office of the secretary.

The postpartum period of time determined by the office of the secretary must not be less than twelve (12) months of a postpartum period that begins on the last day of the pregnancy, without regard to any change in income of the family of which she is a member during that time.

[Pre-1992 Revision Citations: 12-1-7-14.4(11); 12-1-7-55 part.]

As added by P.L.2-1992, SEC.9. Amended by P.L.46-1995, SEC.32; P.L.119-1997, SEC.1; P.L.218-2007, SEC.9; P.L.278-2013, SEC.5; P.L.85-2017, SEC.56; P.L.117-2022, SEC.2; P.L.180-2022(ss), SEC.14.

IC 12-15-2-13.5 Eligibility for women screened and in need of treatment for

breast or cervical cancer

Sec. 13.5. (a) A woman:

(1) who is not eligible for Medicaid under any other section of this chapter;

(2) who is less than sixty-five (65) years of age;

(3) who has been:

(A) screened for breast or cervical cancer through the breast and cervical cancer screening program or by another provider under the federal Breast and Cervical Cancer Mortality Prevention Act of 1990 (42 U.S.C. 300k); and

(B) determined to need treatment for breast or cervical cancer;

(4) who is not otherwise covered under creditable coverage (as defined in 42 U.S.C. 300gg-3(c)); and

(5) whose family income does not exceed two hundred percent (200%) of the federal income poverty level for the same size family;

is eligible for Medicaid.

(b) Medicaid made available to a woman described in subsection (a) is limited to the duration of treatment required for breast or cervical cancer.

As added by P.L.152-2001, SEC.2. Amended by P.L.107-2009, SEC.1; P.L.7-2015, SEC.33.

IC 12-15-2-14 Minors with limited family income

Sec. 14. (a) An individual:

(1) who is less than nineteen (19) years of age;

(2) who is not described in 42 U.S.C. 1396a(a)(10)(A)(i)(I); and

(3) whose family income does not exceed the income level established in subsection (b);

is eligible to receive Medicaid.

(b) An individual described in this section is eligible to receive Medicaid, subject to 42 U.S.C. 1396a et seq., if the individual's family income does not exceed one hundred fifty percent (150%) of the federal income poverty level for the same size family.

[Pre-1992 Revision Citations: 12-1-7-14.4(12); 12-1-7-56 part.]

As added by P.L.2-1992, SEC.9. Amended by P.L.46-1995, SEC.33; P.L.119-1997, SEC.2; P.L.273-1999, SEC.171; P.L.278-2013, SEC.6; P.L.85-2017, SEC.57; P.L.152-2017, SEC.4.

IC 12-15-2-15 Repealed

[Pre-1992 Revision Citations: 12-1-7-14.4(13); 12-1-7-56 part.]

As added by P.L.2-1992, SEC.9. Amended by P.L.46-1995, SEC.34; P.L.119-1997, SEC.3. Repealed by P.L.273-1999, SEC.182.

IC 12-15-2-15.5 Repealed

As added by P.L.46-1995, SEC.35. Amended by P.L.24-1997, SEC.46; P.L.119-1997, SEC.4. Repealed by P.L.273-1999, SEC.182.

IC 12-15-2-15.6 Repealed

As added by P.L.58-1998, SEC.6. Repealed by P.L.1-2001, SEC.51.

IC 12-15-2-15.7 Repealed

As added by P.L.58-1998, SEC.7. Amended by P.L.273-1999, SEC.172. Repealed by P.L.107-2002, SEC.32.

IC 12-15-2-15.8 Continuous eligibility to 19 years of age

Sec. 15.8. After an individual who is less than nineteen (19) years of age is determined to be eligible for Medicaid under section 14 of this chapter, the individual is not required to submit eligibility information more frequently than once in a twelve (12) month period until the child becomes nineteen (19) years of age.

As added by P.L.218-2007, SEC.10. Amended by P.L.213-2023, SEC.1.

IC 12-15-2-16 Eligibility of individuals under 18 years of age

Sec. 16. An individual:

(1) who is less than eighteen (18) years of age;

(2) who is described in 42 U.S.C. 1396a(a)(10)(A)(ii); and

(3) who is:

(A) a child in need of services (as defined in IC 31-34-1);

(B) a child placed in the custody of the department of child services under IC 31-35-6-1 (or IC 31-6-5-5 before its repeal); or

(C) a child placed under the supervision or in the custody of the department of child services by an order of the court;

is eligible to receive Medicaid.

[Pre-1992 Revision Citation: 12-1-7-14.4(14).]

As added by P.L.2-1992, SEC.9. Amended by P.L.4-1993, SEC.111; P.L.5-1993, SEC.124; P.L.1-1997, SEC.60; P.L.145-2006, SEC.86; P.L.146-2008, SEC.387.

IC 12-15-2-16.2 Eligibility of foster children; enrollment assistance

Sec. 16.2. (a) An individual who:

(1) is:

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

(B) emancipated; and

(2) is less than twenty-six (26) years of age;

is eligible to receive Medicaid as set forth in 42 U.S.C. 1396a(a)(10)(A)(i)(IX).

(b) The office shall assist the department of child services in the enrollment of an individual described in subsection (a) before the individual becomes eighteen (18) years of age or is emancipated from the foster care program.

(c) The office may not require an individual described in subsection (a) to submit eligibility information to the office after the individual's enrollment in the Medicaid program during the individual's eligibility for the Medicaid program under this section.

As added by P.L.124-2017, SEC.1.

IC 12-15-2-16.5 Automatic assignment to medical support and third party medical payments; application

Sec. 16.5. (a) An individual who is applying for Medicaid or receiving Medicaid is considered to have automatically assigned to the state the individual's rights, or the rights of any other person who is dependent upon the individual and eligible for Medicaid, to medical support and other third party payments for medical care for the duration of enrollment in the Medicaid program by the individual or the individual's dependent.

(b) An individual's assignment under subsection (a):

(1) is effective only for services that are reimbursed by Medicaid; and

(2) does not apply to Medicare payments.

As added by P.L.153-2011, SEC.16.

IC 12-15-2-17 Exclusion of resources in determining eligibility for Medicaid; conditions

Sec. 17. (a) This section applies beginning the later of the following:

(1) The date that the office is informed that the United States Department of Health and Human Services has approved Indiana's conversion to 1634 status within the Medicaid program.

(2) January 1, 2014.

(b) The office may apply this section only to the following Medicaid applicants or Medicaid recipients:

(1) An individual whose eligibility for Medicaid does not require a determination of income by the office.

(2) An individual who is at least sixty-five (65) years of age when age is a condition of eligibility.

(3) An individual whose eligibility is being determined on the basis of being blind or disabled, or on the basis of being treated as blind or disabled.

(4) An individual who requests coverage for long term care services and supports for the purpose of being evaluated for an eligibility group under which long term care services or supports are covered, including the following:

(A) Nursing facility services.

(B) Nursing facility level of care services provided in an institution.

(C) Home and community based services.

(D) Home health services.

(E) Personal care services.

(5) An individual applying for Medicare cost sharing assistance.

(c) Except as provided in subsections (d) and (f), if an applicant for or a recipient of Medicaid:

(1) establishes one (1) irrevocable trust that has a value of not more than ten thousand dollars ($10,000), exclusive of interest, and is established for the sole purpose of providing money for the burial of the applicant or recipient;

(2) enters into an irrevocable prepaid funeral agreement having a value of not more than ten thousand dollars ($10,000); or

(3) owns a life insurance policy with a face value of not more than ten thousand dollars ($10,000) and with respect to which provision is made to pay not more than ten thousand dollars ($10,000) toward the applicant's or recipient's funeral expenses;

the value of the trust, prepaid funeral agreement, or life insurance policy may not be considered as a resource in determining the applicant's or recipient's eligibility for Medicaid.

(d) Subject to subsection (f), if an applicant for or a recipient of Medicaid establishes an irrevocable trust or escrow under IC 30-2-13, the entire value of the trust or escrow may not be considered as a resource in determining the applicant's or recipient's eligibility for Medicaid.

(e) Except as provided in IC 12-15-3-7, if an applicant for or a recipient of Medicaid owns resources described in subsection (c) and the total value of those resources is more than ten thousand dollars ($10,000), the value of those resources that is more than ten thousand dollars ($10,000) may be considered as a resource in determining the applicant's or recipient's eligibility for Medicaid.

(f) In order for a trust, an escrow, a life insurance policy, or a prepaid funeral agreement to be exempt as a resource in determining an applicant's or a recipient's eligibility for Medicaid under this section, the applicant or recipient must designate the office or the applicant's or recipient's estate to receive any remaining amounts after delivery of all services and merchandise under the contract as reimbursement for Medicaid assistance provided to the applicant or recipient after fifty-five (55) years of age. The office may receive funds under this subsection only to the extent permitted by 42 U.S.C. 1396p. The computation of remaining amounts shall be made as of the date of delivery of services and merchandise under the contract and must be the excess, if any, derived from:

(1) growth in principal;

(2) accumulation and reinvestment of dividends;

(3) accumulation and reinvestment of interest; and

(4) accumulation and reinvestment of distributions;

on the applicant's or recipient's trust, escrow, life insurance policy, or prepaid funeral agreement over and above the seller's current retail price of all services, merchandise, and cash advance items set forth in the applicant's or recipient's contract.

[Pre-1992 Revision Citation: 12-1-7-18.1.]

As added by P.L.2-1992, SEC.9. Amended by P.L.113-1996, SEC.1; P.L.272-1999, SEC.39; P.L.178-2002, SEC.80; P.L.196-2011, SEC.2; P.L.278-2013, SEC.7.

IC 12-15-2-17.5 Income exclusion in determining eligibility

Sec. 17.5. (a) This section applies beginning on the date on which the United States Department of Health and Human Services approves the request for changes by the office under this section.

(b) This subsection applies to applicants or recipients who are exempt from the use of modified adjusted gross income (MAGI) as described in 42 U.S.C. 1396a(e)(14)(D) in determining eligibility. The office may not consider income earned by an applicant, a recipient, or a member of the applicant's or recipient's family for participating in:

(1) a work based learning course (as defined in IC 20-43-8-0.7); or

(2) paid postsecondary work experience that allows the individual to apply for a related apprenticeship (as defined by IC 20-43-8-0.3);

as income in determining the applicant's or recipient's eligibility for Medicaid.

(c) For an applicant or recipient for whom the modified adjusted gross income (MAGI) is applicable, the office shall elect to apply a reasonable method to include a prorated portion of reasonably predictable future income as a factor concerning the income earned by the applicant or recipient by participating in a work based learning course, as set forth in 42 CFR 435.603(h)(3).

(d) The office shall apply for any state plan amendment or Medicaid waiver necessary to implement this section.

As added by P.L.14-2020, SEC.7.

IC 12-15-2-17.7 Census work income exclusion in determining eligibility

Sec. 17.7. (a) This section applies beginning on the date on which the United States Department of Health and Human Services approves the request for changes by the office under this section.

(b) This subsection applies to applicants or recipients who are exempt from the use of modified adjusted gross income (MAGI) as described in 42 U.S.C. 1396a(e)(14)(D) in determining eligibility. The office may not consider income earned by:

(1) an applicant;

(2) a recipient; or

(3) a member of the applicant's or recipient's family;

employed at a temporary job as a census worker as a resource, asset, or income in determining the applicant's or recipient's eligibility for Medicaid.

(c) For an applicant or recipient for whom the modified adjusted gross income (MAGI) is applicable, the office shall elect to apply a reasonable method to include a prorated portion of reasonably predictable future income as a factor concerning the income earned by the applicant or recipient employed at a temporary job as a census worker, as set forth in 42 CFR 435.603(h)(3).

(d) The office shall apply for any state plan amendment or Medicaid waiver necessary to implement this section.

As added by P.L.14-2020, SEC.8.

IC 12-15-2-18 Financial resources; state or federal higher education awards

Sec. 18. Except as provided by federal law, if an individual receives a state or federal higher education award that is paid directly to an approved postsecondary educational institution for the individual's benefit:

(1) the individual is not required to report that award as income or as a resource of the individual when applying for Medicaid; and

(2) the award may not be considered as income or a resource of the individual in determining initial or continuing eligibility for Medicaid.

[Pre-1992 Revision Citation: 12-1-7-57.]
As added by P.L.2-1992, SEC.9. Amended by P.L.2-2007, SEC.160.

IC 12-15-2-19 Acquisition of property, income, or resources; notification of county office; alteration or cancellation of assistance; recovery of excess assistance

Sec. 19. (a) If, while receiving Medicaid, a recipient becomes the owner of any:

(1) property;

(2) income; or

(3) resources;

in excess of the amount owned when the recipient's eligibility was determined, the recipient shall immediately notify the county office of the receipt of possession of the property or income.

(b) After an investigation of circumstances under subsection (a), the county office shall recommend to the office the cancellation or alteration of the amount of Medicaid in accordance with the circumstances.

(c) Assistance paid after the recipient acquires possession of:

(1) property;

(2) income; or

(3) resources;

in excess of the recipient's needs is recoverable by the office from the recipient or the estate of the recipient.

(d) However, an eligible individual is not required to notify the division or county office of a Holocaust victim's settlement payment received by the individual. A county office may not cancel or alter the amount of Medicaid received by the individual after the individual's receipt of the payment. Assistance paid after the individual's receipt of the payment is not recoverable by the office from the individual or the estate of the individual.

[Pre-1992 Revision Citation: 12-1-7-24.]
As added by P.L.2-1992, SEC.9. Amended by P.L.4-1993, SEC.112; P.L.5-1993, SEC.125; P.L.128-1999, SEC.20.

IC 12-15-2-20 Conviction of certain offenses and ineligibility for Medicaid assistance time frame; removal for Medicaid fraud; appeal; rules

Sec. 20. (a) A person convicted of an offense under IC 35-43-5 or IC 35-43-10 related to the application for or receipt of Medicaid assistance is ineligible to receive Medicaid assistance under this article for the following time:

(1) One (1) year if the conviction is for the person's first offense.

(2) Two (2) years if the conviction is for the person's second offense.

(3) Ten (10) years if the conviction is for the person's third or subsequent offense.

(b) A person's ineligibility period for Medicaid assistance described in subsection (a) begins either:

(1) on the date the person is sentenced, if the person's sentence does not include incarceration; or

(2) on the date the individual is released from incarceration.

(c) Upon receipt of substantiated evidence that a person has committed fraud concerning the application for or receipt of Medicaid assistance, the office may remove the person from receiving Medicaid assistance for one (1) year. If the office determines that a person receiving Medicaid assistance is to be removed from receiving Medicaid assistance under this subsection, the person may appeal the determination. An appeal under this subsection is subject to IC 4-21.5.

(d) The office may adopt rules under IC 4-22-2 to implement this section.
As added by P.L.46-1995, SEC.36. Amended by P.L.241-2003, SEC.3; P.L.197-2013,

SEC.10.

IC 12-15-2-21 Ineligibility due to noncompliance

Sec. 21. Notwithstanding any other provision of this article, a person who is ineligible for assistance under IC 12-14-2 because of noncompliance with IC 12-14-2-21, IC 12-14-2-24, IC 12-14-2-26, or IC 12-14-5.5 is ineligible for Medicaid under this article.

As added by P.L.46-1995, SEC.37.

IC 12-15-2-22 Determination of eligibility; certain equity value in motor vehicle may not be considered

Sec. 22. When the office applies a resource standard to determine an applicant's or a recipient's eligibility for Medicaid under this chapter, the office may not consider five thousand dollars ($5,000) of equity value (as defined in 470 IAC 10.1-3-1) in one (1) motor vehicle belonging to:

(1) the applicant or recipient; or

(2) a member of the applicant's or recipient's family.

As added by P.L.126-1998, SEC.2.

IC 12-15-2-23 Look back; exemption for certain contributions

Sec. 23. (a) This section is effective beginning October 1, 2009.

(b) When the office conducts a look back (as described in 42 U.S.C. 1396p(c)) to determine, for purposes of eligibility, whether an individual improperly transferred assets, the office shall not consider in total one thousand two hundred dollars ($1,200) per year of contributions made by the individual to a:

(1) family member; or

(2) nonprofit organization;

as an improper transfer.

(c) Any rule adopted by the office of the secretary concerning a transfer of property may not apply to a transfer of property that occurred before the effective date of the rule.

As added by P.L.14-2009, SEC.1. Amended by P.L.229-2011, SEC.123.

IC 12-15-2-23.5 Implementation of federal Deficit Reduction Act of 2005

Sec. 23.5. (a) This section is effective beginning October 1, 2009.

(b) In implementing the federal Deficit Reduction Act of 2005, the office shall comply with the following:

(1) A rule adopted may not apply to the transfer of property or another transaction that occurred before the passage of the rule.

(2) The office may not require an individual to return all assets in order to reduce a penalty period for the transfer of assets. The office shall allow a penalty period to be proportionally reduced for a partial return of assets.

As added by P.L.14-2009, SEC.2. Amended by P.L.229-2011, SEC.124.

IC 12-15-2-24 Eligibility; community spouse resource requirements

Sec. 24. (a) This section applies to determining eligibility for an individual who:

(1) resides in a nursing facility or another medical institution; and

(2) has a community spouse.

(b) In determining eligibility for an individual described in subsection (a), the office shall, beginning in calendar year 2006, use the greater of the following community spouse resource allowances:

(1) Nineteen thousand twenty dollars ($19,020), subject to an adjustment described in 42 U.S.C. 1396r-5(g).

(2) The lesser of:

(A) the spousal share computed under 42 U.S.C. 1396r-5(c)(1); or

(B) ninety-five thousand one hundred dollars ($95,100), subject to an adjustment described in 42 U.S.C. 1396r-5g.

(3) An amount established by a court order or an administrative hearing if the community spouse's income is less than the minimum monthly needs allowance established under 42 U.S.C. 1396r-5(d)(3) and an increased amount is necessary to increase the community spouse's income to the minimum monthly needs allowance.

(c) An institutionalized spouse shall not be ineligible for the program because of resources if:

(1) the institutionalized spouse:

(A) establishes that the individual has a right to receive support from the community spouse; and

(B) assigns to the office the right to receive support from the community spouse; or

(2) the office determines that the denial of eligibility would result in an undue hardship to the institutionalized spouse.

(d) The office shall adopt rules under IC 4-22-2 to calculate the amount of resources necessary to provide income to the community spouse under subsection (b).

As added by P.L.246-2005, SEC.102.

IC 12-15-2-25 Eligibility; retention of income to support community spouse

Sec. 25. (a) This section applies to an individual who:

(1) is eligible for Medicaid;

(2) resides in a nursing facility or another medical institution; and

(3) has a community spouse.

(b) An individual described in subsection (a) is entitled to retain an income allowance for the purpose of supporting a community spouse if:

(1) the community spouse's income is less than the minimum monthly needs allowance established under 42 U.S.C. 1396r-5(d)(3); and

(2) an increased amount is necessary to increase the community spouse's income to the minimum monthly needs allowance.

(c) If either spouse establishes that a higher allowance is needed due to exceptional circumstances resulting in significant financial duress, the minimum monthly needs allowance may be increased after an administrative hearing or by a court order.

(d) The office shall adopt rules under IC 4-22-2 setting forth the manner in which the office will determine the existence of exceptional circumstances resulting in significant financial duress under subsection (c).

As added by P.L.246-2005, SEC.103.

IC 12-15-2-26 Eligibility for Medicare beneficiaries

Sec. 26. (a) This section applies beginning the later of the following:

(1) The date that the office is informed that the United States Department of Health and Human Services has approved Indiana's conversion to 1634 status within the Medicaid program.

(2) January 1, 2014.

(b) As used in this section, "qualified Medicare beneficiary" means an individual defined in 42 U.S.C. 1396d(p)(1).

(c) As used in this section, "qualifying individual" refers to an individual described in 42 U.S.C. 1396a(a)(10)(E)(iv).

(d) As used in this section, "specified low-income Medicare beneficiary" refers to an individual described in 42 U.S.C. 1396a(a)(10)(E)(iii).

(e) The following individuals are eligible for the specified coverage under this section:

(1) A qualified Medicare beneficiary whose:

(A) income does not exceed one hundred fifty percent (150%) of the federal income poverty level; and

(B) resources do not exceed the resource limits established by the office;

is eligible for Medicare Part A and Medicare Part B premiums, coinsurance, and deductibles.

(2) A specified low-income Medicare beneficiary whose:

(A) income does not exceed one hundred seventy percent (170%) of the federal income poverty level; and

(B) resources do not exceed the resource limits set by the office;

is eligible for coverage of Medicare Part B premiums.

(3) A qualifying individual whose:

(A) income does not exceed one hundred eighty-five percent (185%) of the federal income poverty level; and

(B) resources do not exceed the resource limits set by the office;

is eligible for coverage of Medicare Part B premiums.

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

As added by P.L.278-2013, SEC.8.

IC 12-15-2.2 Chapter 2.2. Repealed

Repealed by P.L.1-2001, SEC.51.

IC 12-15-2.3 Chapter 2.3. Presumptive Eligibility for Women With Breast or Cervical Cancer

12-15-2.3-1 Applicability of chapter
12-15-2.3-2 "Qualified entity"
12-15-2.3-3 Qualified entities to establish eligibility
12-15-2.3-4 Identity of qualified entities
12-15-2.3-5 Qualified entities provided with application forms and information
12-15-2.3-6 Period during which services provided
12-15-2.3-7 Woman's eligibility determined by qualified entity
12-15-2.3-8 Actions taken after establishment of eligibility
12-15-2.3-9 Completion of application
12-15-2.3-10 Expired
12-15-2.3-11 Reimbursement for care during presumptive eligibility
12-15-2.3-12 Rules
12-15-2.3-13 Annual appropriation to provide services

IC 12-15-2.3-1 Applicability of chapter

Sec. 1. This chapter applies to a woman who is eligible for Medicaid under IC 12-15-2-13.5.

As added by P.L.152-2001, SEC.3.

IC 12-15-2.3-2 "Qualified entity"

Sec. 2. As used in this chapter, "qualified entity" means an entity that:

(1) is eligible to receive payments and provide items and services under this article;

(2) provides outpatient hospital services, rural health clinic services, and any other ambulatory services offered by a rural health clinic, or clinic services furnished by or under the direction of a licensed physician; and

(3) meets all other requirements set forth in 42 U.S.C. 1396r-1b(b)(2).

As added by P.L.152-2001, SEC.3. Amended by P.L.7-2015, SEC.34.

IC 12-15-2.3-3 Qualified entities to establish eligibility

Sec. 3. A qualified entity may establish the presumptive eligibility of a woman described in section 1 of this chapter.

As added by P.L.152-2001, SEC.3.

IC 12-15-2.3-4 Identity of qualified entities

Sec. 4. The office shall consider the following to be qualified entities:

(1) A disproportionate share provider under IC 12-15-16-1(a) or IC 12-15-16-1(b).

(2) A federally qualified health clinic.

(3) A rural health clinic.

As added by P.L.152-2001, SEC.3.

IC 12-15-2.3-5 Qualified entities provided with application forms and information

Sec. 5. The office shall provide each qualified entity with the following:

(1) Application forms for Medicaid.

(2) Information on how to assist a woman described in section 1 of this chapter in completing and filing the application forms.

As added by P.L.152-2001, SEC.3.

IC 12-15-2.3-6 Period during which services provided

Sec. 6. The office shall provide Medicaid services to a woman described in section 1 of this chapter during a period that:

(1) begins on the date on which a qualified entity determines on the basis of preliminary information that the woman is eligible for Medicaid under IC 12-15-2-13.5; and

(2) ends on the earlier of the following:

(A) The date on which a determination is made by a representative of the county office with respect to the eligibility of the woman under IC 12-15-2-13.5.

(B) The last day of the month following the month in which the qualified entity makes the determination described in subdivision (1).

As added by P.L.152-2001, SEC.3.

IC 12-15-2.3-7 Woman's eligibility determined by qualified entity

Sec. 7. A woman described in section 1 of this chapter may only have a presumptive eligibility determination made by an entity described in section 2 of this chapter.

As added by P.L.152-2001, SEC.3.

IC 12-15-2.3-8 Actions taken after establishment of eligibility

Sec. 8. A qualified entity that determines that a woman described in section 1 of this chapter is presumptively eligible for Medicaid shall do the following:

(1) Notify the office of the determination within five (5) working days after the date on which the determination is made.

(2) Inform the woman at the time a determination is made that an application for Medicaid is required to be made at the county office in the county where the woman resides or an enrollment center (as provided in IC 12-15-4-1) not later than the last day of the month following the month during which the determination is made.

As added by P.L.152-2001, SEC.3.

IC 12-15-2.3-9 Completion of application

Sec. 9. If a woman described in section 1 of this chapter is determined to be presumptively eligible for Medicaid under this chapter, the woman must complete an application for Medicaid as provided in IC 12-15-4 not later than the last day of the month following the month during which the determination is made.

As added by P.L.152-2001, SEC.3.

IC 12-15-2.3-10 Expired

As added by P.L.152-2001, SEC.3. Expired 12-31-2013 by P.L.278-2013, SEC.9.

IC 12-15-2.3-11 Reimbursement for care during presumptive eligibility

Sec. 11. If a woman described in section 1 of this chapter is:

(1) determined to be presumptively eligible for Medicaid under this chapter; and

(2) subsequently determined not to be eligible for Medicaid;

a qualified entity under section 4(1) or 4(2) of this chapter that determined that the woman was presumptively eligible for Medicaid shall reimburse the office for all funds expended by the office in paying for care for the woman during the woman's period of presumptive eligibility.

As added by P.L.152-2001, SEC.3.

IC 12-15-2.3-12 Rules

Sec. 12. The office shall adopt rules under IC 4-22-2 to implement this chapter, including rules that may impose additional requirements for qualified entities that are consistent with federal regulations.

As added by P.L.152-2001, SEC.3.

IC 12-15-2.3-13 Annual appropriation to provide services

Sec. 13. There is annually appropriated to the office of the secretary of family and social

services from the state general fund an amount sufficient to provide services to those individuals eligible for Medicaid under IC 12-15-2-13.5 and this chapter.
As added by P.L.16-2009, SEC.18.

IC 12-15-2.5 Chapter 2.5. Eligibility of Refugees, Lawful Permanent Residents, and Illegal Aliens for Medicaid Assistance

12-15-2.5-1 Refugees
12-15-2.5-2 Lawful permanent residents; exceptions
12-15-2.5-3 Illegal aliens
12-15-2.5-4 Child born in United States
12-15-2.5-4.5 Assistance to child or pregnant woman who is not lawful permanent resident
12-15-2.5-5 Violation of federal law

IC 12-15-2.5-1 Refugees

Sec. 1. A person who is classified as a refugee (as defined in 8 U.S.C. 1101) is eligible for all services under this article as if the person were classified as a citizen of the United States.

As added by P.L.46-1995, SEC.38.

IC 12-15-2.5-2 Lawful permanent residents; exceptions

Sec. 2. (a) Except as provided in subsection (b), a person who is a lawful permanent resident is eligible for Medicaid assistance under this article for a period of one (1) year.

(b) This subsection applies to the eligibility of an individual or the individual's dependent for Medicaid assistance and Medicaid waiver services. An individual who:

(1) is a legal Indiana resident;

(2) is an active member of the armed forces of the United States (as defined in IC 5-9-4-3) or the national guard;

(3) is assigned to a duty station outside Indiana or deployed; and

(4) except for meeting the state residency requirements, is otherwise eligible for Medicaid assistance or Medicaid waiver services under this article;

or the individual's dependent is eligible for Medicaid assistance or Medicaid waiver services under this article for one (1) year following the individual's discharge from service in the armed forces of the United States or the national guard or postdeployment in the armed forces of the United States or the national guard.

(c) The office shall allow an individual described in subsection (b) or a dependent of the individual to be placed on a Medicaid waiver waiting list if the individual or the individual's dependent does not reside in Indiana due to the individual's military assignment outside Indiana. When residency has been reestablished, the office shall resume:

(1) Medicaid assistance; and

(2) Medicaid waiver services, subject to the availability of a waiver slot under federal regulations;

for the individual or the individual's dependent if the individual or the individual's dependent is otherwise eligible under this section.

As added by P.L.46-1995, SEC.38. Amended by P.L.161-2007, SEC.36; P.L.116-2016, SEC.3.

IC 12-15-2.5-3 Illegal aliens

Sec. 3. A person who is in the United States without permission of the United States Citizenship and Immigration Services is not entitled to receive assistance under this article.

As added by P.L.46-1995, SEC.38. Amended by P.L.1-2007, SEC.121.

IC 12-15-2.5-4 Child born in United States

Sec. 4. A child who:

(1) is born in the United States to a person described in section 2 or 3 of this chapter; and

(2) otherwise meets the requirements for assistance under this article;

is eligible to receive Medicaid under this article.
As added by P.L.46-1995, SEC.38.

IC 12-15-2.5-4.5 Assistance to child or pregnant woman who is not lawful permanent resident

Sec. 4.5. (a) This section applies to the following individuals who are lawfully residing in the United States as set forth in 42 U.S.C. 1396b(v)(4):

(1) A pregnant individual during:

(A) the pregnancy; and

(B) the maximum amount of time allowable under federal law that does not exceed the twelve (12) month period beginning on the last day of the pregnancy.

(2) An individual who is less than twenty-one (21) years of age.

(b) An individual described in subsection (a) who:

(1) meets any other requirement under federal law; and

(2) is otherwise eligible for Medicaid under this article;

is entitled to receive assistance under this article without a waiting period as allowed under 42 U.S.C. 1396b(v).

(c) The office of the secretary shall apply for any Medicaid state plan amendment or waiver necessary to implement this section.
As added by P.L.213-2023, SEC.2.

IC 12-15-2.5-5 Violation of federal law

Sec. 5. Any provision of this chapter that violates a federal law or federal regulation is void.
As added by P.L.46-1995, SEC.38.

IC 12-15-3 Chapter 3. Ineligibility; Financial Limitations

12-15-3-0.5	Applicability of chapter
12-15-3-1	Expired
12-15-3-1.5	Eligibility of aged, blind, disabled; spouse assets
12-15-3-2	Expired
12-15-3-3	Expired
12-15-3-4	Repealed
12-15-3-5	Limitation on total cash value of money, stocks, bonds, and life insurance owned by applicants or recipients not described in IC 12-15-3-1
12-15-3-6	Purchase of qualified long term care insurance policy; computation under this chapter
12-15-3-7	Effect of certain applicants' assignment of life insurance benefits to state on applicants' Medicaid eligibility
12-15-3-8	529 Education savings plan

IC 12-15-3-0.5 Applicability of chapter

Sec. 0.5. This chapter does not apply to an individual participating in the Medicaid buy-in program beginning July 1, 2002, established under IC 12-15-41.

As added by P.L.287-2001, SEC.7.

IC 12-15-3-1 Expired

[Pre-1992 Revision Citation: 12-1-7-18.5(a).]

As added by P.L.2-1992, SEC.9. Amended by P.L.128-1999, SEC.21; P.L.246-2005, SEC.104; P.L.196-2011, SEC.3. Expired 12-31-2013 by P.L.278-2013, SEC.10.

IC 12-15-3-1.5 Eligibility of aged, blind, disabled; spouse assets

Sec. 1.5. (a) This section applies beginning the later of the following:

(1) The date that the office is informed that the United States Department of Health and Human Services has approved Indiana's conversion to 1634 status within the Medicaid program.

(2) January 1, 2014.

(b) The office shall determine eligibility for a Medicaid applicant or Medicaid recipient who is aged, blind, or disabled under IC 12-15-2-3.5.

(c) If an individual:

(1) resides in a nursing facility or another medical institution; and

(2) has a spouse who does not reside in a nursing facility or another medical institution;

the total cash value of money, stock, bonds, and life insurance that may be owned by the couple to be eligible for Medicaid is determined under IC 12-15-2-24.

As added by P.L.278-2013, SEC.11.

IC 12-15-3-2 Expired

[Pre-1992 Revision Citation: 12-1-7-18.5(b).]

As added by P.L.2-1992, SEC.9. Amended by P.L.128-1999, SEC.22; P.L.196-2011, SEC.4. Expired 12-31-2013 by P.L.278-2013, SEC.12.

IC 12-15-3-3 Expired

[Pre-1992 Revision Citation: 12-1-7-18.5(c).]

As added by P.L.2-1992, SEC.9. Amended by P.L.196-2011, SEC.5. Expired 12-31-2013 by P.L.278-2013, SEC.13.

IC 12-15-3-4 Repealed

[Pre-1992 Revision Citation: 12-1-7-18.5(d).]

As added by P.L.2-1992, SEC.9. Repealed by P.L.32-2021, SEC.30.

IC 12-15-3-5 Limitation on total cash value of money, stocks, bonds, and life insurance owned by applicants or recipients not described in IC 12-15-3-1

Sec. 5. Except as provided in section 7 of this chapter, the office may set the total cash value of money, stock, bonds, and life insurance that an applicant for or a recipient of Medicaid may own without being ineligible for Medicaid in cases not described in section 1 of this chapter (expired).

[Pre-1992 Revision Citation: 12-1-7-18.5(e).]

As added by P.L.2-1992, SEC.9. Amended by P.L.196-2011, SEC.6; P.L.9-2024, SEC.331.

IC 12-15-3-6 Purchase of qualified long term care insurance policy; computation under this chapter

Sec. 6. A computation under this chapter concerning an individual who purchases a qualified long term care insurance policy under IC 12-15-39.6 must take into consideration the asset disregard established under IC 12-15-39.6-10.

[Pre-1992 Revision Citation: 12-1-7-18.5(f).]

As added by P.L.2-1992, SEC.9. Amended by P.L.24-1997, SEC.47; P.L.1-2006, SEC.187.

IC 12-15-3-7 Effect of certain applicants' assignment of life insurance benefits to state on applicants' Medicaid eligibility

Sec. 7. (a) As used in this section, "value" includes the following:

(1) The face value of a life insurance policy.

(2) The cash value of a life insurance policy.

(b) The value of a life insurance policy that is in force and owned by an applicant or a recipient who is at least fifty-five (55) years of age or permanently institutionalized may not be considered as a resource in determining the applicant's or recipient's eligibility for Medicaid if the applicant or recipient:

(1) makes an irrevocable election to name the state as a beneficiary of the life insurance policy for an amount that is not greater than:

(A) Medicaid benefits provided to the recipient under IC 12-15-5 or IC 12-14-17; plus

(B) premiums or expenses paid by the office to the insurer that issued the life insurance policy; or

(2) collaterally assigned the life insurance policy to the state under a written agreement submitted to and recorded by the insurer that issued the life insurance policy.

(c) Any designation of the state as an irrevocable beneficiary or any collateral assignment in favor of the state is void if the application for Medicaid benefits is not approved.

As added by P.L.196-2011, SEC.7.

IC 12-15-3-8 529 Education savings plan

Sec. 8. Except as otherwise provided under federal law, the money in an account (as defined in IC 21-9-2-2) of an education savings program (as defined in IC 21-9-2-11) may not be considered as a resource or asset in determining an applicant's or recipient's eligibility for Medicaid.

As added by P.L.70-2017, SEC.3.

IC 12-15-4 Chapter 4. Application for Assistance

12-15-4-1	Applying for Medicaid; enrollment centers; duties of authorized workers; final determination; submitting application
12-15-4-1.5	Establishment of performance standards for hospitals concerning presumptive eligibility; requirements; standards; violations; notice; loss of qualification
12-15-4-2	TANF assistance recipients; necessity of making Medicaid application
12-15-4-2.5	Department of correction and sheriff as Medicaid authorized representative
12-15-4-3	Records of applicants' circumstances and other information
12-15-4-4	Grant of assistance; eligibility requirements
12-15-4-5	Outreach strategies

IC 12-15-4-1 Applying for Medicaid; enrollment centers; duties of authorized workers; final determination; submitting application

Sec. 1. (a) An application or a request for Medicaid for an individual must be made in the manner required by the office:

(1) at enrollment centers specified by the office; or

(2) through the United States mail, as described in subsection (h), if the individual has a developmental disability.

(b) Enrollment centers:

(1) shall be located at each county office; and

(2) may be located at other locations including the following:

(A) A hospital licensed under IC 16-21.

(B) The office of a provider who is eligible to receive payments under this article.

(C) A public or private elementary or secondary school.

(D) A day care center licensed under IC 12-17.2.

(E) The county health department.

(F) A federally qualified health center (as defined in 42 U.S.C. 1396d(l)(2)(B)).

(G) A rural health clinic (as defined in 42 U.S.C. 1396d(l)(1)).

(c) An entity described in subsection (b) other than the county office must enter into an agreement with the office for authorization to serve as an enrollment center where individuals may apply for Medicaid.

(d) One (1) or more authorized workers at each enrollment center may:

(1) accept applications for Medicaid;

(2) conduct interviews with applicants; and

(3) accept applications for services under a Medicaid waiver by an individual who has a developmental disability;

during hours and days of the week agreed upon by the office and the enrollment center.

(e) The office shall provide each enrollment center with the materials and training needed by the enrollment center to comply with this section.

(f) An enrollment center shall provide:

(1) each application taken by the enrollment center; and

(2) any accompanying materials;

to the county office located in the same county as the enrollment center at least one (1) time each week by any reasonable means. Except as provided in subsection (g), the county office staff shall make the final determination of an applicant's eligibility for Medicaid.

(g) The office shall make the final determination of eligibility of an individual who has a developmental disability to receive services under a Medicaid waiver.

(h) An individual who has a developmental disability may submit to the office through the United States mail an application to receive services under a Medicaid waiver.

(i) The office shall make available:

(1) on the Internet;

(2) at an enrollment center; and

(3) through the United States mail;

an application form for an individual who has a developmental disability to receive services under a Medicaid waiver.

[Pre-1992 Revision Citation: 12-1-7-19 part.]

As added by P.L.2-1992, SEC.9. Amended by P.L.4-1993, SEC.113; P.L.5-1993, SEC.126; P.L.58-1998, SEC.9; P.L.184-2003, SEC.6.

IC 12-15-4-1.5 Establishment of performance standards for hospitals concerning presumptive eligibility; requirements; standards; violations; notice; loss of qualification

Sec. 1.5. (a) The office of the secretary shall establish the following:

(1) Performance standards for hospitals to use in making presumptive eligibility determinations.

(2) An appeals process for a hospital that disputes a determination that a presumptive eligibility standard was violated.

The office of the secretary shall limit presumptive eligibility determination to qualified hospitals.

(b) A hospital shall do the following when making a presumptive eligibility determination:

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

(2) Assist individuals whom the hospital determines are presumptively eligible with completing and submitting a full Medicaid application.

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

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

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

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

(1) Determine whether each presumptive eligibility determination received from the hospital complied with the time requirement set forth in subsection (b)(1).

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

(3) Determine whether each applicant who was determined by the hospital to be presumptively eligible was determined to be eligible for Medicaid after the full application was received.

(d) Each single violation by a hospital of any of the performance standards under subsection (c) counts as one (1) violation for the presumptive eligibility determination. Each subsequent violation of a performance standard is an additional violation for purposes of this section.

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

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

(2) Notice that a second finding on noncompliance with a standard will result in a requirement that the hospital's applicable staff participate in mandatory training on hospital presumptive eligibility rules and standards that is performed by the office of

the secretary.

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

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

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

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

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

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

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

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

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

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

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

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

As added by P.L.126-2025, SEC.7.

IC 12-15-4-2 TANF assistance recipients; necessity of making Medicaid application

Sec. 2. An individual who is receiving monthly assistance payments in the TANF category is not required to make an application for Medicaid.

[Pre-1992 Revision Citation: 12-1-7-19 part.]

As added by P.L.2-1992, SEC.9. Amended by P.L.161-2007, SEC.37.

IC 12-15-4-2.5 Department of correction and sheriff as Medicaid authorized representative

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.
As added by P.L.185-2015, SEC.11.

IC 12-15-4-3 Records of applicants' circumstances and other information

Sec. 3. Whenever the county office receives an application or a request for Medicaid, a record shall promptly be made of the following:

(1) The circumstances of the applicant to ascertain the facts supporting the application or request made under the terms of the Medicaid program.
(2) Other information required by the office.

[Pre-1992 Revision Citation: 12-1-7-20.]

As added by P.L.2-1992, SEC.9. Amended by P.L.4-1993, SEC.114; P.L.5-1993, SEC.127.

IC 12-15-4-4 Grant of assistance; eligibility requirements

Sec. 4. Medicaid shall be granted to an applicant who is eligible for assistance under IC 12-15-2 and who meets the following requirements:

(1) Has made an application or a request for Medicaid in the manner required by the office or for whom an application or a request has been made.
(2) Is a resident of Indiana, including a resident temporarily absent from Indiana, and minor children who are under the care, supervision, and control of a parent or other relative who is a resident of Indiana.
(3) Has not made a transfer of property for the purpose of making the applicant eligible for Medicaid.
(4) Does not have a spouse having sufficient income to furnish medical assistance, or a parent having sufficient income to furnish medical assistance if the applicant is a child who is blind or has a disability and who is less than eighteen (18) years of age.

[Pre-1992 Revision Citation: 12-1-7-18.]

As added by P.L.2-1992, SEC.9. Amended by P.L.67-2000, SEC.2; P.L.99-2007, SEC.95.

IC 12-15-4-5 Outreach strategies

Sec. 5. The office shall implement outreach strategies that build on community resources.
As added by P.L.273-1999, SEC.173.

IC 12-15-5 Chapter 5. Services Provided

12-15-5-1	Services and supplies provided; exceptions
12-15-5-2	Necessity of federal financial participation
12-15-5-3	Repealed
12-15-5-5	Office may provide drug coverage; requirements for drug coverage in managed care
12-15-5-6	Repealed
12-15-5-7	Reimbursement for doula services; rules
12-15-5-8	Maintenance drugs; prescriptions; Internet based pharmacies
12-15-5-9	Provision of self-directed care options
12-15-5-9.2	Coverage for care related to cancer clinical trials
12-15-5-10	Care available for individuals receiving Medicaid waiver services; eligibility not affected by receipt of services
12-15-5-11	"Telehealth services"; reimbursement; prohibition on distance restrictions and location requirements; waiver of confidentiality; community mental health centers; rules
12-15-5-12	"Child"; reimbursement for specialized or nonstandard wheelchairs; prior authorization
12-15-5-13	Coverage for treatment of opioid or alcohol dependence; office requirements; report use of medications to committee
12-15-5-13.5	Expired
12-15-5-14	Reimbursement for services provided by advanced practice registered nurse; eligible provider
12-15-5-14.5	Eligible providers for supervising treatment plan
12-15-5-15	Reimbursement for students; conditions; policies
12-15-5-16	Reimbursement for clinical addiction counselors; clinical supervision requirement
12-15-5-17	Expired
12-15-5-17.5	Report on implementation of risk based managed care program; request for proposal; budget committee review
12-15-5-18	Emergency medical service provider agencies; reimbursement; federal approval
12-15-5-18.2	Mobile integrated healthcare program; authority to apply for a waiver and for federal funding
12-15-5-18.5	Reimbursement for emergency medical services
12-15-5-18.7	Reimbursement for emergency medical services provider organizations; waiver or state plan amendment
12-15-5-19	Medicaid rehabilitation option service; review; determination on services; report; notification; contract with community mental health center
12-15-5-20	"Intensive outpatient treatment program"
12-15-5-21	Community mental health centers; governmental units
12-15-5-21.5	Biomarker testing; federal approval; report

IC 12-15-5-1 Services and supplies provided; exceptions

Sec. 1. (a) 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.
(20) Services provided under IC 12-15-34 and IC 12-15-32.
(21) Case management services provided to individuals described in IC 12-15-2-13.
(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).
(24) Inpatient substance abuse detoxification services.
(25) Chronic pain management.
(26) Donated breast milk that meets requirements developed by the office of Medicaid policy and planning.

(b) The office shall do the following:
(1) Apply to the United States Department of Health and Human Services for any state plan amendment or waiver necessary to implement the services or supplies described in subsection (a)(26).
(2) Develop requirements for donated breast milk as described in subsection (a)(26).
(3) As soon as practicable, but not later than January 1, 2023, the office shall:
(A) seek any necessary approval from the United States Department of Health and Human Services; and
(B) adopt any written policies, procedures, or regulations determined necessary;
to provide reimbursement for long-acting reversible contraception. This subdivision expires June 30, 2023.

[Pre-1992 Revision Citation: 12-1-7-14.6 part.]

As added by P.L.2-1992, SEC.9. Amended by P.L.24-1997, SEC.48; P.L.149-2001, SEC.1; P.L.274-2013, SEC.1; P.L.154-2015, SEC.2; P.L.210-2015, SEC.47; P.L.149-2019, SEC.4; P.L.117-2022, SEC.3; P.L.180-2022(ss), SEC.15.

IC 12-15-5-2 Necessity of federal financial participation

Sec. 2. Medicaid does not include a service or supply for which federal financial participation is not available.

[Pre-1992 Revision Citation: 12-1-7-14.6 part.]

As added by P.L.2-1992, SEC.9.

IC 12-15-5-3 Repealed

As added by P.L.46-1995, SEC.39. Repealed by P.L.161-2007, SEC.40.

IC 12-15-5-5 Office may provide drug coverage; requirements for drug coverage in managed care

Sec. 5. (a) The office may provide a prescription drug benefit to a Medicaid recipient in a Medicaid risk based managed care program.

(b) If the office provides a prescription drug benefit to a Medicaid recipient in a Medicaid risk based managed care program:

(1) the office shall develop a procedure and provide the recipient's risk based managed care provider with information concerning the recipient's prescription drug utilization for the risk based managed care provider's case management program; and

(2) the provisions of IC 12-15-35.5 apply.

(c) If the office does not provide a prescription drug benefit to a Medicaid recipient in a Medicaid risk based managed care program, a managed care organization shall provide coverage and reimbursement for outpatient single source legend drugs subject to IC 12-15-35-46, IC 12-15-35-47, and IC 12-15-35.5.

As added by P.L.231-1999, SEC.1. Amended by P.L.101-2005, SEC.1; P.L.152-2017, SEC.5.

IC 12-15-5-6 Repealed

As added by P.L.107-2002, SEC.10. Repealed by P.L.229-2011, SEC.272.

IC 12-15-5-7 Reimbursement for doula services; rules

Sec. 7. (a) Pregnancy services provided under this article may include reimbursement for doula services.

(b) The office may apply for any state plan amendment or waiver necessary to implement this section.

(c) The office may adopt rules under IC 4-22-2 to implement this section.

As added by P.L.35-2019, SEC.1.

IC 12-15-5-8 Maintenance drugs; prescriptions; Internet based pharmacies

Sec. 8. (a) As used in this section, "maintenance drug" means a medication that is dispensed under a single prescription for a period of not less than one hundred eighty (180) days, excluding authorized refills, for the ongoing treatment of a chronic medical condition or disease or congenital condition or disorder.

(b) The office may designate:

(1) a mail order pharmacy;

(2) an Internet based pharmacy (as defined in IC 25-26-18-1);

(3) a pharmacy that agrees to sell a maintenance drug at the same price as a mail order or an Internet based pharmacy; or

(4) all the pharmacies listed in subdivisions (1) through (3);

through which a recipient may obtain a maintenance drug.

(c) If the office makes a designation under subsection (b), a managed care organization that has a contract with the office under IC 12-15-12 is not required to use a pharmacy that is designated under subsection (b).

(d) If a Medicaid recipient's physician prescribes a maintenance prescription drug, the Medicaid recipient may purchase the maintenance prescription drug from a pharmacy that is designated under subsection (b).

(e) The office shall apply to amend the state Medicaid plan if the office determines that an amendment is necessary to carry out this section.

(f) The office may require a recipient to pay the maximum copayment allowable under federal law if the recipient obtains a maintenance drug from a pharmacy other than a pharmacy described in subsection (b).

As added by P.L.246-2005, SEC.105.

IC 12-15-5-9 Provision of self-directed care options

Sec. 9. The office shall have self-directed care options and services available for an eligible individual who:

(1) is a Medicaid waiver recipient; and

(2) chooses self-directed care services.

As added by P.L.47-2009, SEC.3.

IC 12-15-5-9.2 Coverage for care related to cancer clinical trials

Sec. 9.2. (a) As used in this section, "care method" means the use of a particular drug or device in a particular manner.

(b) As used in this section, "clinical trial" means a Phase I, II, III, or IV research study:

(1) that is conducted:

(A) using a particular care method to prevent, diagnose, or treat a cancer for which:

(i) there is no clearly superior, noninvestigational alternative care method; and

(ii) available clinical or preclinical data provides a reasonable basis from which to believe that the care method used in the research study is at least as effective as any noninvestigational alternative care method;

(B) in a facility where personnel providing the care method to be followed in the research study have:

(i) received training in providing the care method;

(ii) expertise in providing the type of care required for the research study; and

(iii) experience providing the type of care required for the research study to a sufficient volume of patients to maintain expertise; and

(C) to scientifically determine the best care method to prevent, diagnose, or treat the cancer; and

(2) that is approved or funded by one (1) of the following:

(A) A National Institutes of Health institute.

(B) A cooperative group of research facilities that has an established peer review program that is approved by a National Institutes of Health institute or center.

(C) The federal Food and Drug Administration.

(D) The United States Department of Veterans Affairs.

(E) The United States Department of Defense.

(F) The institutional review board of an institution located in Indiana that has a multiple project assurance contract approved by the National Institutes of Health Office for Protection from Research Risks as provided in 45 CFR 46.103.

(G) A research entity that meets eligibility criteria for a support grant from a National Institutes of Health center.

(c) As used in this section, "routine care cost" means the cost of medically necessary services related to the care method that is under evaluation in a clinical trial. The term does not include the following:

(1) The drug or device that is under evaluation in a clinical trial.

(2) Items or services that are:

(A) provided solely for data collection and analysis and not in the direct clinical management of an individual enrolled in a clinical trial;

(B) customarily provided at no cost by a research sponsor to an individual enrolled in a clinical trial; or

(C) provided solely to determine eligibility of an individual for participation in a clinical trial.

(d) The Medicaid program must provide coverage for routine care costs that are incurred in the course of a clinical trial if the Medicaid program would provide coverage for the same routine care costs not incurred in a clinical trial.

(e) The coverage that must be provided under this section is subject to the terms, conditions, restrictions, exclusions, and limitations that apply generally under the Medicaid program, including terms, conditions, restrictions, exclusions, or limitations that apply to health care services rendered by participating providers and nonparticipating providers.

(f) This section does not do any of the following:

(1) Require the Medicaid program to provide coverage for clinical trial services rendered by a participating provider.

(2) Prohibit the Medicaid program from providing coverage for clinical trial services rendered by a participating provider.

(3) Require reimbursement for services that are rendered in a clinical trial by a nonparticipating provider at the same rate of reimbursement that would apply to the same services rendered by a participating provider.

As added by P.L.109-2009, SEC.2.

IC 12-15-5-10 Care available for individuals receiving Medicaid waiver services; eligibility not affected by receipt of services

Sec. 10. (a) An individual who receives Medicaid services through a Medicaid waiver shall receive the following:

(1) The development of a care plan addressing the individual's needs.

(2) Advocacy on behalf of the individual's interests.

(3) The monitoring of the quality of community and home care services provided to the individual.

(4) Information and referral services concerning community and home care services if the individual is eligible for these services.

(b) The use by or on behalf of an individual receiving Medicaid waiver services of any of the following services or devices does not make the individual ineligible for services under a Medicaid waiver:

(1) Skilled nursing assistance.

(2) Supervised community and home care services, including skilled nursing supervision.

(3) Adaptive medical equipment and devices.

(4) Adaptive nonmedical equipment and devices.

As added by P.L.47-2009, SEC.4.

IC 12-15-5-11 "Telehealth services"; reimbursement; prohibition on distance restrictions and location requirements; waiver of confidentiality; community mental health centers; rules

Sec. 11. (a) As used in this section, "telehealth services" has the meaning set forth for "telehealth" in IC 25-1-9.5-6.

(b) The office shall reimburse the following Medicaid providers for medically necessary telehealth services:

(1) A federally qualified health center (as defined in 42 U.S.C. 1396d(l)(2)(B)).

(2) A rural health clinic (as defined in 42 U.S.C. 1396d(l)(1)).

(3) A community mental health center certified under IC 12-21-2-3(5)(C).

(4) A critical access hospital that meets the criteria under 42 CFR 485.601 et seq.

(5) A home health agency licensed under IC 16-27-1.

(6) A provider, as determined by the office to be eligible, providing a covered telehealth service.

(c) The office may not impose any distance restrictions on providers of telehealth services.

(d) Subject to federal law, the office may not impose any location requirements concerning the originating site or distant site in which a telehealth service is provided to a Medicaid recipient.

(e) A Medicaid recipient waives confidentiality of any medical information discussed with the health care provider that is:

(1) provided during a telehealth visit; and

(2) heard by another individual in the vicinity of the Medicaid recipient during a health care service or consultation.

(f) For purposes of a community mental health center, telehealth services satisfy any face to face meeting requirement between a clinician and consumer.

(g) The office shall implement any part of this section that is approved by the United States Department of Health and Human Services.

(h) The office may adopt rules under IC 4-22-2 necessary to implement and administer this section.

As added by P.L.204-2013, SEC.3. Amended by P.L.150-2017, SEC.1; P.L.85-2021, SEC.3; P.L.207-2021, SEC.8; P.L.109-2022, SEC.2.

IC 12-15-5-12 "Child"; reimbursement for specialized or nonstandard wheelchairs; prior authorization

Sec. 12. (a) As used in this section, "child" includes any of the following:

(1) An individual who is less than eighteen (18) years of age.

(2) An individual who is at least eighteen (18) years of age and either:

(A) continues to be enrolled in a kindergarten through grade 12 school; or

(B) has a developmental disability.

(b) The office shall reimburse a nursing facility for a specialized or nonstandard wheelchair for a child recipient who resides in a nursing facility at a rate outside the nursing facility's per diem payment for nursing facility services, regardless of whether the child recipient is determined by the office to be rehabilitative.

(c) The office may require prior authorization for reimbursement under this section.

As added by P.L.108-2014, SEC.1.

IC 12-15-5-13 Coverage for treatment of opioid or alcohol dependence; office requirements; report use of medications to committee

Sec. 13. (a) The office shall provide coverage for treatment of opioid or alcohol dependence that includes the following:

(1) Counseling services that address the psychological and behavioral aspects of addiction.

(2) When medically indicated, drug treatment involving agents approved by the federal Food and Drug Administration for the:

(A) treatment of opioid or alcohol dependence; or

(B) prevention of relapse to opioids or alcohol after detoxification.

(3) When determined by the treatment plan to be medically necessary, inpatient detoxification in accordance with the most current edition of the American Society of Addiction Medicine Patient Placement Criteria.

(b) The office shall:

(1) develop quality measures to ensure; and

(2) require a managed care organization to report;

compliance with the coverage required under subsection (a).

(c) The office may implement quality capitation withholding of reimbursement to ensure that a managed care organization has provided the coverage required under subsection (a).

(d) The office shall report the clinical use of the medications covered under this section to the mental health Medicaid quality advisory committee established by IC 12-15-35-51. The mental health Medicaid quality advisory committee may make recommendations to the office concerning this section.

As added by P.L.209-2015, SEC.11. Amended by P.L.8-2016, SEC.1; P.L.152-2017, SEC.6; P.L.179-2019, SEC.1.

IC 12-15-5-13.5 Expired

As added by P.L.205-2023, SEC.4. Amended by P.L.147-2024, SEC.1. Expired 6-30-2025 by P.L.147-2024, SEC.1.

IC 12-15-5-14 Reimbursement for services provided by advanced practice registered nurse; eligible provider

Sec. 14. (a) As used in this section, "advanced practice registered nurse" means:

(1) a nurse practitioner; or

(2) a clinical nurse specialist;

who is a registered nurse licensed under IC 25-23 and qualified to practice nursing in a specialty role based upon the additional knowledge and skill gained through a formal organized program of study and clinical experience, or the equivalent as determined by the Indiana state board of nursing.

(b) As used in this section, "office" includes the following:

(1) The office of the secretary of family and social services.

(2) A managed care organization that has contracted with the office of Medicaid policy and planning under this article.

(3) A person that has contracted with a managed care organization described in subdivision (2).

(c) The office shall reimburse eligible Medicaid claims for the following services provided by an advanced practice registered nurse employed by a community mental health center if the services are part of the advanced practice registered nurse's scope of practice:

(1) Mental health services.

(2) Behavioral health services.

(3) Substance abuse treatment.

(4) Primary care services.

(5) Evaluation and management services for inpatient or outpatient psychiatric treatment.

(6) Prescription drugs.

(d) The office shall include an advanced practice registered nurse as an eligible provider for the supervision of a plan of treatment for a patient's outpatient mental health or substance abuse treatment services, if the supervision is in the advanced practice registered nurse's scope of practice, education, and training.

(e) This section:

(1) may not be construed to expand an advanced practice registered nurse's scope of practice; and

(2) is subject to IC 25-23-1-19.4(c) and applies only if the service is included in the advanced practice registered nurse's practice agreement with a collaborating physician.

As added by P.L.87-2016, SEC.4. Amended by P.L.85-2017, SEC.58; P.L.129-2018, SEC.5.

IC 12-15-5-14.5 Eligible providers for supervising treatment plan

Sec. 14.5. (a) The office shall include a:

(1) licensed clinical social worker;

(2) licensed mental health counselor;

(3) licensed clinical addiction counselor; and

(4) licensed marriage and family therapist;

as eligible providers for the supervision of a plan of treatment for a patient's outpatient mental health or substance abuse treatment services, if the individual holds at least a master's degree and the supervision is in the scope of practice, education, and training of the clinical social worker, mental health counselor, clinical addiction counselor, or marriage and family therapist.

(b) Before July 1, 2020, the office shall apply to the United States Department of Health and Human Services to amend the state Medicaid plan to implement subsection (a).

As added by P.L.128-2019, SEC.1. Amended by P.L.103-2020, SEC.1.

IC 12-15-5-15 Reimbursement for students; conditions; policies

Sec. 15. (a) This section is effective upon approval by the federal government of the office's Medicaid state plan amendment to implement the requirements of this section. The office shall submit the Medicaid state plan amendment not later than December 1, 2016.

(b) As used in this section, "office" includes the following:

(1) The office of the secretary of family and social services.

(2) A managed care organization that has contracted with the office of Medicaid policy and planning under this article.

(3) A person that has contracted with a managed care organization described in subdivision (2).

(c) The office shall authorize Medicaid reimbursement for eligible Medicaid services provided by a student if:

(1) the student is currently enrolled in a graduate or postgraduate degree level:

(A) medical;

(B) nursing;

(C) mental health;

(D) behavioral health; or

(E) addiction treatment;

accredited college or university program;

(2) the student has been approved by the college or university to work as an intern or practicum student at a community mental health center under the direct supervision of a licensed professional who holds a master's degree or doctoral level degree related to the area of study; and

(3) the services being provided by the student are within the scope of practice of the supervising practitioner.

(d) Medicaid claims for eligible Medicaid services provided under this section must be submitted by the supervising practitioner. Only one (1) Medicaid claim may be submitted per episode of care.

(e) A community mental health center that allows intern and practicum students to provide services under this section shall have a policy and procedure for the intern and practicum students to receive supervision and a method for documenting the supervision provided.

As added by P.L.87-2016, SEC.5. Amended by P.L.85-2017, SEC.59.

IC 12-15-5-16 Reimbursement for clinical addiction counselors; clinical supervision requirement

Sec. 16. (a) This section is effective upon approval by the federal government of the office's Medicaid state plan amendment to implement the requirements of this section. The office shall submit the Medicaid state plan amendment not later than December 1, 2016.

(b) As used in this section, "office" includes the following:

(1) The office of the secretary of family and social services.

(2) A managed care organization that has contracted with the office of Medicaid policy and planning under this article.

(3) A person that has contracted with a managed care organization described in subdivision (2).

(c) The office shall reimburse a clinical addiction counselor licensed under IC 25-23.6 for an eligible Medicaid behavioral health or addictions service that is within the counselor's scope of practice if the clinical addiction counselor is under the clinical supervision of a physician or health service provider in psychology.

As added by P.L.87-2016, SEC.6.

IC 12-15-5-17 Expired

As added by P.L.224-2017, SEC.3. Amended by P.L.108-2019, SEC.194; P.L.103-2020, SEC.2. Expired 6-30-2021 by P.L.103-2020, SEC.2.

IC 12-15-5-17.5 Report on implementation of risk based managed care program; request for proposal; budget committee review

Sec. 17.5. (a) The office shall report on its progress on the development of a risk based managed care program or capitated managed care program for Medicaid recipients who are eligible to participate in the Medicare program (42 U.S.C. 1395 et seq.) and receive nursing

facility services to the interim study committee on public health, behavioral health, and human services before November 1, 2021.

(b) Not later than February 1, 2022, the office shall report the following information and analysis to the legislative council and budget committee (in an electronic format under IC 5-14-6) regarding the implementation of a risk based managed care program or capitated managed care program for Medicaid recipients who are eligible to participate in the Medicare program (42 U.S.C. 1395 et seq.) and receive nursing facility services, as follows:

(1) The projected utilization of home and community based services and institutional services for the four (4) years following implementation, and including, but not limited to, information on:

(A) provider network adequacy;

(B) family caregiver programming; and

(C) costs and funding sources associated with creating and maintaining adequate provider networks and family caregiving programming.

(2) How administrative processes, including service approval and billing processes, between managed care entities and providers of services will be addressed or streamlined in a risk based managed care program or capitated managed care program, with specific discussion of uniform provider credentialing, the potential of a single claims processing portal, and prior authorization processes.

(3) Projected total spending for a risk based managed care program or capitated managed care program for the four (4) years following implementation. Such information shall include the identification of and impact on each source of state matching funds and overall impact on the state general fund.

(4) The expected financial impacts of a risk based managed care program or capitated managed care program on the available amounts and use of the nursing facility quality assessment fee and supplemental payments to nursing facilities that are owned and operated by a governmental entity. Such information shall include an analysis on whether either of these funding streams will be diverted for uses other than the uses prior to implementation of a risk based managed care program or capitated managed care program and the effects on access to acute and post-acute care services due to the expected financial impacts.

(c) A request for proposal for the procurement of a Medicaid program to enroll a Medicaid recipient who is eligible to participate in the Medicare program (42 U.S.C. 1395 et seq.) and receives nursing facility services in a risk based managed care program or capitated managed care program may not be issued until the request for proposal has been reviewed by the budget committee.

(d) After the review of a request for proposal by the budget committee under subsection (c), the office may not enter into a final contract that would implement a program described in subsection (c) before January 31, 2023.

As added by P.L.165-2021, SEC.138. Amended by P.L.138-2022, SEC.18.

IC 12-15-5-18 Emergency medical service provider agencies; reimbursement; federal approval

Sec. 18. (a) This section applies to an emergency medical services provider agency that meets the following requirements:

(1) Is requesting reimbursement for services provided as part of a mobile integrated healthcare program that has been approved by the emergency medical services commission under IC 16-31-12.

(2) Is a Medicaid provider.

(b) The office of the secretary may reimburse an emergency medical services provider agency that is a Medicaid provider under this article for Medicaid covered services provided to a Medicaid recipient.

(c) The office of the secretary may apply to the United States Department of Health and

Human Services for any amendment to the state Medicaid plan or for any Medicaid waiver necessary to implement this section.
As added by P.L.100-2019, SEC.1.

IC 12-15-5-18.2 Mobile integrated healthcare program; authority to apply for a waiver and for federal funding

Sec. 18.2. The office of the secretary may apply to the United States Department of Health and Human Services for the following concerning the mobile integrated healthcare program:

(1) A waiver to implement the program.

(2) Federal funding through Section 9813 of the American Rescue Plan Act of 2021 (P.L. 117-2) for the programs set forth in IC 16-31-12.

However, if federal funding ceases to be available, then no additional state funding for the mobile integrated healthcare program shall be allocated to the program after that date.
As added by P.L.165-2021, SEC.139.

IC 12-15-5-18.5 Reimbursement for emergency medical services

Sec. 18.5. (a) This section applies to an emergency medical services provider organization that meets the following requirements:

(1) Is certified by the Indiana emergency medical services commission as an advanced life support provider organization under rules adopted under IC 16-31-3.

(2) Is a Medicaid provider.

(b) The office of the secretary shall provide reimbursement for Medicaid covered services provided to a Medicaid recipient that are:

(1) rendered by an emergency medical services provider organization that is a Medicaid provider;

(2) within the emergency medical services provider organization's scope of practice;

(3) performed or provided as advanced life support services; and

(4) performed or provided during a response initiated through the 911 system, regardless of whether the patient is transported.

(c) If multiple emergency medical services provider organizations qualify and submit a claim for reimbursement under this section, the office of the secretary:

(1) may reimburse under this section only for one (1) claim per patient encounter; and

(2) shall reimburse the claim submitted by the emergency medical services provider organization that performed or provided the majority of advanced life support services.

(d) The office of the secretary may apply to the United States Department of Health and Human Services for any amendment to the state Medicaid plan or for any Medicaid waiver necessary to implement this section.
As added by P.L.115-2020, SEC.3.

IC 12-15-5-18.7 Reimbursement for emergency medical services provider organizations; waiver or state plan amendment

Sec. 18.7. (a) This section applies to an emergency medical services provider organization that meets the following requirements:

(1) Is certified by the Indiana emergency medical services commission to provide emergency medical services.

(2) Is a Medicaid provider.

(b) Beginning July 1, 2023, the office of the secretary shall reimburse an emergency medical services provider organization for Medicaid covered services to a Medicaid recipient, including:

(1) advanced life support services;

(2) basic life support services; and

(3) nonemergency medical transportation services;

that are within the emergency medical services provider organization's scope of practice at a rate that is comparable to the federal Medicare reimbursement rate for the service provided by the emergency medical services provider organization. However, the reimbursement rate specified in this subsection may not be implemented by the office of the secretary before July 1, 2023.

(c) Before September 1, 2022, the office of the secretary shall apply to the United States Department of Health and Human Services for any state plan amendment or waiver necessary to implement this section and IC 12-15-12-18.5.

As added by P.L.142-2022, SEC.1.

IC 12-15-5-19 Medicaid rehabilitation option service; review; determination on services; report; notification; contract with community mental health center

Sec. 19. (a) Not later than one (1) year from the date the office receives approval for the state plan amendment described in IC 12-15-1.3-21 concerning Medicaid rehabilitation option services, the office shall do the following:

(1) Review the current services included in the Medicaid rehabilitation option services program in the school setting.

(2) Determine whether additional appropriate services, including:

(A) family engagement services; and

(B) additional comprehensive behavioral health services, including addiction services;

should be included as part of the program.

(3) Report the office's findings under this subsection to the general assembly in an electronic format under IC 5-14-6.

(b) Not later than three (3) months from the date the office receives approval for the state plan amendment described in IC 12-15-1.3-21 concerning Medicaid rehabilitation option services, the office shall notify each school corporation that the United States Department of Health and Human Services has approved the state plan amendment applied for under IC 12-15-1.3-21.

(c) Each school corporation shall, not later than one (1) year from the date the office receives approval for the state plan amendment described in IC 12-15-1.3-21 concerning Medicaid rehabilitation option services, contract with a community mental health center to provide Medicaid rehabilitation option services for:

(1) a student of the school corporation who is a Medicaid recipient; and

(2) the student's family.

As added by P.L.246-2019, SEC.3.

IC 12-15-5-20 "Intensive outpatient treatment program"

Sec. 20. (a) As used in this section, "intensive outpatient treatment program" means an organized treatment program that uses behavioral health professionals and clinicians in a group setting to provide multiple treatment service components for rehabilitation of alcohol and other substance use or dependency. The term includes services determined by the office and approved in the Medicaid state plan.

(b) If the office requires a supervisor for addiction based intensive outpatient treatment under this article, the following supervisors who either have at least two (2) years of experience in addiction treatment or hold an addiction credential, as determined by the division, are eligible supervisors:

(1) Licensed clinical social workers.

(2) Licensed mental health counselors.

(3) Licensed marriage and family therapists.

(4) Licensed clinical addiction counselors.

(c) The office may not require a direct service provider in an intensive outpatient

treatment program to be a licensed addiction counselor or a licensed clinical addiction counselor. However, the direct service provider must, under the supervision of a clinician described in subsection (b), either:

(1) hold an addiction credential, as determined by the division; or

(2) have training and experience in addiction treatment, as determined by the division.

As added by P.L.127-2020, SEC.1.

IC 12-15-5-21 Community mental health centers; governmental units

Sec. 21. For purposes of required nonfederal share medical assistance payments under Title XIX of the Social Security Act, a community mental health center is defined as a governmental unit.

As added by P.L.127-2020, SEC.2.

IC 12-15-5-21.5 Biomarker testing; federal approval; report

Sec. 21.5. (a) As used in this section, "biomarker" means a characteristic that is objectively measured and evaluated as an indicator of:

(1) normal biological processes;

(2) pathogenic processes; or

(3) pharmacologic responses to a specific therapeutic intervention, including known gene-drug interactions for medications being considered for use or already being administered.

The term includes gene mutations, characteristics of genes, and protein expression.

(b) As used in this section, "biomarker testing" means the analysis of a patient's tissue, blood, or other biospecimen for the presence of a biomarker. The term includes:

(1) single-analyte tests;

(2) multiplex panel tests;

(3) protein expression; and

(4) whole exome, whole genome, and whole transcriptome sequencing.

(c) As used in this section, "consensus statement" means a statement that is:

(1) issued by an independent, multidisciplinary panel of experts that:

(A) uses a transparent methodology and reporting structure; and

(B) has a conflict of interest policy;

(2) aimed at specific clinical circumstances;

(3) based on the best available evidence; and

(4) developed for the purpose of optimizing the outcomes of clinical care.

(d) As used in this section, "nationally recognized clinical practice guidelines" means evidence based clinical practice guidelines that:

(1) are developed by an independent organization or medical professional society that:

(A) uses a transparent methodology and reporting structure; and

(B) has a conflict of interest policy;

(2) establish standards of care informed by:

(A) a systematic review of evidence; and

(B) an assessment of the benefits and risks of alternative care options; and

(3) include recommendations intended to optimize patient care.

(e) The office shall provide, as a Medicaid program service, biomarker testing for the purposes of diagnosis, treatment, appropriate management, or ongoing monitoring of an enrollee's disease or condition when biomarker testing is supported by medical and scientific evidence, including:

(1) labeled indications for a test approved or cleared by the United States Food and Drug Administration;

(2) indicated tests for a drug approved by the United States Food and Drug Administration;

(3) a warning or precaution on the label of a drug approved by the United States Food

and Drug Administration;

(4) a national coverage determination of the Centers for Medicare and Medicaid Services (CMS);

(5) a local coverage determination of a Medicare administrative contractor; or

(6) nationally recognized clinical practice guidelines or consensus statements.

The service required by this section must be provided in a manner that limits disruptions in care, including the need for multiple biopsies or biospecimen samples.

(f) Nothing in this section shall be construed to require coverage of biomarker testing for screening purposes.

(g) The office shall apply to the United States Department of Health and Human Services for approval of any waiver necessary under the federal Medicaid program for the purpose of providing biomarker testing. The office may not implement a waiver under this section until the office files an affidavit with the governor attesting that the federal waiver applied for under this section is in effect. The office shall file the affidavit under this subsection not later than five (5) days after the office is notified that the waiver is approved.

(h) If the office receives a waiver under this section from the United States Department of Health and Human Services and the governor receives the affidavit filed under subsection (g), the office shall implement the waiver not more than sixty (60) days after the governor receives the affidavit.

(i) Before November 1, 2025, and before November 1 of each year thereafter, the office of the secretary shall report to the budget committee on the Medicaid reimbursement rates provided for biomarker testing. The report shall include the following statewide aggregate information for the state fiscal year 2023 and the state fiscal year most recently ended:

(1) The total number of patients who received biomarker testing.

(2) The total number of patients who received biomarker testing for each biomarker test type.

(3) The total amount of state funding expended for biomarker testing.

(4) The ten (10) most common conditions or treatments for which biomarker testing was ordered.

(5) As a result of the biomarker testing, how many patients:

(A) were placed on particular therapies;

(B) avoided certain treatments; and

(C) were subject to any other treatment impacts.

(6) Any other information requested by the budget committee.

Each provider that receives state Medicaid funding under this section shall provide the information described in subdivisions (1) through (6) to the office of the secretary not later than August 1 of each year.

As added by P.L.37-2024, SEC.1.

IC 12-15-6 Chapter 6. Individual Contributions

12-15-6-1 Enrollment fees, premiums, or other charges as condition of eligibility
12-15-6-2 Repealed
12-15-6-3 Repealed
12-15-6-4 Repealed
12-15-6-5 Repealed
12-15-6-6 Repealed
12-15-6-7 Repealed

IC 12-15-6-1 Enrollment fees, premiums, or other charges as condition of eligibility

Sec. 1. Except as provided in IC 12-15-41, IC 12-15-44.5, and IC 12-17.6, an enrollment fee, a premium, a copayment, or a similar charge may not be imposed as a condition of an individual's eligibility for Medicaid.

[Pre-1992 Revision Citation: 12-1-7-16(c) part.]

As added by P.L.2-1992, SEC.9. Amended by P.L.287-2001, SEC.8; P.L.241-2023, SEC.9.

IC 12-15-6-2 Repealed

[Pre-1992 Revision Citation: 12-1-7-16(c) part.]

As added by P.L.2-1992, SEC.9. Repealed by P.L.241-2023, SEC.10.

IC 12-15-6-3 Repealed

[Pre-1992 Revision Citation: 12-1-7-16(c) part.]

As added by P.L.2-1992, SEC.9. Amended by P.L.114-1996, SEC.1. Repealed by P.L.241-2023, SEC.11.

IC 12-15-6-4 Repealed

[Pre-1992 Revision Citation: 12-1-7-16(c) part.]

As added by P.L.2-1992, SEC.9. Amended by P.L.210-2015, SEC.48. Repealed by P.L.241-2023, SEC.12.

IC 12-15-6-5 Repealed

[Pre-1992 Revision Citation: 12-1-7-16(c) part.]

As added by P.L.2-1992, SEC.9. Repealed by P.L.241-2023, SEC.13.

IC 12-15-6-6 Repealed

[Pre-1992 Revision Citation: 12-1-7-16(c) part.]

As added by P.L.2-1992, SEC.9. Repealed by P.L.278-1993(ss), SEC.29.

IC 12-15-6-7 Repealed

[Pre-1992 Revision Citation: 12-1-7-16(d).]

As added by P.L.2-1992, SEC.9. Repealed by P.L.278-1993(ss), SEC.29.

IC 12-15-7 Chapter 7. Personal Allowance

12-15-7-1	Persons entitled to allowance; receipt of care in hospital or nursing home; amount of allowance
12-15-7-2	Amount of allowance; permissible range
12-15-7-3	Use of allowance
12-15-7-4	Individuals employed as part of habilitation plan or working in sheltered workshop or day activity center; amount of allowance
12-15-7-5	Retention of amount equal to individual's state and local income tax liability; monthly limitation; exemption from income eligibility consideration; use of amount retained
12-15-7-6	Payment calculation for federal SSI recipient; exemption from income eligibility consideration

IC 12-15-7-1 Persons entitled to allowance; receipt of care in hospital or nursing home; amount of allowance

Sec. 1. Subject to section 2 of this chapter, an individual eligible to receive Medicaid who is not living in the individual's own home but is receiving care in a:

(1) hospital; or

(2) nursing facility;

may retain from the individual's income a personal allowance in an amount to be established by the office.

[Pre-1992 Revision Citation: 12-1-7-21(b) part.]

As added by P.L.2-1992, SEC.9.

IC 12-15-7-2 Amount of allowance; permissible range

Sec. 2. Fifty-two dollars ($52) monthly may be exempt from income eligibility consideration.

[Pre-1992 Revision Citation: 12-1-7-21(b) part.]

As added by P.L.2-1992, SEC.9. Amended by P.L.272-1999, SEC.40; P.L.294-2001, SEC.3.

IC 12-15-7-3 Use of allowance

Sec. 3. The money described in section 2 of this chapter may be exclusively used by the recipient for the recipient's personal needs.

[Pre-1992 Revision Citation: 12-1-7-21(b) part.]

As added by P.L.2-1992, SEC.9.

IC 12-15-7-4 Individuals employed as part of habilitation plan or working in sheltered workshop or day activity center; amount of allowance

Sec. 4. The personal allowance for one (1) month described in sections 1, 2, and 3 of this chapter for an individual whose employment is part of the recipient's individual habilitation plan or who is working in a sheltered workshop or day activity center is the amount that a person would be entitled to retain under sections 1, 2, and 3 of this chapter plus an amount equal to one-half (1/2) of the remainder of:

(1) gross earned income for the month; minus

(2) the sum of:

(A) sixteen dollars ($16);

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

(C) transportation expenses for the month.

[Pre-1992 Revision Citation: 12-1-7-21(c) part.]

As added by P.L.2-1992, SEC.9.

IC 12-15-7-5 Retention of amount equal to individual's state and local income tax liability; monthly limitation; exemption from income eligibility consideration; use of amount retained

Sec. 5. (a) In addition to the amount that may be retained as a personal allowance under this chapter, an individual is allowed to retain an amount equal to the individual's state and local income tax liability.

(b) The amount that may be retained during a month may not exceed one-third (1/3) of the individual's state and local income tax liability for the calendar quarter in which the month occurs. This amount is exempt from income eligibility consideration by the office.

(c) The amount retained under this section must be used by the individual to pay any state or local income taxes owed.

[Pre-1992 Revision Citation: 12-1-7-21(d).]

As added by P.L.2-1992, SEC.9.

IC 12-15-7-6 Payment calculation for federal SSI recipient; exemption from income eligibility consideration

Sec. 6. (a) If an individual described in section 1 of this chapter:

(1) is a recipient of assistance under the federal Supplemental Security Income (SSI) program; and

(2) receives an income that is less than the amount described in section 2 of this chapter;

the office shall pay to the individual an amount equal to the difference between the amount of the monthly allowance described in section 2 of this chapter and the amount of income, including assistance under the federal Supplemental Security Income (SSI) program received by the individual.

(b) Money paid to an individual under subsection (a) is exempt from income eligibility consideration.

As added by P.L.294-2001, SEC.4. Amended by P.L.26-2003, SEC.1.

IC 12-15-8 Chapter 8. Liens

12-15-8-1	Recipient asserting claim against another person for injury or illness resulting from negligence or act of other person; lien against other person; amount of lien
12-15-8-2	Recipient asserting claim against insurer; lien for medical expenses paid or for medical services rendered; amount
12-15-8-3	Perfection of lien
12-15-8-4	Notice; person for whom medical expenses paid, insurance carrier, and attorney for injured or diseased person
12-15-8-5	Itemized statement of medical expenses paid; sending statement to person for whom expenses paid and to attorney for injured or diseased person; time
12-15-8-6	Actions on behalf of injured, ill, or diseased person and to perfect lien; conditions
12-15-8-7	Recovery under lien; payment of pro rata share of costs and expenses incurred in asserting claim
12-15-8-8	Attorney's fees
12-15-8-9	Waiver of right to lien

IC 12-15-8-1 Recipient asserting claim against another person for injury or illness resulting from negligence or act of other person; lien against other person; amount of lien

Sec. 1. Whenever:

(1) the office pays medical expenses for or on behalf of a person who has been injured or has suffered an illness or a disease as a result of the negligence or act of another person; and

(2) the injured or diseased person asserts a claim against the other person for damages resulting from the injury, illness, or disease;

on any recovery under the claim, whether by judgment, compromise, or settlement, the office has a lien against the other person in the amount paid by the office to the extent of the other person's liability for the medical expenses.

[Pre-1992 Revision Citation: 12-1-7-24.6(a).]

As added by P.L.2-1992, SEC.9. Amended by P.L.245-1999, SEC.2.

IC 12-15-8-2 Recipient asserting claim against insurer; lien for medical expenses paid or for medical services rendered; amount

Sec. 2. Whenever:

(1) the office pays for medical expenses or renders medical services on behalf of a person who has been injured or has suffered an illness or a disease; and

(2) the person asserts a claim against an insurer as a result of that person's injury, illness, or disease;

the office has a lien against the insurer, to the extent of the amount paid by the office, on any recovery from the insurer.

[Pre-1992 Revision Citation: 12-1-7-24.6(b).]

As added by P.L.2-1992, SEC.9.

IC 12-15-8-3 Perfection of lien

Sec. 3. A lien under this chapter is not effective unless the office takes the following actions before the party alleged to be liable has concluded a final settlement with the injured, ill, or diseased person or the person's attorney or legal representative as compensation for the person's injury, illness, or disease:

(1) Filing in the Marion County circuit court a written notice stating the following:

(A) Notice of the eligibility of the injured, ill, or diseased person for Medicaid.

(B) The name and address of the injured, ill, or diseased person.

(C) The name of the person, firm, limited liability company, or corporation alleged

to be liable to the injured, ill, or diseased person.

(2) Sending to the person, firm, limited liability company, or corporation alleged to be liable, by registered or certified mail, a copy of the notice required by subdivision (1), with a statement of the date of filing of the notice.

[Pre-1992 Revision Citation: 12-1-7-24.6(c).]

As added by P.L.2-1992, SEC.9. Amended by P.L.8-1993, SEC.182.

IC 12-15-8-4 Notice; person for whom medical expenses paid, insurance carrier, and attorney for injured or diseased person

Sec. 4. In addition to the requirements of section 3 of this chapter, the office shall send a copy of the notice required by section 3(1) of this chapter to the following persons or entities if the appropriate names and addresses can be determined:

(1) The injured, ill, or diseased person for whom the office has paid medical expenses.

(2) An insurance carrier that may be ultimately liable.

(3) An attorney for the injured or diseased person.

[Pre-1992 Revision Citation: 12-1-7-24.6(d) part.]

As added by P.L.2-1992, SEC.9.

IC 12-15-8-5 Itemized statement of medical expenses paid; sending statement to person for whom expenses paid and to attorney for injured or diseased person; time

Sec. 5. Not more than twenty-one (21) days after the filing of the notice required under section 3(1) of this chapter, the office shall send to persons or entities listed in section 4(1) and 4(3) of this chapter an itemized statement of the medical expenses paid by the office for which the office seeks to perfect a lien.

[Pre-1992 Revision Citation: 12-1-7-24.6(d) part.]

As added by P.L.2-1992, SEC.9.

IC 12-15-8-6 Actions on behalf of injured, ill, or diseased person and to perfect lien; conditions

Sec. 6. (a) The office may, on behalf of an injured, an ill, or a diseased person and to perfect a lien provided by this chapter, initiate and prosecute an action or a proceeding against a:

(1) person;

(2) firm;

(3) corporation; or

(4) limited liability company;

who may be liable to the injured, ill, or diseased person.

(b) The office may initiate an action or a proceeding under subsection (a) only if the following occurs:

(1) The injured, ill, or diseased person has not initiated legal proceedings against the person, firm, limited liability company, or corporation alleged to be liable.

(2) The time remaining under the statute of limitations for the action or proceeding is not more than six (6) months.

[Pre-1992 Revision Citation: 12-1-7-24.6(e).]

As added by P.L.2-1992, SEC.9. Amended by P.L.8-1993, SEC.183.

IC 12-15-8-7 Recovery under lien; payment of pro rata share of costs and expenses incurred in asserting claim

Sec. 7. If the office recovers money under a lien established by this chapter and the recovery is the result of a claim asserted by an injured, an ill, or a diseased person, the office shall pay the office's pro rata share of all costs and reasonably necessary expenses incurred in asserting the claim, including the following:

(1) Deposition costs.

(2) Witness fees.

(3) Other costs and expenses.

[Pre-1992 Revision Citation: 12-1-7-24.6(f).]

As added by P.L.2-1992, SEC.9.

IC 12-15-8-8 Attorney's fees

Sec. 8. (a) This section does not apply to a lien on a Medicaid recipient's real property under IC 12-15-8.5.

(b) This section applies only to a lien on a recovery under section 1 or section 2 of this chapter.

(c) The office shall pay attorney's fees in the amount of one (1) of the following:

(1) Twenty-five percent (25%) of the office's recovery under the lien if the claim was collected without initiating legal proceedings.

(2) Thirty-three and one-third percent (33 1/3%) of the office's recovery under the lien if the claim was collected by initiating legal proceedings.

[Pre-1992 Revision Citation: 12-1-7-24.6(g).]

As added by P.L.2-1992, SEC.9. Amended by P.L.224-2003, SEC.81; P.L.236-2007, SEC.1.

IC 12-15-8-9 Waiver of right to lien

Sec. 9. (a) The office may waive the office's right to assert a lien under this chapter.

(b) If the office does waive the right to a lien, the office is not liable for a pro rata share of costs under section 7 of this chapter.

[Pre-1992 Revision Citation: 12-1-7-24.6(h).]

As added by P.L.2-1992, SEC.9.

IC 12-15-8.5 Chapter 8.5. Liens on Real Property of Medicaid Recipients

12-15-8.5-1 "Medical institution"
12-15-8.5-2 Lien for Medicaid expenditures
12-15-8.5-3 Limitations on lien
12-15-8.5-4 Notice required before lien obtained
12-15-8.5-5 Notice required to obtain lien; filing and distribution of notice
12-15-8.5-6 Effect of notice of lien; duration of lien
12-15-8.5-7 Lien foreclosure; automatic expiration of lien
12-15-8.5-8 Limitations on enforcement of lien
12-15-8.5-9 Release of lien; waiver of filing fee
12-15-8.5-10 Repealed
12-15-8.5-11 Repealed
12-15-8.5-12 Conditions under which lien is void
12-15-8.5-13 Contracting with attorney; attorney's fees

IC 12-15-8.5-1 "Medical institution"

Sec. 1. As used in this chapter, "medical institution" means any of the following:

(1) A hospital.

(2) A nursing facility.

(3) An intermediate care facility for individuals with intellectual disabilities.

As added by P.L.178-2002, SEC.81. Amended by P.L.35-2016, SEC.37.

IC 12-15-8.5-2 Lien for Medicaid expenditures

Sec. 2. (a) When the office, in accordance with 42 U.S.C. 1396p, determines that a Medicaid recipient who resides in a medical institution cannot reasonably be expected to be discharged from a medical institution and return home, the office may obtain a lien on the Medicaid recipient's real property for the cost of all Medicaid expenditures made on behalf of the recipient.

(b) The office shall conduct a look back (as described in 42 U.S.C. 1396p(c)) of a Medicaid recipient's property of at least three (3) years.

(c) A lien obtained under this chapter is subordinate to the security interest of a financial institution that loans money to be used as operating capital for the operation of a farm, a business, or income producing real property.

As added by P.L.178-2002, SEC.81. Amended by P.L.224-2003, SEC.71; P.L.1-2007, SEC.122.

IC 12-15-8.5-3 Limitations on lien

Sec. 3. The office may not obtain a lien under this chapter if any of the following persons lawfully reside in the home of the Medicaid recipient who resides in the medical institution:

(1) The Medicaid recipient's spouse.

(2) The Medicaid recipient's child who is:

(A) less than twenty-one (21) years of age; or

(B) disabled as defined by the federal Supplemental Security Income program.

(3) The Medicaid recipient's sibling who has an ownership interest in the home and who has lived in the home continuously beginning at least twelve (12) months before the recipient was admitted to the medical institution.

(4) The Medicaid recipient's parent.

As added by P.L.178-2002, SEC.81. Amended by P.L.224-2003, SEC.72.

IC 12-15-8.5-4 Notice required before lien obtained

Sec. 4. Before obtaining a lien on a Medicaid recipient's interest in real property under this chapter, the office shall notify in writing the Medicaid recipient and the Medicaid recipient's authorized representative, if applicable, of the following:

(1) The office's determination that the Medicaid recipient cannot reasonably be expected to be discharged from the medical institution.

(2) The office's intent to impose a lien on the Medicaid recipient's home.

(3) The Medicaid recipient's right to a hearing under IC 12-15-28 upon the Medicaid recipient's request regarding whether the requirements for the imposition of a lien are satisfied. A lien may not be filed for at least thirty (30) days after the notice is given and until the hearing process is completed if a hearing is requested.

As added by P.L.178-2002, SEC.81.

IC 12-15-8.5-5 Notice required to obtain lien; filing and distribution of notice

Sec. 5. (a) The office shall obtain a lien under this chapter by filing a notice of lien with the recorder of the county in which the real property subject to the lien is located. The notice shall be filed prior to the recipient's death and shall include the following:

(1) The name and place of residence of the individual against whose property the lien is asserted.

(2) A legal description of the real property subject to the lien.

(b) Upon the office's request, the county auditor or assessor of a county shall furnish the office with the legal description of any property in the county registered to the recipient.

(c) The office shall file one (1) copy of the notice of lien with the division of family resources in the county in which the real property is located. The division of family resources shall retain a copy of the notice with the records of the division of family resources.

(d) The office shall provide one (1) copy of the notice of lien to the recipient or the Medicaid recipient's authorized representative, if applicable, whose real property is affected.

As added by P.L.178-2002, SEC.81. Amended by P.L.128-2012, SEC.13.

IC 12-15-8.5-6 Effect of notice of lien; duration of lien

Sec. 6. (a) Beginning on the date on which a notice of lien is recorded in the office of the county recorder under section 5 of this chapter, the notice of lien:

(1) constitutes due notice of a lien against the Medicaid recipient's real property for any amount then recoverable and any amount that becomes recoverable under this article; and

(2) gives a specific lien in favor of the office on the Medicaid recipient's interest in the real property.

(b) The lien continues from the date of filing the lien until the lien:

(1) is satisfied; or

(2) is released.

As added by P.L.178-2002, SEC.81. Amended by P.L.224-2003, SEC.73.

IC 12-15-8.5-7 Lien foreclosure; automatic expiration of lien

Sec. 7. The office may bring proceedings in foreclosure on a lien arising under this chapter:

(1) during the lifetime of the Medicaid recipient if the Medicaid recipient or a person acting on behalf of the Medicaid recipient sells the property; or

(2) upon the death of the Medicaid recipient.

The lien automatically expires unless the office commences a foreclosure action not later than two (2) years after the Medicaid recipient's death.

As added by P.L.178-2002, SEC.81. Amended by P.L.224-2003, SEC.74.

IC 12-15-8.5-8 Limitations on enforcement of lien

Sec. 8. The office may not enforce a lien against a Medicaid recipient's home under this chapter as long as any of the following individuals reside in the home:

(1) The recipient's child of any age if the child:

(A) resided in the home for at least twenty-four (24) months before the Medicaid

recipient was admitted to the medical institution;

(B) provided care to the Medicaid recipient that delayed the Medicaid recipient's admission to the medical institution; and

(C) has resided in the home on a continuous basis since the date of the individual's admission to the medical institution.

(2) The Medicaid recipient's sibling who has an ownership interest in the home and who has lived in the home continuously beginning at least twelve (12) months before the Medicaid recipient was admitted to the medical institution.

As added by P.L.178-2002, SEC.81. Amended by P.L.224-2003, SEC.75.

IC 12-15-8.5-9 Release of lien; waiver of filing fee

Sec. 9. (a) The office shall release a lien imposed under this chapter within ten (10) business days after the division of family resources receives notice that the Medicaid recipient:

(1) is no longer living in the medical institution; and

(2) has returned home to live.

(b) The county recorder shall waive the filing fee for the filing of a release made under this section.

(c) If the property subject to the lien is sold, the office shall release its lien at the closing, and the lien shall attach to the net proceeds of the sale.

As added by P.L.178-2002, SEC.81. Amended by P.L.224-2003, SEC.76; P.L.128-2012, SEC.14.

IC 12-15-8.5-10 Repealed

As added by P.L.178-2002, SEC.81. Repealed by P.L.224-2003, SEC.80.

IC 12-15-8.5-11 Repealed

As added by P.L.178-2002, SEC.81. Repealed by P.L.224-2003, SEC.80.

IC 12-15-8.5-12 Conditions under which lien is void

Sec. 12. (a) This section applies:

(1) after the death of a Medicaid recipient whose property; or

(2) upon the sale of property that;

is subject to a lien under this chapter.

(b) A lien under this chapter is void if both of the following occur:

(1) The owner of property subject to a lien under this chapter or any person or corporation having an interest in the property, including a mortgagee or a lienholder, provides written notice to the office to file an action to foreclose the lien.

(2) The office fails to file an action to foreclose the lien in the county where the property is located not later than sixty (60) days after receiving the notice.

However, this section does not prevent the claim from being collected as other claims are collected by law.

(c) A person who gives notice under subsection (b)(1) by registered or certified mail to the office at the address given in the recorded statement and notice of intention to hold a lien may file an affidavit of service of the notice to file an action to foreclose the lien with the recorder of the county in which the property is located. The affidavit must state the following:

(1) The facts of the notice.

(2) That more than sixty (60) days have passed since the notice was received by the office.

(3) That no action for foreclosure of the lien is pending.

(4) That no unsatisfied judgment has been rendered on the lien.

(d) The recorder shall:

(1) record the affidavit of service in the miscellaneous record book of the recorder's

office; and

(2) certify on the face of the record any lien that is fully released.

When the recorder records the affidavit and certifies the record under this subsection, the real estate described in the lien is released from the lien.

As added by P.L.224-2003, SEC.77. Amended by P.L.246-2005, SEC.106.

IC 12-15-8.5-13 Contracting with attorney; attorney's fees

Sec. 13. (a) The office may contract with an attorney to obtain or enforce a lien under this chapter.

(b) If the office contracts with an attorney under this section, the attorney's fees may not exceed:

(1) seven and five-tenths percent (7.5%) of the office's recovery under the lien if the proceeding to obtain and enforce the lien is not contested; or

(2) ten percent (10%) of the office's recovery under the lien if the proceeding to obtain and enforce the lien is contested.

As added by P.L.236-2007, SEC.2.

IC 12-15-9 Chapter 9. Death and Funeral Expenses; Claims Against an Estate

12-15-9-0.5 "Estate" and "nonprobate transfer"
12-15-9-0.6 Claim against assets transferred by nonprobate transfer; time limit
12-15-9-0.7 Repealed
12-15-9-0.8 Limitation on definition of estate
12-15-9-1 Amount of claim; preference
12-15-9-2 Property exempt from enforcement
12-15-9-5 Claims against the estate of a recipient's spouse prohibited
12-15-9-6 Waiver in cases of undue hardship; rules
12-15-9-7 Reimbursement; proceeds of annuity contracts

IC 12-15-9-0.5 "Estate" and "nonprobate transfer"

Sec. 0.5. (a) As used in this chapter, "estate" includes:

(1) all real and personal property and other assets included within an individual's probate estate;

(2) any interest in real property owned by the individual at the time of death that was conveyed to the individual's survivor through joint tenancy with right of survivorship, if the joint tenancy was created after June 30, 2002;

(3) any real or personal property conveyed through a nonprobate transfer; and

(4) any sum due after June 30, 2005, to a person after the death of a Medicaid recipient that is under the terms of an annuity contract purchased after May 1, 2005, with the assets of the Medicaid recipient.

(b) As used in this chapter, "nonprobate transfer" has the meaning set forth in IC 32-17-13-1.

As added by P.L.152-1995, SEC.5. Amended by P.L.178-2002, SEC.82; P.L.224-2003, SEC.78; P.L.246-2005, SEC.107; P.L.149-2012, SEC.3; P.L.163-2018, SEC.1.

IC 12-15-9-0.6 Claim against assets transferred by nonprobate transfer; time limit

Sec. 0.6. (a) This section applies to the enforcement of claims against assets transferred by a nonprobate transfer involving a deceased transferor who dies before, on, or after July 1, 2018.

(b) The office's claim against assets transferred by a nonprobate transfer may be enforced as set out in IC 32-17-13.

(c) Except as provided in subsection (d), enforcement of a claim against assets transferred by a nonprobate transfer must be commenced within the time limits provided in IC 32-17-13.

(d) The time limits provided in subsection (c) do not apply to any assets that were not reported to the county office of the division of family resources.

As added by P.L.178-2002, SEC.83. Amended by P.L.1-2003, SEC.54; P.L.145-2006, SEC.87; P.L.44-2009, SEC.12; P.L.163-2018, SEC.2; P.L.231-2019, SEC.4.

IC 12-15-9-0.7 Repealed

As added by P.L.178-2002, SEC.84. Amended by P.L.224-2003, SEC.79. Repealed by P.L.246-2005, SEC.230.

IC 12-15-9-0.8 Limitation on definition of estate

Sec. 0.8. Any nonprobate assets:

(1) that the office determined were exempt or unavailable assets; or

(2) that were transferred out of the probate estate;

before May 1, 2002, may not be included in the definition of estate under this chapter.

As added by P.L.178-2002, SEC.85.

IC 12-15-9-1 Amount of claim; preference

Sec. 1. Upon the death of a Medicaid recipient, the total amount of Medicaid paid on behalf of the recipient after the recipient became fifty-five (55) years of age must be allowed as a preferred claim against the estate of the recipient in favor of the state. The affidavit of a person designated by the secretary to administer this section is evidence of the amount of the claim and is payable after the payment of the following in accordance with IC 29-1-14-9:

(1) Funeral expenses for the recipient, not to exceed three hundred fifty dollars ($350).

(2) The expenses of the last illness of the recipient that are authorized or paid by the office.

(3) The expenses of administering the estate, including the attorney's fees approved by the court.

[Pre-1992 Revision Citation: 12-1-7-25(a).]

As added by P.L.2-1992, SEC.9. Amended by P.L.152-1995, SEC.6; P.L.246-2005, SEC.108; P.L.149-2012, SEC.4.

IC 12-15-9-2 Property exempt from enforcement

Sec. 2. A claim may not be enforced against the following:

(1) Real estate of a recipient while it is necessary for the support, maintenance, or comfort of the surviving spouse, a dependent child less than twenty-one (21) years of age, or a dependent who is nonsupporting because of blindness or other disability.

(2) Personal property necessary for the support, maintenance, or comfort of the surviving spouse, a dependent child less than twenty-one (21) years of age, or a dependent who is nonsupporting because of blindness or other disability.

(3) Personal effects, ornaments, or keepsakes of the deceased.

[Pre-1992 Revision Citation: 12-1-7-25(b).]

As added by P.L.2-1992, SEC.9. Amended by P.L.152-1995, SEC.7.

IC 12-15-9-5 Claims against the estate of a recipient's spouse prohibited

Sec. 5. The office may not file a claim against the estate of a recipient's surviving spouse.

As added by P.L.152-1995, SEC.8. Amended by P.L.246-2005, SEC.109; P.L.149-2012, SEC.5.

IC 12-15-9-6 Waiver in cases of undue hardship; rules

Sec. 6. Notwithstanding sections 2 and 5 of this chapter, the office may waive the application of this chapter in cases of undue hardship. The office of the secretary shall adopt rules under IC 4-22-2 establishing criteria for hardship waivers that are consistent with guidelines of the Secretary of the United States Department of Health and Human Services.

As added by P.L.152-1995, SEC.9.

IC 12-15-9-7 Reimbursement; proceeds of annuity contracts

Sec. 7. A person receiving beneficiary payments from an annuity contract of a deceased Medicaid recipient is liable to the state for reimbursement of Medicaid benefits:

(1) paid to; or

(2) on behalf of;

the deceased Medicaid recipient to the extent of any payments that are received by the person under a annuity contract purchased after May 1, 2005.

As added by P.L.246-2005, SEC.110.

IC 12-15-10 Chapter 10. Selection of Provider

12-15-10-1 Repealed
12-15-10-2 Licensed or otherwise qualified providers; participation in Medicaid program
12-15-10-3 Individuals required to furnish providers with Medicaid information; rules
12-15-10-4 Furnishing providers with information; forms
12-15-10-5 Documentation of Medicaid provided; rules
12-15-10-6 Selection of primary dental provider encouraged

IC 12-15-10-1 Repealed

[Pre-1992 Revision Citation: 12-1-7-14.8 part.]

As added by P.L.2-1992, SEC.9. Amended by P.L.278-1993(ss), SEC.26. Repealed by P.L.1-2001, SEC.51.

IC 12-15-10-2 Licensed or otherwise qualified providers; participation in Medicaid program

Sec. 2. If a provider is required to be licensed or otherwise qualified under Indiana law or the law of another state, the assistance must be obtained from a provider who is licensed or otherwise qualified and is enrolled to participate in the Medicaid program.

[Pre-1992 Revision Citation: 12-1-7-14.8 part.]

As added by P.L.2-1992, SEC.9.

IC 12-15-10-3 Individuals required to furnish providers with Medicaid information; rules

Sec. 3. The office may by rule require the individual to furnish providers with information regarding Medicaid provided to the individual.

[Pre-1992 Revision Citation: 12-1-7-14.8 part.]

As added by P.L.2-1992, SEC.9.

IC 12-15-10-4 Furnishing providers with information; forms

Sec. 4. The office shall provide forms for providing information under section 3 of this chapter.

[Pre-1992 Revision Citation: 12-1-7-14.8 part.]

As added by P.L.2-1992, SEC.9.

IC 12-15-10-5 Documentation of Medicaid provided; rules

Sec. 5. The office may by rule require a provider to make available to the office information necessary to document Medicaid provided under this chapter.

[Pre-1992 Revision Citation: 12-1-7-14.8 part.]

As added by P.L.2-1992, SEC.9.

IC 12-15-10-6 Selection of primary dental provider encouraged

Sec. 6. The office shall encourage the parent of a child who is a recipient of Medicaid to select a primary dental provider for the child before the child is eighteen (18) months of age.

As added by P.L.169-2001, SEC.2.

IC 12-15-11 Chapter 11. Provider Agreements and Competitive Bidding

12-15-11-1	Physician services defined
12-15-11-2	Provider agreement; filing
12-15-11-2.5	Surety bond requirement for certain transportation providers; requirements; revocation or denial of provider agreement for failure to comply; demonstration of compliance; refund
12-15-11-3	Provider agreement requirements
12-15-11-4	Provider agreement to provide physician services; site visit for moderate or high categorical risk designees
12-15-11-5	Compliance with enrollment requirements
12-15-11-6	Prohibition on exclusion of Medicaid provider from participation in Medicaid and other networks
12-15-11-7	Competitive bids; services and items for which bids may be sought
12-15-11-8	Use of provider identification number; prohibition on limiting claims for primary care services
12-15-11-9	Credentialing; provisional; application form; notification; retroactive reimbursement; adverse determination; appeal
12-15-11-10	Prohibition on requiring a telehealth provider to have an Indiana address, site, or in-state service address

IC 12-15-11-1 Physician services defined

Sec. 1. (a) As used in this chapter, "physician services" means services provided by an individual licensed under IC 25-22.5 while engaged in the practice of medicine (as defined in IC 25-22.5-1-1.1(a)).

(b) The term does not include the decision to admit a patient to a hospital.

[Pre-1992 Revision Citation: 12-1-7-15.1(a).]

As added by P.L.2-1992, SEC.9.

IC 12-15-11-2 Provider agreement; filing

Sec. 2. A provider desiring to participate in the Medicaid program by providing to individuals eligible for Medicaid services shall file a provider agreement with the office on forms provided by the office.

[Pre-1992 Revision Citation: 12-1-7-15.1(b) part.]

As added by P.L.2-1992, SEC.9. Amended by P.L.195-2018, SEC.3.

IC 12-15-11-2.5 Surety bond requirement for certain transportation providers; requirements; revocation or denial of provider agreement for failure to comply; demonstration of compliance; refund

Sec. 2.5. (a) As used in this section, "transportation provider" means a person:

(1) that is a common carrier, including a person that provides transportation by a taxi; and

(2) that:

(A) is enrolled; or

(B) applies for enrollment;

in the Medicaid program as a Medicaid provider to render transportation services to Medicaid recipients.

(b) This section does not apply to a transportation provider that is:

(1) exempt from federal taxation under Section 501(c)(3) of the Internal Revenue Code;

(2) at the discretion of the secretary, granted a waiver of the bond requirement under subsection (c) to provide transportation services in a federal or state designated underserved area;

(3) at the discretion of the secretary, granted a waiver of the bond requirement under subsection (c) based on the determination that the provider does not pose a significant risk of submitting fraudulent or false Medicaid claims;

(4) owned or controlled by a person that is licensed or certified by an entity described in IC 25-0.5-11;

(5) owned or controlled by a pharmacy that has a permit issued under IC 25-26-13;

(6) owned or controlled by a hospital licensed under IC 16-21; or

(7) required under federal law to obtain a surety bond to cover Medicaid overpayments and false Medicaid claims and has obtained a bond that complies with the applicable federal law.

(c) A transportation provider that applies for enrollment as a Medicaid provider:

(1) as a new applicant;

(2) due to a change in ownership of a transportation provider currently enrolled; or

(3) due to a purchase or transfer of the assets of a transportation provider currently enrolled;

shall, at the time the transportation provider files a provider agreement with the office, submit to the office a surety bond that meets the requirements of subsection (d) and is issued by a surety that is authorized by the office of the secretary.

(d) The following apply to a surety bond filed with the office under this section:

(1) The surety bond must be continuously in effect for at least three (3) years after the application is made as described in subsection (c).

(2) The surety bond must provide coverage for liability of at least fifty thousand dollars ($50,000).

(3) The surety bond must name the:

(A) transportation provider as the principal;

(B) office as the obligee; and

(C) person that issues the surety bond, including the person's heirs, executors, administrators, successors, and assignees, jointly and severally, as surety.

(4) The surety bond must provide the surety's name, street address or post office box number, city, state, and ZIP code.

(5) The surety bond must provide that the surety is liable under the surety bond for a duplicate, erroneous, or false Medicaid claim paid by the office or its fiscal agent to the transportation provider during the term of the surety bond.

(6) The surety bond must provide that the bond may not be void on a first recovery, but that suits may be instituted until the penalty is exhausted.

(7) The surety bond must guarantee that the surety will, not later than thirty (30) days after the surety receives written notice from the office containing sufficient evidence to establish the surety's liability under the surety bond as described in subdivision (5), pay to the office the following amounts, not to exceed the full amount of the surety bond:

(A) The amount of the duplicate, erroneous, or false claim that was previously paid by the office or its fiscal agent to the transportation provider, plus accrued interest.

(B) An assessment imposed under IC 12-15-22 by the office on the transportation provider.

(8) The surety bond must provide that if the transportation provider's provider agreement is not renewed or is terminated, the surety bond submitted by the transportation provider remains in effect until the last day of the surety bond coverage period and the surety remains liable for a duplicate, erroneous, or false claim paid by the office or its fiscal agent to the transportation provider during the term of the surety bond.

(9) The surety bond must provide that actions under the surety bond may be brought by the office or the attorney general.

(e) The office may revoke or deny a provider agreement for a transportation provider's failure to comply with this section.

(f) The office may revoke a provider agreement if a transportation provider cancels a surety bond required by this section.

(g) The office or its designee may, at any time, require a transportation provider to demonstrate compliance with this section.

(h) If:

(1) a surety has paid the office for a liability incurred under a surety bond under this section; and

(2) the transportation provider is subsequently successful in appealing the determination of liability;

the office shall, upon completion of the appellate process, refund the surety or the transportation provider the full amount paid for the liability.

As added by P.L.197-2013, SEC.11. Amended by P.L.3-2014, SEC.4.

IC 12-15-11-3 Provider agreement requirements

Sec. 3. A provider agreement must do the following:

(1) Include information that the office determines necessary to facilitate carrying out of IC 12-15.

(2) Prohibit the provider from requiring payment from a recipient of Medicaid, except where a copayment is required by law.

(3) For providers categorized as high risk to the Medicaid program under 42 U.S.C. 1395cc(j)(2)(B) and 42 CFR 455.450, require the submission of necessary information, forms, or consents for the office to obtain a national criminal history background check or, as allowed by the office, a fingerprint-based criminal history check, through a contractor under IC 12-15-30 or the state police department under IC 10-13-3-39 of any person who:

(A) holds at least a five percent (5%) ownership interest in a facility or entity; or

(B) is a member of the board of directors of a nonprofit facility or entity;

in which the provider applicant plans to provide Medicaid services under the provider agreement. The provider applicant is responsible for the cost of the national criminal history background check or fingerprint-based criminal history check.

[Pre-1992 Revision Citation: 12-1-7-15.1(b) part.]

As added by P.L.2-1992, SEC.9. Amended by P.L.197-2013, SEC.12; P.L.35-2016, SEC.38.

IC 12-15-11-4 Provider agreement to provide physician services; site visit for moderate or high categorical risk designees

Sec. 4. (a) A provider desiring to participate in the Medicaid program by providing physician services as a managed care provider must enter into a provider agreement with the office or the contractor under IC 12-15-30 to provide Medicaid services.

(b) Before the office may approve a provider agreement, the office shall conduct a pre-enrollment site visit for provider applicants that are designated as moderate or high categorical risks to the Medicaid program under 42 U.S.C. 1395cc(j)(2)(B) and 42 CFR 455.450.

[Pre-1992 Revision Citation: 12-1-7-15.1(c).]

As added by P.L.2-1992, SEC.9. Amended by P.L.197-2013, SEC.13.

IC 12-15-11-5 Compliance with enrollment requirements

Sec. 5. A provider who participates in the Medicaid program must comply with the enrollment requirements that are established under rules adopted under IC 4-22-2 by the secretary.

[Pre-1992 Revision Citation: 12-1-7-15.1(d).]

As added by P.L.2-1992, SEC.9. Amended by P.L.195-2018, SEC.4; P.L.190-2023, SEC.2.

IC 12-15-11-6 Prohibition on exclusion of Medicaid provider from participation in Medicaid and other networks

Sec. 6. (a) After a provider signs a provider agreement under this chapter, the office may

not exclude the provider from participating in the Medicaid program by entering into an exclusive contract with another provider or group of providers, except as provided under section 7 of this chapter.

(b) The office or a managed care organization contracting with the office may not prohibit a provider from participating in a network of another insurer, managed care organization, or health maintenance organization.

[Pre-1992 Revision Citation: 12-1-7-15.1(e).]

As added by P.L.2-1992, SEC.9. Amended by P.L.93-2020, SEC.1.

IC 12-15-11-7 Competitive bids; services and items for which bids may be sought

Sec. 7. The office may seek competitive bids for the following items or services provided under Medicaid:

(1) Prescribed drugs and services for state operated institutions.

(2) Physical therapy and other therapeutic services.

(3) Prescribed laboratory and x-ray services.

(4) Eyeglasses and prosthetic devices.

(5) Medical equipment and supplies.

(6) Transportation services.

[Pre-1992 Revision Citation: 12-1-7-15.1(f).]

As added by P.L.2-1992, SEC.9.

IC 12-15-11-8 Use of provider identification number; prohibition on limiting claims for primary care services

Sec. 8. (a) A community mental health center may use the center's provider identification number to file any Medicaid claim, including primary care health services, if the community mental health center:

(1) is otherwise treating the individual for a mental health condition or an addictive disorder; and

(2) meets the requirements to provide the services rendered.

(b) The office may not require a community mental health center to obtain a separate provider identification number to provide services that the community mental health center meets the requirements to provide.

(c) The office may not limit the filing of a Medicaid claim by a community mental health center for primary care services, mental health conditions, and addictive disorders on the same day as long as the claim is filed in accordance with the rules set forth by the office and the services are covered services and necessary to ensure coordinated care for the recipient.

As added by P.L.185-2015, SEC.12.

IC 12-15-11-9 Credentialing; provisional; application form; notification; retroactive reimbursement; adverse determination; appeal

Sec. 9. (a) As used in this section, "clean credentialing application" means an application for network participation that:

(1) is submitted by a provider under this section;

(2) does not contain an error; and

(3) may be processed by the managed care organization or contractor of the office without returning the application to the provider for a revision or clarification.

(b) As used in this section, "credentialing" means a process by which a managed care organization or contractor of the office makes a determination that:

(1) is based on criteria established by the managed care organization or contractor of the office; and

(2) concerns whether a provider is eligible to:

(A) provide health services to an individual eligible for Medicaid services; and

(B) receive reimbursement for the health services;

under an agreement that is entered into between the provider and managed care organization or contractor of the office.

(c) As used in this section, "unclean credentialing application" means an application for network participation that:

(1) is submitted by a provider under this section;

(2) contains at least one (1) error; and

(3) must be returned to the provider to correct the error.

(d) This section applies to a managed care organization or contractor of the office.

(e) If the office or managed care organization issues a provisional credential to a provider under subsection (j), the office or managed care organization shall:

(1) issue a final credentialing determination not later than sixty (60) calendar days after the date in which the provider was provisionally credentialed; and

(2) except as provided in subsection (l), provide retroactive reimbursement under subsection (k).

(f) The office shall prescribe the credentialing application form used by the Council for Affordable Quality Healthcare in electronic or paper format, which must be used by:

(1) a provider who applies for credentialing by a managed care organization or contractor of the office; and

(2) a managed care organization or contractor of the office that performs credentialing activities.

(g) A managed care organization or contractor of the office shall notify a provider concerning a deficiency on a completed unclean credentialing application form submitted by the provider not later than five (5) business days after the entity receives the completed unclean credentialing application form. A notice described in this subsection must:

(1) provide a description of the deficiency; and

(2) state the reason why the application was determined to be an unclean credentialing application.

(h) A provider shall respond to the notification required under subsection (g) not later than five (5) business days after receipt of the notice.

(i) A managed care organization or contractor of the office shall notify a provider concerning the status of the provider's completed clean credentialing application when:

(1) the provider is provisionally credentialed; and

(2) the entity makes a final credentialing determination concerning the provider.

(j) If the managed care organization or contractor of the office fails to issue a credentialing determination within fifteen (15) business days after receiving a completed clean credentialing application form from a provider, the managed care organization or contractor of the office shall provisionally credential the provider in accordance with the standards and guidelines governing provisional credentialing from the National Committee for Quality Assurance or its successor organization. The provisional credentialing license is valid until a determination is made on the credentialing application of the provider.

(k) Once a managed care organization or contractor of the office fully credentials a provider that holds provisional credentialing and a network provider agreement has been executed, then reimbursement payments under the contract shall be paid retroactive to the date the provider was provisionally credentialed. The managed care organization or contractor of the office shall reimburse the provider at the rates determined by the contract between the provider and the:

(1) managed care organization; or

(2) contractor of the office.

(l) If a managed care organization or contractor of the office does not fully credential a provider that is provisionally credentialed under subsection (j), the provisional credentialing is terminated on the date the managed care organization or contractor of the office notifies the provider of the adverse credentialing determination. The managed care organization or

contractor of the office is not required to reimburse for services rendered while the provider was provisionally credentialed.

(m) A managed care organization or contractor of the office may not require additional credentialing requirements in order to participate in a managed care organization's network. However, a contractor may collect additional information from the provider in order to complete a contract or provider agreement.

(n) A managed care organization or contractor of the office is not required to contract with a provider.

(o) A managed care organization or contractor of the office shall:

(1) send representatives to meetings and participate in the credentialing process as determined by the office; and

(2) not require additional credentialing information from a provider if a non-network credentialed provider is used.

(p) Except when a provider is no longer enrolled with the office, a credential acquired under this chapter is valid until recredentialing is required.

(q) An adverse action under this section is subject to IC 4-21.5.

(r) The office may adopt rules under IC 4-22-2 to implement this section.

As added by P.L.195-2018, SEC.5. Amended by P.L.32-2021, SEC.31; P.L.190-2023, SEC.3; P.L.17-2024, SEC.2.

IC 12-15-11-10 Prohibition on requiring a telehealth provider to have an Indiana address, site, or in-state service address

Sec. 10. The office may not require the following:

(1) A provider that is licensed, certified, registered, or authorized with the appropriate state agency or board and exclusively offers telehealth services (as defined in IC 12-15-5-11(a)) to maintain a physical address or site in Indiana to be eligible for enrollment as a Medicaid provider.

(2) A telehealth provider group with providers that are licensed, certified, registered, or authorized with the appropriate state agency or board to have an in-state service address to be eligible to enroll as a Medicaid vendor or Medicaid provider group.

As added by P.L.229-2023, SEC.1.

IC 12-15-11.5 Chapter 11.5. Lake County Disproportionate Share Hospitals

12-15-11.5-0.5 Nonapplicability to certain managed care organizations
12-15-11.5-1 "Hospital"
12-15-11.5-2 Hospital as contracted provider to eligible individuals
12-15-11.5-3 Repealed
12-15-11.5-3.1 Repealed
12-15-11.5-4 Repealed
12-15-11.5-4.1 Repealed
12-15-11.5-4.2 Repealed
12-15-11.5-5 Repealed
12-15-11.5-6 Claim for reimbursement treated as disputed claim
12-15-11.5-7 Conclusion of appeal
12-15-11.5-8 Dispute resolution procedure requirements
12-15-11.5-9 Arbitration process for dispute resolution between hospital and managed care organization
12-15-11.5-10 Arbitration of disputed claims

IC 12-15-11.5-0.5 Nonapplicability to certain managed care organizations

Sec. 0.5. This chapter does not apply to a managed care organization that, on or before July 1, 2000, did not directly contract with a hospital (as defined in section 1 of this chapter) for the provision of services under the office's managed care program.

As added by P.L.141-2001, SEC.1. Amended by P.L.152-2017, SEC.7.

IC 12-15-11.5-1 "Hospital"

Sec. 1. As used in this chapter, "hospital" refers to an acute care hospital provider that:

(1) is licensed under IC 16-21;

(2) qualifies as a disproportionate share hospital under IC 12-15-16; and

(3) is the sole disproportionate share hospital in a city located in a county having a population of more than four hundred thousand (400,000) and less than seven hundred thousand (700,000).

As added by P.L.142-2000, SEC.2. Amended by P.L.11-2023, SEC.42.

IC 12-15-11.5-2 Hospital as contracted provider to eligible individuals

Sec. 2. The office's managed care organization shall regard a hospital as a contracted provider in the office's managed care program, which provides a capitated prepayment managed care system, for the provision of medical services to each individual who:

(1) is eligible to receive services under IC 12-15 and has enrolled in the office's managed care services program;

(2) resides in the same city in which the hospital is located; and

(3) has selected a primary care provider who:

(A) is a contracted provider with the office's managed care organization; and

(B) has medical staff privileges at the hospital.

As added by P.L.142-2000, SEC.2. Amended by P.L.141-2001, SEC.2; P.L.152-2017, SEC.8.

IC 12-15-11.5-3 Repealed

As added by P.L.142-2000, SEC.2. Amended by P.L.141-2001, SEC.3; P.L.122-2002, SEC.1. Repealed by P.L.145-2005, SEC.30.

IC 12-15-11.5-3.1 Repealed

As added by P.L.145-2005, SEC.1. Repealed by P.L.1-2007, SEC.248.

IC 12-15-11.5-4 Repealed

As added by P.L.142-2000, SEC.2. Repealed by P.L.1-2002, SEC.172.

IC 12-15-11.5-4.1 Repealed

As added by P.L.141-2001, SEC.4. Amended by P.L.122-2002, SEC.2. Repealed by P.L.145-2005, SEC.30.

IC 12-15-11.5-4.2 Repealed

As added by P.L.145-2005, SEC.2. Repealed by P.L.1-2007, SEC.248.

IC 12-15-11.5-5 Repealed

As added by P.L.142-2000, SEC.2. Repealed by P.L.1-2002, SEC.172.

IC 12-15-11.5-6 Claim for reimbursement treated as disputed claim

Sec. 6. A claim for reimbursement for services shall be treated as a disputed claim under this chapter if:

(1) it is submitted within one hundred twenty (120) days after the date that services are rendered;

(2) it is denied by the managed care organization;

(3) the hospital submits a written notice of dispute for the claim to the managed care organization not more than sixty (60) days after the receipt of the denial notice;

(4) it is appealed in accordance with the managed care organization's internal appeals process; and

(5) payment for the claim is denied by the managed care organization following its internal appeals process.

As added by P.L.142-2000, SEC.2. Amended by P.L.152-2017, SEC.9.

IC 12-15-11.5-7 Conclusion of appeal

Sec. 7. The office's managed care organization must conclude an appeal under section 6(4) of this chapter and notify the hospital of its decision not more than thirty-five (35) days after the managed care organization receives a notice from the hospital disputing the managed care organization's denial of a claim.

As added by P.L.142-2000, SEC.2. Amended by P.L.152-2017, SEC.10.

IC 12-15-11.5-8 Dispute resolution procedure requirements

Sec. 8. (a) A contract entered into by a hospital with the office's managed care organization for the provision of services under the office's managed care program must include a dispute resolution procedure for all disputed claims. Unless agreed to in writing by the hospital and the office's managed care organization, the dispute resolution procedure must include the following requirements:

(1) That submission of disputed claims must be made to an independent arbitrator selected under subsection (b).

(2) Each claim must set forth with specificity the issues to be arbitrated, the amount involved, and the relief sought.

(3) That the hospital and the office's managed care organization shall attempt in good faith to resolve all disputed claims.

(4) The hospital shall submit to the arbitrator any claims that remain in dispute sixty (60) calendar days after the hospital receives written notice as provided under section 7 of this chapter.

(5) That resolution of disputes by the arbitrator must occur not later than ninety (90) calendar days after submission of disputed claims to the arbitrator, unless the parties mutually agree otherwise.

(6) That determinations of the arbitrator are final and binding and not subject to any appeal or review procedure.

(7) That the arbitrator does not have the authority to award any punitive or exemplary damages or to vary or ignore the terms of any contract between the parties and shall be

bound by controlling law.

(8) That judgment upon the award rendered by the arbitrator may be entered and enforced in and is subject to the jurisdiction of a court with jurisdiction in Indiana.

(9) That the cost of the arbitrator must be shared equally by the parties, and each party must bear its own attorney and witness fees.

(b) The parties to a contract described in subsection (a) shall mutually agree on an independent arbitrator, or, if the parties are unable to reach agreement on an independent arbitrator, the following procedure must be followed:

(1) Each party shall select an independent representative, and the independent representatives shall select a panel of three (3) independent arbitrators who have experience in institutional and professional health care delivery practices and procedures and have had no prior dealing with either party other than as an arbitrator.

(2) The parties will each strike one (1) arbitrator from the panel selected under subdivision (1), and the remaining arbitrator serves as the arbitrator of the disputed claims under subsection (a).

(3) The procedures for selecting an arbitrator under this section must be completed not later than twenty (20) calendar days after the hospital provides written notice of at least one (1) disputed claim.

As added by P.L.142-2000, SEC.2. Amended by P.L.152-2017, SEC.11.

IC 12-15-11.5-9 Arbitration process for dispute resolution between hospital and managed care organization

Sec. 9. The arbitration process described in section 8 of this chapter shall also be followed for resolution of disputed claims between a hospital and the office's managed care organization, if the hospital is not a contracted provider in the office's managed health care program.

As added by P.L.142-2000, SEC.2. Amended by P.L.152-2017, SEC.12.

IC 12-15-11.5-10 Arbitration of disputed claims

Sec. 10. A hospital and the managed care organization of the office shall use the arbitration procedure in section 8 of this chapter for the resolution of all disputed claims that have accrued as of March 17, 2000.

As added by P.L.220-2011, SEC.265. Amended by P.L.152-2017, SEC.13.

IC 12-15-12 Chapter 12. Managed Care

12-15-12-0.3 "Emergency medical condition"
12-15-12-0.5 "Emergency services"
12-15-12-0.7 "Post-stabilization care services"
12-15-12-0.9 Applicability; Medicaid law controlling over conflicting insurance law
12-15-12-1 Providers from whom recipients may obtain services other than physician services; exceptions
12-15-12-2 Providers from whom recipients may receive physician services; exceptions
12-15-12-3 List of managed care providers furnished recipient; providers included; exception
12-15-12-4 Failure by recipient to select managed care provider within reasonable time; assignment by office; exception
12-15-12-4.5 Managed care prescription drug program requirements
12-15-12-5 Circumstances permitting recipient to receive physician services from provider other than managed care provider; exceptions
12-15-12-6 Admission to hospital by physician other than managed care provider; notification of managed care provider; services for which payment made
12-15-12-7 Providers from whom recipients may obtain eye care services other than surgical services
12-15-12-8 Providers from whom recipients may obtain foot care services
12-15-12-9 Providers from whom recipients may obtain psychiatric services
12-15-12-9.5 Home modification services; time frame for approval or denial of requests
12-15-12-10 Selection or assignment of managed care provider; selection of new provider; exception
12-15-12-11 Waiver from Department of Health and Human Services; implementation of chapter
12-15-12-12 Payments to providers
12-15-12-13 Permitted forms
12-15-12-14 Repealed
12-15-12-15 Coverage for emergency services
12-15-12-17 Coverage for post-stabilization care services
12-15-12-18 Payment for emergency services
12-15-12-18.5 Reimbursement for emergency medical services provider organizations; implementation
12-15-12-19 Repealed
12-15-12-20 Child lead poisoning screening
12-15-12-21 Accreditation
12-15-12-22 Accepting, receiving, and processing electronic claims
12-15-12-23 Psychiatrist practicing in community mental health center
12-15-12-24 Assessment metrics; transparency and accountability safeguards

IC 12-15-12-0.3 "Emergency medical condition"

Sec. 0.3. As used in this chapter, "emergency medical condition" means a medical condition manifesting itself by acute symptoms, including severe pain, of sufficient severity that a prudent lay person with an average knowledge of health and medicine could reasonably expect the absence of immediate medical attention to result in:

(1) serious jeopardy to the health of:

(A) the individual; or

(B) in the case of a pregnant woman, the woman or her unborn child;

(2) serious impairment to bodily functions; or

(3) serious dysfunction of any bodily organ or part.

As added by P.L.223-2001, SEC.4.

IC 12-15-12-0.5 "Emergency services"

Sec. 0.5. As used in this chapter, "emergency services" means covered inpatient and outpatient services that are:

(1) furnished by a provider qualified to furnish emergency services; and

(2) needed to evaluate or stabilize an emergency medical condition.
As added by P.L.223-2001, SEC.5.

IC 12-15-12-0.7 "Post-stabilization care services"

Sec. 0.7. As used in this chapter, "post-stabilization care services" means covered services related to an emergency medical condition that are provided after an enrollee is stabilized in order to maintain the stabilized condition or, under the circumstances described in IC 12-15-12-17(b)(3), to improve or resolve the enrollee's condition.
As added by P.L.223-2001, SEC.6.

IC 12-15-12-0.9 Applicability; Medicaid law controlling over conflicting insurance law

Sec. 0.9. (a) This section applies only with respect to the responsibilities of a managed care organization under:

(1) this article;
(2) IC 12-17.6;
(3) 42 CFR 438; or
(4) a rule adopted under a law described in subdivision (1) or (2).

(b) Except as provided in IC 27-1-37.5 after December 31, 2020, if a provision of, or rule adopted under, IC 27 conflicts with the administration of the programs under a law described in subsection (a), the law described in subsection (a) is controlling.
As added by P.L.152-2017, SEC.14. Amended by P.L.265-2019, SEC.1.

IC 12-15-12-1 Providers from whom recipients may obtain services other than physician services; exceptions

Sec. 1. Except as provided in sections 6, 7, and 8 of this chapter, a Medicaid recipient may obtain any Medicaid services, with the exception of physician services, from a provider who has entered into a provider agreement under IC 12-15-11.

[Pre-1992 Revision Citation: 12-1-7-16.1(b).]
As added by P.L.2-1992, SEC.9.

IC 12-15-12-2 Providers from whom recipients may receive physician services; exceptions

Sec. 2. Except as provided in sections 8 and 9 of this chapter, a Medicaid recipient may receive physician services from a managed care provider selected by the recipient from a list of managed care providers furnished the recipient by the office.

[Pre-1992 Revision Citation: 12-1-7-16.1(c) part.]
As added by P.L.2-1992, SEC.9.

IC 12-15-12-3 List of managed care providers furnished recipient; providers included; exception

Sec. 3. Except as provided in section 9 of this chapter, the list of managed care providers furnished the recipient must include the names of all managed care providers who meet the following requirements:

(1) Have entered into a provider agreement with the office under IC 12-15-11 to provide physician services to Medicaid recipients.
(2) Provide physician services in the geographic area in which the recipient resides.

[Pre-1992 Revision Citation: 12-1-7-16.1(c) part.]
As added by P.L.2-1992, SEC.9.

IC 12-15-12-4 Failure by recipient to select managed care provider within reasonable time; assignment by office; exception

Sec. 4. Except as provided in section 9 of this chapter, if a recipient fails to select a

managed care provider within a reasonable time after the list is furnished the recipient, the office may assign a managed care provider to the recipient.

[Pre-1992 Revision Citation: 12-1-7-16.1(c) part.]

As added by P.L.2-1992, SEC.9.

IC 12-15-12-4.5 Managed care prescription drug program requirements

Sec. 4.5. A managed care provider's contract or provider agreement with the office may include a prescription drug program, subject to IC 12-15-5-5, IC 12-15-35, and IC 12-15-35.5.

As added by P.L.101-2005, SEC.2.

IC 12-15-12-5 Circumstances permitting recipient to receive physician services from provider other than managed care provider; exceptions

Sec. 5. Except as provided in sections 6 and 7 of this chapter, a Medicaid recipient may not receive physician services from a provider other than the managed care provider selected by the recipient under section 2 of this chapter, except as follows:

(1) In an emergency.

(2) Upon the written referral of the managed care provider.

(3) As provided in sections 6 through 9 of this chapter.

[Pre-1992 Revision Citation: 12-1-7-16.1(d).]

As added by P.L.2-1992, SEC.9.

IC 12-15-12-6 Admission to hospital by physician other than managed care provider; notification of managed care provider; services for which payment made

Sec. 6. (a) A Medicaid recipient may be admitted to a hospital by a physician other than the recipient's managed care provider if the recipient requires immediate medical treatment.

(b) The admitting physician shall notify the recipient's managed care provider of the recipient's admission not more than forty-eight (48) hours after the recipient's admission.

(c) Payment for services provided a recipient admitted to a hospital under this section shall be made only for services that the office or the contractor under IC 12-15-30 determines were medically reasonable and necessary.

[Pre-1992 Revision Citation: 12-1-7-16.1(e).]

As added by P.L.2-1992, SEC.9.

IC 12-15-12-7 Providers from whom recipients may obtain eye care services other than surgical services

Sec. 7. A Medicaid recipient may obtain eye care services, except for surgical services, from any provider licensed under IC 25-22.5 or IC 25-24 who has entered into a provider agreement under IC 12-15-11.

[Pre-1992 Revision Citation: 12-1-7-16.1(f).]

As added by P.L.2-1992, SEC.9.

IC 12-15-12-8 Providers from whom recipients may obtain foot care services

Sec. 8. A Medicaid recipient may obtain foot care services from any provider licensed under IC 25-22.5 or IC 25-29 who has entered into a provider agreement under IC 12-15-11.

[Pre-1992 Revision Citation: 12-1-7-16.1(g).]

As added by P.L.2-1992, SEC.9.

IC 12-15-12-9 Providers from whom recipients may obtain psychiatric services

Sec. 9. A Medicaid recipient may obtain psychiatric services from any provider licensed

under IC 25-22.5 who has entered into a provider agreement under IC 12-15-11.

[Pre-1992 Revision Citation: 12-1-7-16.1(h).]

As added by P.L.2-1992, SEC.9.

IC 12-15-12-9.5 Home modification services; time frame for approval or denial of requests

Sec. 9.5. (a) If a managed care organization:

(1) contracts with the office to provide home modification services under a risk based managed care program; and

(2) receives a request for a home modification from a patient care coordinator;

the managed care organization shall submit a request for project specifications for the home modification to a certified project specification writer not later than fifteen (15) days from receipt of the request.

(b) Not later than fifteen (15) days from receipt of the completed project specifications, the managed care organization shall:

(1) approve; or

(2) deny with explanation;

the home modification.

(c) If the managed care organization approves the home modification, the managed care organization shall request bids and notify any willing provider of the bid request not later than five (5) days from the approval for the home modification.

(d) Not later than thirty (30) days from the request for bid notification and receipt of bids, the managed care organization shall notify:

(1) the winning bid provider of the award for the home modification service; and

(2) each unsuccessful bid provider that the provider was not awarded the bid and an explanation for not awarding the bid to the provider.

As added by P.L.143-2025, SEC.1.

IC 12-15-12-10 Selection or assignment of managed care provider; selection of new provider; exception

Sec. 10. (a) A Medicaid recipient who has selected or been assigned a managed care provider under this chapter may not select a new managed care provider for twelve (12) months after the managed care provider was selected or assigned.

(b) The office may make an exception to the requirement under subsection (a) if the office determines that circumstances warrant a change.

[Pre-1992 Revision Citation: 12-1-7-16.1(i).]

As added by P.L.2-1992, SEC.9.

IC 12-15-12-11 Waiver from Department of Health and Human Services; implementation of chapter

Sec. 11. The office shall seek the necessary waiver under 42 U.S.C. 1396n(b)(1) from the United States Department of Health and Human Services to implement this chapter.

[Pre-1992 Revision Citation: 12-1-7-16.1(j).]

As added by P.L.2-1992, SEC.9.

IC 12-15-12-12 Payments to providers

Sec. 12. For a managed care program or demonstration project established or authorized by the office, or established or authorized by another entity or agency working in conjunction with or under agreement with the office, the office must provide for payment to providers in the managed care program that the office finds is reasonable and adequate to meet the costs that must be incurred by efficiently and economically operated providers in order to:

(1) provide care and services in conformity with applicable state and federal laws, regulations, and quality and safety standards; and

(2) ensure that individuals eligible for medical assistance under the managed care program or demonstration project have reasonable access (taking into account geographic location and reasonable travel time) to the services provided by the managed care program.

As added by P.L.93-1995, SEC.3.

IC 12-15-12-13 Permitted forms

Sec. 13. (a) The office and an entity with which the office contracts for the payment of claims shall accept claims submitted on any of the following forms by an individual or organization that is a contractor or subcontractor of the office:

(1) CMS-1500.

(2) CMS-1450 (UB-04).

(3) American Dental Association (ADA) claim form.

(4) Pharmacy and compound drug form.

(b) The office and an entity with which the office contracts for the payment of claims:

(1) may designate as acceptable claim forms other than a form listed in subsection (a); and

(2) may not mandate the use of a crossover claim form.

As added by P.L.256-2001, SEC.2. Amended by P.L.208-2018, SEC.3.

IC 12-15-12-14 Repealed

As added by P.L.291-2001, SEC.160. Amended by P.L.170-2002, SEC.81; P.L.107-2002, SEC.11; P.L.1-2003, SEC.55; P.L.119-2012, SEC.106. Repealed by P.L.145-2014, SEC.6.

IC 12-15-12-15 Coverage for emergency services

Sec. 15. A managed care organization shall:

(1) cover and pay for all medically necessary screening services provided to an individual who presents to an emergency department with an emergency medical condition; and

(2) beginning July 1, 2001, neither deny nor fail to process a claim for reimbursement for emergency services on the basis that the enrollee's primary care provider's authorization code for the services was not obtained before or after the services were rendered.

As added by P.L.223-2001, SEC.7. Amended by P.L.152-2017, SEC.15.

IC 12-15-12-17 Coverage for post-stabilization care services

Sec. 17. (a) This section applies to post-stabilization care services provided to an individual enrolled in a Medicaid risk based managed care program.

(b) The managed care organization through which an individual is enrolled in a risk based managed care program, is financially responsible for the following services provided to the enrollee:

(1) Post-stabilization care services that are preapproved by the managed care organization.

(2) Post-stabilization care services that are not preapproved by the managed care organization, but that are administered to maintain the enrollee's stabilized condition within one (1) hour of a request to the managed care organization for preapproval of further post-stabilization care services.

(3) Post-stabilization care services provided after an enrollee is stabilized that are not preapproved by the managed care organization, but that are administered to maintain, improve, or resolve the enrollee's stabilized condition if the managed care organization:

(A) does not respond to a request for preapproval within one (1) hour;

(B) cannot be contacted; or

(C) cannot reach an agreement with the enrollee's treating physician concerning the

enrollee's care, and a physician representing the managed care organization is not available for consultation.

(c) If the conditions described in subsection (b)(3)(C) exist, the managed care organization shall give the enrollee's treating physician an opportunity to consult with a physician representing the managed care organization. The enrollee's treating physician may continue with care of the enrollee until a physician representing the managed care organization is reached or until one (1) of the following criteria is met:

(1) A physician:

(A) representing the managed care organization; and

(B) who has privileges at the treating hospital;

assumes responsibility for the enrollee's care.

(2) A physician representing the managed care organization assumes responsibility for the enrollee's care through transfer.

(3) A representative of the managed care organization and the treating physician reach an agreement concerning the enrollee's care.

(4) The enrollee is discharged from the treating hospital.

(d) This subsection applies to post-stabilization care services provided under subsection (b)(1), (b)(2), and (b)(3) to an individual enrolled in a Medicaid risk based managed care program by a provider who has not contracted with the individual's managed care organization to provide post-stabilization care services under subsection (b)(1), (b)(2), and (b)(3) to the individual. Payment for post-stabilization care services provided under subsection (b)(1), (b)(2), and (b)(3) must be in an amount equal to one hundred percent (100%) of the current Medicaid fee for service reimbursement rates for such services.

(e) This section does not prohibit a managed care organization from entering into a subcontract with another managed care organization providing for the latter managed care organization to assume financial responsibility for making the payments required under this section.

(f) This section does not limit the ability of the office or the managed care organization to:

(1) review; and

(2) make a determination of;

the medical necessity of the post-stabilization care services provided to an enrollee for purposes of determining coverage for such services.

As added by P.L.223-2001, SEC.8. Amended by P.L.152-2017, SEC.16.

IC 12-15-12-18 Payment for emergency services

Sec. 18. (a) Except as provided in subsection (b), this section applies to:

(1) emergency services provided to an individual enrolled in a Medicaid risk based managed care program; and

(2) medically necessary screening services provided to an individual enrolled in a Medicaid risk based managed care program;

who presents to an emergency department with an emergency medical condition.

(b) This section does not apply to emergency services or screening services provided to an individual enrolled in a Medicaid risk based managed care program by a provider who has contracted with the individual's managed care organization to provide emergency services to the individual.

(c) Payment for emergency services and medically necessary screening services in the emergency department of a hospital licensed under IC 16-21 must be in an amount equal to one hundred percent (100%) of the current Medicaid fee for service reimbursement rates for such services.

(d) Payment under subsection (c) is the responsibility of the enrollee's managed care organization. This subsection does not prohibit the managed care organization from entering into a subcontract with another managed care organization providing for the latter managed

care organization to assume financial responsibility for making the payments required under this section.

(e) This section does not limit the ability of the managed care organization to:

(1) review; and

(2) make a determination of;

the medical necessity of the services provided in a hospital's emergency department for purposes of determining coverage for such services.

As added by P.L.223-2001, SEC.9. Amended by P.L.152-2017, SEC.17.

IC 12-15-12-18.5 Reimbursement for emergency medical services provider organizations; implementation

Sec. 18.5. (a) Except as provided in subsection (b), this section applies to an emergency medical services provider organization that meets the following requirements:

(1) Is certified by the Indiana emergency medical services commission to provide emergency medical services.

(2) Is a Medicaid provider.

(b) This section does not apply to an emergency medical services provider organization that has contracted with the recipient's managed care organization to provide emergency medical services described in this section at a negotiated rate that is different than the Medicare rate described in this section.

(c) Beginning July 1, 2023, a managed care organization shall reimburse an emergency medical services provider organization for Medicaid covered services provided to a Medicaid recipient, including:

(1) advanced life support services;

(2) basic life support services; and

(3) nonemergency medical transportation services;

that are within the emergency medical services provider organization's scope of practice at a rate that is comparable to the federal Medicare reimbursement rate for the service provided by the emergency medical services provider organization. However, the reimbursement rate specified in this subsection may not be implemented by the office of the secretary before July 1, 2023.

As added by P.L.142-2022, SEC.2.

IC 12-15-12-19 Repealed

As added by P.L.291-2001, SEC.161. Amended by P.L.66-2002, SEC.2; P.L.212-2003, SEC.1; P.L.13-2004, SEC.1; P.L.48-2005, SEC.1; P.L.18-2007, SEC.1; P.L.205-2013, SEC.189; P.L.53-2014, SEC.104. Repealed by P.L.152-2017, SEC.18.

IC 12-15-12-20 Child lead poisoning screening

Sec. 20. The office shall develop the following:

(1) A measure to evaluate the performance of a managed care organization in screening a child who is less than six (6) years of age for lead poisoning.

(2) A system to maintain the results of an evaluation under subdivision (1) in written form.

(3) A performance incentive program for managed care organizations evaluated under subdivision (1).

As added by P.L.135-2005, SEC.1. Amended by P.L.152-2017, SEC.19.

IC 12-15-12-21 Accreditation

Sec. 21. (a) Not later than January 1, 2011, the following must be accredited by the National Committee for Quality Assurance or its successor:

(1) A managed care organization that has contracted with the office before July 1, 2008, to provide Medicaid services under a risk based managed care program.

(2) A behavioral health managed care organization that has contracted before July 1, 2008, with a managed care organization described in subdivision (1).

(b) A:

(1) managed care organization that has contracted with the office after June 30, 2008, to provide Medicaid services under a risk based managed care program; or

(2) behavioral health managed care organization that has contracted after June 30, 2008, with a managed care organization described in subdivision (1);

must begin the accreditation process and obtain accreditation by the National Committee for Quality Assurance or its successor at the earliest time that the National Committee for Quality Assurance allows a managed care organization to be accredited.

As added by P.L.113-2008, SEC.6. Amended by P.L.152-2017, SEC.20.

IC 12-15-12-22 Accepting, receiving, and processing electronic claims

Sec. 22. A:

(1) managed care organization that has a contract with the office to provide Medicaid services under a risk based managed care program; or

(2) behavioral health managed care organization that has contracted with a managed care organization described in subdivision (1);

shall accept, receive, and process claims for payment that are filed electronically by a Medicaid provider.

As added by P.L.113-2008, SEC.7. Amended by P.L.152-2017, SEC.21.

IC 12-15-12-23 Psychiatrist practicing in community mental health center

Sec. 23. A managed care organization may not require a psychiatrist who is licensed under IC 25-22.5 to be certified by the American Board of Psychiatry and Neurology for purposes of credentialing or contracting with the psychiatrist while the psychiatrist is practicing at a community mental health center.

As added by P.L.264-2019, SEC.3.

IC 12-15-12-24 Assessment metrics; transparency and accountability safeguards

Sec. 24. The office of the secretary shall establish:

(1) metrics to assess:

(A) the quality of care provided under; and

(B) patient outcomes of; and

(2) transparency and accountability safeguards for;

the risk based managed care program for the covered population established by IC 12-15-13-1.8(c).

As added by P.L.215-2025, SEC.4.

IC 12-15-12.5 Chapter 12.5. Managed Care for the Aging

12-15-12.5-1 "Area agency"
12-15-12.5-2 "Covered population"
12-15-12.5-3 "Office"
12-15-12.5-4 Covered population
12-15-12.5-5 Level of care assessment for risk based managed care program

IC 12-15-12.5-1 "Area agency"

Sec. 1. As used in this chapter, "area agency" means an area agency on aging designated by the bureau of aging and in-home services under IC 12-10-1-4.

As added by P.L.167-2025, SEC.8.

IC 12-15-12.5-2 "Covered population"

Sec. 2. As used in this chapter, "covered population" means all Medicaid recipients who meet the criteria set forth in section 4 of this chapter.

As added by P.L.167-2025, SEC.8.

IC 12-15-12.5-3 "Office"

Sec. 3. As used in this chapter, "office" includes the following:

(1) The office of the secretary of family and social services.

(2) A managed care organization that has contracted with the office of Medicaid policy and planning under this article.

(3) A person that has contracted with:

(A) the office of the secretary of family and social services; or

(B) a managed care organization described in subdivision (2).

As added by P.L.167-2025, SEC.8.

IC 12-15-12.5-4 Covered population

Sec. 4. An individual is a member of the covered population if the individual:

(1) is eligible to participate in the federal Medicare program (42 U.S.C. 1395 et seq.) and receives nursing facility services; or

(2) is:

(A) at least sixty (60) years of age;

(B) blind, aged, or disabled; and

(C) receiving services through one (1) of the following:

(i) The aged and disabled Medicaid waiver.

(ii) A risk based managed care program for aged, blind, or disabled individuals who are not eligible to participate in the federal Medicare program.

(iii) The state Medicaid plan.

As added by P.L.167-2025, SEC.8.

IC 12-15-12.5-5 Level of care assessment for risk based managed care program

Sec. 5. The office may contract with an area agency to:

(1) provide; and

(2) receive reimbursement for;

a level of care assessment for the risk based managed care program for the covered population through an area agency's aging and disability resource center.

As added by P.L.167-2025, SEC.8.

IC 12-15-12.7 Chapter 12.7. Pathways for Aging Risk Based Managed Care Program

12-15-12.7-1 "Program"
12-15-12.7-2 Determination of reimbursement rates; prohibition
12-15-12.7-3 Contract with nursing facilities
12-15-12.7-4 Report concerning denial of claims
12-15-12.7-5 Claims review permitted
12-15-12.7-6 External review of claim denials required
12-15-12.7-7 Payment, denial, or suspension of claims submitted by nursing facilities; time; interest

IC 12-15-12.7-1 "Program"

Sec. 1. As used in this chapter, "program" refers to the pathways for aging risk based managed care program established under IC 12-15-13-1.8 for a covered population.

As added by P.L.174-2025, SEC.41.

IC 12-15-12.7-2 Determination of reimbursement rates; prohibition

Sec. 2. (a) The office of the secretary shall determine the base reimbursement rate structure, methodology, and reimbursement rates that may be paid to a provider for the services rendered under the program.

(b) A managed care organization may not pay a provider less than the reimbursement rates established by the office of the secretary under this section.

As added by P.L.174-2025, SEC.41.

IC 12-15-12.7-3 Contract with nursing facilities

Sec. 3. (a) A managed care organization shall contract with any nursing facility that is:

(1) licensed under IC 16-28;

(2) certified by:

(A) the United States Department of Health and Human Services to provide services under the Medicare program; or

(B) the office of the secretary to provide services under the Medicaid program; and

(3) willing to contract with the managed care organization to provide the services under the same terms and conditions that are offered by the managed care organization to any other participating provider that has contracted with the managed care organization to provide that service for the program through June 30, 2029.

(b) A contract between a managed care organization and a provider to provide services under the program must include the reimbursement rates established by the office of the secretary under section 2 of this chapter.

As added by P.L.174-2025, SEC.41.

IC 12-15-12.7-4 Report concerning denial of claims

Sec. 4. (a) On a monthly basis, a managed care organization shall provide a report to the office of the secretary concerning the denial of claims. The report must specify denials by claim type for the previous month if the denials for the claim type total at least five percent (5%).

(b) The office of the secretary shall post the reports submitted under subsection (a) to the office of the secretary's website.

As added by P.L.174-2025, SEC.41.

IC 12-15-12.7-5 Claims review permitted

Sec. 5. The office of the secretary may conduct a claims review of claims submitted to a managed care organization for the covered population under the program.

As added by P.L.174-2025, SEC.41.

IC 12-15-12.7-6 External review of claim denials required

Sec. 6. The office of the secretary shall at least annually conduct external reviews of claim denials in the program by a managed care organization.

As added by P.L.174-2025, SEC.41.

IC 12-15-12.7-7 Payment, denial, or suspension of claims submitted by nursing facilities; time; interest

Sec. 7. (a) This section applies to claims submitted for payment under the program by a nursing facility participating in the program.

(b) The managed care organization shall pay, deny, or suspend each claim submitted by a nursing facility provider for payment under the program not later than:

(1) twenty-one (21) days after the claim was electronically filed; or

(2) thirty (30) days after a claim has been filed on paper;

from receipt by the managed care organization.

(c) If the managed care organization:

(1) fails to pay a clean claim in the time required under this section; or

(2) denies or suspends a claim that is subsequently determined to have been a clean claim when the claim was filed;

the managed care organization shall pay the provider interest on the Medicaid allowable amount of the claim as set forth in this section.

(d) Interest paid under subsection (c):

(1) accrues beginning:

(A) twenty-two (22) days from the date the claim is filed under subsection (b)(1); or

(B) thirty-one (31) days from the date the claim is filed under subsection (b)(2); and

(2) stops accruing on the date the managed care organization pays the claim.

(e) A managed care organization shall pay interest under subsection (c) to a provider at the rate established for Medicare overpayments and underpayments, as set forth in 42 CFR 405.378.

As added by P.L.174-2025, SEC.41.

IC 12-15-13 Chapter 13. Provider Payment; General

12-15-13-0.1	Application of certain amendments to chapter
12-15-13-0.4	"Office"
12-15-13-0.5	"Clean claim"
12-15-13-0.6	"Clean claim" for purposes of IC 12-15-14
12-15-13-0.7	Addition, deletion, or modification of locators
12-15-13-1	Payment, denial, or suspension of claims submitted by nursing facilities; time; notice of suspension or denial
12-15-13-1.5	Payment of interest on claims submitted by nursing facilities
12-15-13-1.6	Payment, denial, or suspension of claims; notice of suspension or denial
12-15-13-1.7	Timing of payment or denial of claims; payment of interest
12-15-13-1.8	Covered population; risk based managed care program; penalty payments
12-15-13-2	Payments to providers; requirements; federal law or regulations specifying reimbursement criteria
12-15-13-3	Repealed
12-15-13-3.5	Recovery of overpayment to noninstitutional provider; appeal
12-15-13-4	Recovery of overpayment to institutional provider; appeal
12-15-13-5	Repealed
12-15-13-6	Notices or bulletins; timing; noncompliance
12-15-13-7	Permitted forms
12-15-13-7.2	Use of diagnostic or procedure codes
12-15-13-8	Expired
12-15-13-9	Reimbursement for providers at federally qualified health centers and rural health clinics

IC 12-15-13-0.1 Application of certain amendments to chapter

Sec. 0.1. The amendments made to this chapter apply as follows:

(1) The amendments made to section 1 of this chapter by P.L.257-1996 apply to provider claims for payment under the Medicaid program under this article after March 31, 1996.

(2) The addition of section 1.5 of this chapter by P.L.257-1996 applies to provider claims for payment under the Medicaid program under this article after March 31, 1996.

As added by P.L.220-2011, SEC.266.

IC 12-15-13-0.4 "Office"

Sec. 0.4. As used in this chapter, "office" includes the following:

(1) The office of the secretary of family and social services.

(2) A managed care organization that has contracted with the office of Medicaid policy and planning under this article.

(3) A person that has contracted with a managed care organization described in subdivision (2).

As added by P.L.117-2008, SEC.2. Amended by P.L.109-2014, SEC.19.

IC 12-15-13-0.5 "Clean claim"

Sec. 0.5. (a) Except as provided in section 0.6 of this chapter, as used in this chapter, "clean claim" means a claim submitted by a provider for payment under the Medicaid program that can be processed without obtaining additional information from:

(1) the provider of the service; or

(2) a third party.

(b) The definition under subsection (a):

(1) includes a claim with errors originating in the state's claims processing system; and

(2) does not include a claim:

(A) from a provider who is under investigation for fraud or abuse (as used in 42 CFR 447.45(b); or

(B) under review for medical necessity.

As added by P.L.107-1996, SEC.2 and P.L.257-1996, SEC.2.

IC 12-15-13-0.6 "Clean claim" for purposes of IC 12-15-14

Sec. 0.6. (a) "Clean claim", as the term applies to payments to nursing facilities under IC 12-15-14, means a claim submitted by a provider for payment that meets the following conditions:

(1) Contains the following locators:
(A) Type of bill.
(B) Coverage dates.
(C) Bill status.
(D) Revenue codes.
(E) Rate of payment.
(F) Service units.
(G) Total charges.
(H) Provider number.
(I) Third party prior payments.
(J) Estimated amount due.
(K) Recipient number.
(L) Provider signature.
(M) Provider name.
(N) Number of covered days of service.
(O) Date of admission.
(P) Condition codes.
(Q) Occurrence codes and dates.
(R) Value codes and amounts.
(S) Third party liability payor name.
(T) Recipient name.
(U) Admitting diagnosis.
(V) Attending physician ID number.

(2) Has correct and valid information for each of the locators required by subdivision (1).

(3) The recipient for whom the claim is submitted is eligible for Medicaid on the date for which the service is billed.

(4) The office has approved the level of care for:
(A) the recipient; and
(B) the facility;
for the dates for which the service is billed.

(5) The provider is eligible to render service on the date for which the service is billed.

(6) The claim does not duplicate a claim already paid.

(b) The definition under subsection (a):

(1) includes a claim with errors originating in the state's claims processing system; and

(2) does not include a claim:
(A) from a provider who is under investigation for fraud or abuse (as used in 42 CFR 447.45(b)); or
(B) under review for medical necessity.

As added by P.L.107-1996, SEC.3 and P.L.257-1996, SEC.3.

IC 12-15-13-0.7 Addition, deletion, or modification of locators

Sec. 0.7. The office may adopt rules under IC 4-22-2 that add, delete, or modify the locators contained in section 0.6(a)(1) of this chapter as necessary to conform with:

(1) changes in federal law or regulation; or

(2) directives from the United States Centers for Medicare and Medicaid Services.

As added by P.L.107-1996, SEC.4 and P.L.257-1996, SEC.4. Amended by P.L.66-2002, SEC.3.

IC 12-15-13-1 Payment, denial, or suspension of claims submitted by nursing facilities; time; notice of suspension or denial

Sec. 1. (a) This section applies only to claims submitted for payment by nursing facilities.

(b) The office shall pay, deny, or suspend each claim submitted by a provider for payment under the Medicaid program not more than:

(1) twenty-one (21) days after the date a claim that is filed electronically; or

(2) thirty (30) days after the date a claim that is filed on paper;

is received by the office or, if IC 12-15-30 applies, by the contractor under IC 12-15-30.

(c) The office shall pay each clean claim.

(d) The office may deny or suspend a claim that is not a clean claim. If the office denies a provider's claim for payment, the office shall notify the provider of each reason the claim was denied.

(e) If the office suspends a provider's claim for payment under the Medicaid program, the office shall notify the provider of each reason the claim was suspended.

[Pre-1992 Revision Citation: 12-1-7-16.5.]

As added by P.L.2-1992, SEC.9. Amended by P.L.10-1994, SEC.4; P.L.107-1996, SEC.5; P.L.257-1996, SEC.5.

IC 12-15-13-1.5 Payment of interest on claims submitted by nursing facilities

Sec. 1.5. (a) This section applies only to claims submitted for payment by nursing facilities.

(b) If the office:

(1) fails to pay a clean claim in the time required under section 1(b) of this chapter; or

(2) denies or suspends a claim that is subsequently determined to have been a clean claim when the claim was filed;

the office shall pay the provider interest on the Medicaid allowable amount of the claim.

(c) Interest paid under subsection (b):

(1) accrues beginning:

(A) twenty-two (22) days after the date the claim is filed under section 1(b)(1) of this chapter; or

(B) thirty-one (31) days after the date the claim is filed under section 1(b)(2) of this chapter; and

(2) stops accruing on the date the office pays the claim.

(d) The office shall pay interest under subsection (b) at the same rate as determined under IC 12-15-21-3(7)(A).

As added by P.L.107-1996, SEC.6 and P.L.257-1996, SEC.6. Amended by P.L.42-2011, SEC.29.

IC 12-15-13-1.6 Payment, denial, or suspension of claims; notice of suspension or denial

Sec. 1.6. (a) This section does not apply to claims submitted for payment by nursing facilities.

(b) The office shall pay or deny each clean claim in accordance with section 1.7 of this chapter.

(c) The office shall deny or suspend each claim that is not a clean claim in accordance with subsection (d).

(d) The office shall deny or suspend each claim that is:

(1) not a clean claim; and

(2) submitted by a provider for payment under the Medicaid program;

not more than thirty (30) days after the date the claim is received by the office or, if

IC 12-15-30 applies, by the contractor under IC 12-15-30.

(e) If the office denies a provider's claim for payment under subsection (d) or section 1.7 of this chapter, the office shall notify the provider of each reason the claim was denied.

(f) If the office suspends a provider's claim for payment under subsection (d), the office shall notify the provider of each reason the claim was suspended.

As added by P.L.107-1996, SEC.7 and P.L.257-1996, SEC.7.

IC 12-15-13-1.7 Timing of payment or denial of claims; payment of interest

Sec. 1.7. (a) This section does not apply to claims submitted for payment by nursing facilities.

(b) The office shall pay or deny each clean claim as follows:

(1) If the claim is filed electronically, within twenty-one (21) days after the date the claim is received by:

(A) the office; or

(B) a contractor of the office under IC 12-15-30, if IC 12-15-30 applies.

(2) If the claim is filed on paper, within thirty (30) days after the date the claim is received by:

(A) the office; or

(B) a contractor of the office under IC 12-15-30, if IC 12-15-30 applies.

(c) If:

(1) the office fails to pay or deny a clean claim in the time required under subsection (b); and

(2) the office or a contractor of the office under IC 12-15-30 subsequently pays the claim;

the office shall pay the provider that submitted the claim interest on the Medicaid allowable amount of the claim paid under this section.

(d) Interest paid under subsection (c) shall:

(1) begin accruing:

(A) twenty-two (22) days after the date the claim is filed under subsection (b)(1); or

(B) thirty-one (31) days after the date the claim is filed under subsection (b)(2); and

(2) stop accruing on the date the claim is paid.

(e) In paying interest under subsection (c), the office shall use the same interest rate as provided in IC 12-15-21-3(7)(A).

As added by P.L.107-1996, SEC.8 and P.L.257-1996, SEC.8.

IC 12-15-13-1.8 Covered population; risk based managed care program; penalty payments

Sec. 1.8. (a) As used in this section, "covered population" means all Medicaid recipients who meet the criteria set forth in subsection (b).

(b) An individual is a member of the covered population if the individual:

(1) is eligible to participate in the federal Medicare program (42 U.S.C. 1395 et seq.) and receives nursing facility services; or

(2) is:

(A) at least sixty (60) years of age;

(B) blind, aged, or disabled; and

(C) receiving services through one (1) of the following:

(i) The aged and disabled Medicaid waiver.

(ii) A risk based managed care program for aged, blind, or disabled individuals who are not eligible to participate in the federal Medicare program.

(iii) The state Medicaid plan.

(c) The office of the secretary may implement a risk based managed care program for the covered population.

(d) Any managed care organization that participates in the risk based managed care

program under subsection (c) that fails to pay a claim submitted by a nursing facility provider for payment under the program later than:

(1) twenty-one (21) days, if the claim was electronically filed; or

(2) thirty (30) days, if the claim was filed on paper;

from receipt by the managed care organization shall pay a penalty of five hundred dollars ($500) per calendar day per claim.

As added by P.L.131-2024, SEC.10 and P.L.136-2024, SEC.38 and P.L.17-2024, SEC.3. Amended by P.L.174-2025, SEC.42; P.L.213-2025, SEC.112.

IC 12-15-13-2 Payments to providers; requirements; federal law or regulations specifying reimbursement criteria

Sec. 2. (a) Except as provided in IC 12-15-14 and IC 12-15-15, payments to Medicaid providers must be:

(1) consistent with efficiency, economy, and quality of care; and

(2) sufficient to enlist enough providers so that care and services are available under Medicaid, at least to the extent that such care and services are available to the general population in the geographic area.

(b) If federal law or regulations specify reimbursement criteria, payment shall be made in compliance with those criteria.

[Pre-1992 Revision Citation: 12-1-7-17.6(a).]

As added by P.L.2-1992, SEC.9. Amended by P.L.278-1993(ss), SEC.27.

IC 12-15-13-3 Repealed

As added by P.L.152-1995, SEC.10. Amended by P.L.107-1996, SEC.9; P.L.257-1996, SEC.9; P.L.78-2004, SEC.3; P.L.8-2005, SEC.1. Repealed by P.L.229-2011, SEC.270.

IC 12-15-13-3.5 Recovery of overpayment to noninstitutional provider; appeal

Sec. 3.5. (a) As used in this section, "noninstitutional provider" means any Medicaid provider other than the following:

(1) A health facility licensed under IC 16-28.

(2) An ICF/IID (as defined in IC 16-29-4-2).

(b) If the office of the secretary or the office of the secretary's designee believes that an overpayment to a noninstitutional provider has occurred, the office of the secretary or the office of the secretary's designee may submit to the noninstitutional provider a preliminary review of draft audit findings.

(c) A noninstitutional provider that receives a preliminary review of draft audit findings under subsection (b) may request administrative reconsideration of the preliminary review of draft audit findings not later than forty-five (45) days after the issuance of the preliminary review of draft audit findings. The noninstitutional provider may submit comments along with the request for administrative reconsideration. The noninstitutional provider must request administrative reconsideration before filing an appeal.

(d) Following administrative reconsideration of the preliminary review of draft audit findings and any comments submitted along with the noninstitutional provider's request for administrative consideration and if the office of the secretary or the office of the secretary's designee believes that an overpayment has occurred, the office of the secretary or the office of the secretary's designee shall notify the noninstitutional provider in writing that the office of the secretary or the office of the secretary's designee:

(1) believes that the overpayment has occurred; and

(2) is issuing a final calculation of the overpayment.

(e) A noninstitutional provider who receives a notice under subsection (d) may elect to do one (1) of the following:

(1) Repay the amount of the final calculation not later than three hundred (300) days after the provider received the notice under subsection (d), including interest:

(A) due from the noninstitutional provider; and

(B) accruing from the date of overpayment.

(2) Request a hearing by filing an administrative appeal not later than sixty (60) days after receiving the notice under subsection (d) and repay the amount of the final calculation of the overpayment under subsection (d) not later than three hundred (300) days after receiving the notice under subsection (d).

(f) If:

(1) a noninstitutional provider elects to proceed under subsection (e)(2); and

(2) the office of the secretary or the office of the secretary's designee determines after the hearing and any subsequent appeal that the noninstitutional provider does not owe the money that the office of the secretary or the office of the secretary's designee believed the noninstitutional provider owed;

the office of the secretary or the office of the secretary's designee shall return the amount of the alleged overpayment, and any interest paid by the noninstitutional provider, and pay the noninstitutional provider interest on the money from the date of the noninstitutional provider's repayment.

(g) Interest that is due under this section shall be paid at a rate that is determined by the commissioner of the department of state revenue under IC 6-8.1-10-1(c) as follows:

(1) Interest due from a noninstitutional provider to the state shall be paid at the rate set by the commissioner for interest payments from the department of state revenue to a taxpayer.

(2) Interest due from the state to a noninstitutional provider shall be paid at the rate set by the commissioner for interest payments from the department of state revenue to a taxpayer.

(h) Interest on an overpayment to a noninstitutional provider is not due from the noninstitutional provider if the overpayment is the result of an error of:

(1) the office; or

(2) a contractor of the office;

as determined by the office of the secretary or the office of the secretary's designee.

(i) If interest on an overpayment to a noninstitutional provider is due from the noninstitutional provider, the secretary or the secretary's designee may, in the course of negotiations with the noninstitutional provider regarding an appeal filed under subsection (e), reduce the amount of interest due from the noninstitutional provider.

(j) Proceedings under this section are subject to IC 4-21.5.

As added by P.L.229-2011, SEC.125. Amended by P.L.35-2016, SEC.39.

IC 12-15-13-4 Recovery of overpayment to institutional provider; appeal

Sec. 4. (a) As used in this section, "institutional provider" means the following:

(1) A health facility that is licensed under IC 16-28.

(2) An ICF/IID (as defined in IC 16-29-4-2).

(b) If the office of the secretary or the office of the secretary's designee believes that an overpayment to an institutional provider has occurred, the office of the secretary or the office of the secretary's designee may do the following:

(1) Submit to the institutional provider a draft of the audit findings and accept comments from the institutional provider for consideration by the office of the secretary or the office of the secretary's designee before the audit findings are finalized.

(2) Finalize the audit findings and issue the preliminary recalculated Medicaid rate.

(c) An institutional provider that receives a preliminary recalculated Medicaid rate under subsection (b)(2) may request administrative reconsideration of the preliminary recalculated Medicaid rate not later than forty-five (45) days after the issuance of the preliminary recalculated rate. The institutional provider must request administrative reconsideration before filing an appeal.

(d) Following reconsideration of an institutional provider's comments, and if the office

of the secretary or the office of the secretary's designee believes that an overpayment has occurred, the office of the secretary or the office of the secretary's designee shall notify the institutional provider in writing that the office of the secretary or the office of the secretary's designee:

(1) believes that the overpayment has occurred; and

(2) is issuing a final recalculated Medicaid rate.

(e) Upon the next payment cycle, the office of the secretary or the office of the secretary's designee shall retroactively implement the final recalculated Medicaid rate.

(f) If the institutional provider is dissatisfied with the reconsideration response issued by the office of the secretary or the office of the secretary's designee, the institutional provider may request a hearing by filing an appeal with the office of the secretary not later than sixty (60) days after the issuance of the reconsideration response.

(g) If an institutional provider requests a hearing under subsection (f) and the office of the secretary or the office of the secretary's designee determines after the hearing and any subsequent appeal that the institutional provider does not owe the money that the office of the secretary or the office of the secretary's designee believed the institutional provider owed, the office of the secretary or the office of the secretary's designee shall repay the following to the institutional provider not later than thirty (30) days after the completion of the hearing:

(1) The amount of the alleged overpayment.

(2) Any interest paid by the institutional provider.

(3) Interest on the money described in subdivisions (1) and (2) from the date of the institutional provider's repayment.

(h) Interest due under this section by either the institutional provider or the office of the secretary shall be paid at a rate that is determined by the commissioner of the department of state revenue under IC 6-8.1-10-1(c) at the rate set by the commissioner for interest payments from the department of state revenue to a taxpayer.

(i) Interest on an overpayment to an institutional provider is not due from the institutional provider if the office of the secretary or the office of the secretary's designee determines that the overpayment is the result of an error by the following:

(1) The office of the secretary.

(2) A contractor of the office of the secretary.

(j) If interest on an overpayment to an institutional provider is due from the institutional provider, the office of the secretary or the office of the secretary's designee may, in the course of negotiations with the institutional provider concerning an appeal filed under this section, reduce the amount of interest due from the institutional provider.

As added by P.L.229-2011, SEC.126. Amended by P.L.35-2016, SEC.40.

IC 12-15-13-5 Repealed

As added by P.L.213-2015, SEC.128. Repealed by P.L.12-2016, SEC.9.

IC 12-15-13-6 Notices or bulletins; timing; noncompliance

Sec. 6. (a) Except as provided by IC 12-15-35-50, a notice or bulletin that is issued by:

(1) the office;

(2) a contractor of the office; or

(3) a managed care organization;

concerning a change to the Medicaid program, including a change to prior authorization, claims processing, payment rates, and medical policies, that does not require use of the rulemaking process under IC 4-22-2 may not become effective until thirty (30) days after the date the notice or bulletin is communicated to the parties affected by the notice or bulletin.

(b) The office must provide a written notice or bulletin described in subsection (a) within five (5) business days after the date on the notice or bulletin.

(c) If the office, a contractor of the office, or a managed care organization does not comply with the requirements in subsections (a) and (b):

(1) the notice or bulletin is void;

(2) a claim may not be denied because the claim does not comply with the void notice or bulletin; and

(3) the office, a contractor of the office, or a managed care organization may not reissue the bulletin or notice for thirty (30) days unless the change is required by the federal government to be implemented earlier.

As added by P.L.42-1995, SEC.22. Amended by P.L.187-2007, SEC.2; P.L.15-2009, SEC.1; P.L.153-2011, SEC.17; P.L.152-2017, SEC.22.

IC 12-15-13-7 Permitted forms

Sec. 7. (a) The office and an entity with which the office contracts for the payment of claims shall accept claims submitted on any of the following forms by an individual or organization that is a contractor or subcontractor of the office:

(1) CMS-1500 or its subsequent form.

(2) CMS-1450 (UB04) or its subsequent form.

(3) American Dental Association (ADA) claim form.

(4) Pharmacy and compound drug form.

(b) The office and an entity with which the office contracts for the payment of claims:

(1) may designate as acceptable claim forms other than a form listed in subsection (a); and

(2) may not mandate the use of a crossover claim form.

As added by P.L.256-2001, SEC.3. Amended by P.L.27-2011, SEC.2.

IC 12-15-13-7.2 Use of diagnostic or procedure codes

Sec. 7.2. (a) As used in this section, "provider" has the meaning set forth in IC 27-8-11-1.

(b) Not more than ninety (90) days after the effective date of a diagnostic or procedure code described in this subsection:

(1) the office shall for all purposes begin using the most current version of the:

(A) current procedural terminology (CPT);

(B) international classification of diseases (ICD);

(C) American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders (DSM);

(D) current dental terminology (CDT);

(E) Healthcare common procedure coding system (HCPCS); and

(F) third party administrator (TPA);

codes under which the office processes claims for services provided under the Medicaid program; and

(2) a provider shall begin using the most current version of the:

(A) current procedural terminology (CPT);

(B) international classification of diseases (ICD);

(C) American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders (DSM);

(D) current dental terminology (CDT);

(E) Healthcare common procedure coding system (HCPCS); and

(F) third party administrator (TPA);

codes under which the provider submits claims for payment for services provided under the Medicaid program.

(c) If a provider provides services that are covered under the Medicaid program:

(1) after the effective date of the most current version of a diagnostic or procedure code described in subsection (b); and

(2) before the office begins using the most current version of the diagnostic or procedure code;

the office shall reimburse the provider under the version of the diagnostic or procedure code

that was in effect on the date that the services were provided.
As added by P.L.161-2001, SEC.2. Amended by P.L.66-2002, SEC.4; P.L.27-2011, SEC.3.

IC 12-15-13-8 Expired
As added by P.L.209-2018, SEC.9. Expired 7-1-2019 by P.L.209-2018, SEC.9.

IC 12-15-13-9 Reimbursement for providers at federally qualified health centers and rural health clinics

Sec. 9. (a) Subject to subsection (b), the office shall reimburse the following providers if the providers are providing Medicaid covered services at a federally-qualified health center (as defined in 42 U.S.C. 1396d(l)(2)(B)) or a rural health clinic (as defined in 42 U.S.C. 1396d(l)(1)) within the provider's scope of practice:

(1) A clinical social worker licensed under IC 25-23.6-5.
(2) A marriage and family therapist licensed under IC 25-23.6-8.
(3) A mental health counselor licensed under IC 25-23.6-8.5.
(4) A clinical addiction counselor licensed under IC 25-23.6-10.5.

(b) By July 1, 2020, the office shall apply to the United States Department of Health and Human Services to amend the state Medicaid plan to include reimbursement described in subsection (a). The office may not implement the reimbursement under subsection (a) until the office has obtained approval for the Medicaid state plan amendment requested under this subsection.
As added by P.L.128-2019, SEC.2. Amended by P.L.103-2020, SEC.3.

IC 12-15-13.5 Chapter 13.5. Medicaid Recovery Audits

12-15-13.5-1 "Office"
12-15-13.5-2 Recovery audit; contract; performance
12-15-13.5-3 Audit period
12-15-13.5-4 Annual provider education
12-15-13.5-5 Expired
12-15-13.5-6 Recovery audits; development, review, and certification of plans of treatment

IC 12-15-13.5-1 "Office"

Sec. 1. As used in this chapter, "office" refers to the office of the secretary of family and social services.

As added by P.L.134-2019, SEC.2.

IC 12-15-13.5-2 Recovery audit; contract; performance

Sec. 2. (a) The office and a managed care organization that has contracted with the office under this article shall perform a recovery audit to ensure the integrity of the Medicaid program.

(b) The office shall contract with a recovery auditing entity to perform the recovery audit. A contract with a recovery auditing entity must include the following services:

(1) Review of claims submitted by providers or other individuals furnishing items and services for payment by the Medicaid program to determine whether overpayment or underpayment occurred.

(2) Recovery of identified overpayments and payment to providers of identified underpayments.

(c) A managed care organization may either perform the recovery audit internally or contract with a recovery auditing entity to perform the recovery audit. A recovery audit by a managed care organization, whether performed internally or through a contract with a recovery auditing entity, must meet the requirements of subsection (b) and section 3 of this chapter.

As added by P.L.134-2019, SEC.2.

IC 12-15-13.5-3 Audit period

Sec. 3. A recovery audit under this chapter must include the following:

(1) Subject to subdivision (2), for audits initiated after June 30, 2019, the audit look back period must be three (3) years and one hundred-eighty (180) days.

(2) If the office or a managed care organization discovers information that may indicate a credible allegation of fraud, abusive billing practices, or a claims process error rate greater than thirty percent (30%), the office or the managed care organization may increase the audit look back period to a total of seven (7) years.

As added by P.L.134-2019, SEC.2.

IC 12-15-13.5-4 Annual provider education

Sec. 4. The managed care organization or the auditing entity, in conjunction with the office, shall perform educational and training programs annually for providers that include the following:

(1) A summary of the managed care organization's auditing entity's past or previous audit findings that provide guidance to Medicaid providers.

(2) The most common errors or issues and how a provider can avoid these errors and issues.

(3) Recommended practices for providers on improving claim submissions.

As added by P.L.134-2019, SEC.2.

IC 12-15-13.5-5 Expired

As added by P.L.134-2019, SEC.2. Expired 12-31-2019 by P.L.134-2019, SEC.2.

IC 12-15-13.5-6 Recovery audits; development, review, and certification of plans of treatment

Sec. 6. (a) Subject to subsection (b), a recovery audit shall not require documentation, at the time of service, for services provided by a community mental health center (as defined in IC 12-7-2-38) when the documentation is part of an ongoing plan of treatment or a documentation of specific treatment methods.

(b) The direct service provider shall complete documentation described in subsection (a) within a reasonable time frame, but not later than thirty (30) days from the date of service, prior to Medicaid billing.

(c) Any supervising provider in a community mental health center is eligible to review documentation in order to certify a plan of treatment or review specific treatment methods at intervals not greater than ninety (90) days.

(d) A supervising provider described in subsection (c) may review the documentation described in subsection (c) regardless of:

(1) whether the supervising provider is providing direct supervision; and

(2) the location where the service was provided.

A review described under this subsection must be documented by the signature of the supervising provider.

(e) In developing a plan of treatment, the following must be completed to demonstrate active treatment with a client:

(1) A signed client consent form.

(2) The completion of a list of requirements concerning audit compliance, as determined by the division in collaboration with community mental health centers, that verifies active participation in the development of the client's plan of treatment.

(3) Either:

(A) the signature of the client on the client's plan of treatment; or

(B) if the direct care provider, after a good faith effort, is unable to obtain the client's signature on the client's plan of treatment:

(i) the provision of documentation by the provider of the reasons the provider was unable to obtain the signature;

(ii) the continuation of attempting to obtain the client's signature on the client's plan of treatment; and

(iii) a determination by the division, based on the documentation in item (i), that the direct care provider has made a good faith effort to obtain the signature.

As added by P.L.127-2020, SEC.3.

IC 12-15-13.6 Chapter 13.6. Audit of Prescription Drug Cost Sharing

12-15-13.6-1 Audit of Medicaid prescription drug cost sharing; request for proposal
12-15-13.6-2 Look back period
12-15-13.6-3 Audit requirements
12-15-13.6-4 Audit results

IC 12-15-13.6-1 Audit of Medicaid prescription drug cost sharing; request for proposal

Sec. 1. (a) Once every three (3) state fiscal years:

(1) the state board of accounts; or

(2) an independent auditor with experience auditing expenses related to prescription drugs that is hired by the state board of accounts;

shall conduct an audit examining prescription drug cost sharing for the Medicaid program.

(b) The attorney general may, for an audit described under IC 27-1-3.7, issue a request for proposal under IC 27-1-3.7 to evaluate and determine whether to include the following in the request for proposal for the audit:

(1) Cost sharing.

(2) Spread pricing.

(3) Patient steering.

(4) Proper brand and generic definitions.

(5) Effective rate clawbacks.

(6) Medical loss ratio inflation.

(7) Formulary compliance.

(8) Discriminatory pricing.

(9) Specialty drug definition and categorization.

(10) Adherence to contracted pricing terms.

(11) Adherence to plan design, including:

(A) quantity limits; and

(B) prior authorization guidelines.

(12) Under market reimbursements to pharmacies.

(13) Dispensing fees.

(14) Lesser of logic pricing.

(15) Fraud, waste, and abuse.

(16) Rebates.

(17) Compliance with federal law.

(18) Review of practices of any of the following used within the Medicaid program:

(A) Managed care organizations.

(B) Pharmacies.

(C) Pharmacy services administrative organizations.

(D) Wholesalers.

(E) Drug manufacturers.

(19) Any other metric determined by the attorney general for inclusion in the audit of the Medicaid program.

This subsection expires December 31, 2025.

As added by P.L.196-2021, SEC.3. Amended by P.L.233-2023, SEC.1.

IC 12-15-13.6-2 Look back period

Sec. 2. (a) For an audit conducted under section 1(a) of this chapter, the audit look back period must be the previous three (3) state fiscal years.

(b) For an audit described in section 1(b) of this chapter, the look back period must be the previous five (5) state fiscal years. This subsection expires December 31, 2025.

As added by P.L.196-2021, SEC.3. Amended by P.L.233-2023, SEC.2.

IC 12-15-13.6-3 Audit requirements

Sec. 3. An audit conducted under section 1 of this chapter must evaluate all prescription drug cost sharing for the Medicaid program for the audit look back period, including for prescription drugs paid for directly by the Medicaid program and prescription drugs paid for by managed care organizations.

As added by P.L.196-2021, SEC.3.

IC 12-15-13.6-4 Audit results

Sec. 4. (a) The results of an audit conducted under section 1(a) of this chapter must be provided to the office of the secretary.

(b) Before September 1, 2024, the results of an audit conducted under IC 27-1-3.7 and section 1(b) of this chapter must be provided to the interim study committee on public health, behavioral health, and human services established by IC 2-5-1.3-4. This subsection expires December 31, 2025.

As added by P.L.196-2021, SEC.3. Amended by P.L.233-2023, SEC.3.

IC 12-15-14 Chapter 14. Payment to Nursing Facilities

12-15-14-1	Payment criteria; uniformity
12-15-14-2	Payment of nursing facility services; rules
12-15-14-2.5	Prohibition on reimbursement for reservation of bed for hospitalized or otherwise absent Medicaid recipient
12-15-14-3	Repealed
12-15-14-4	Repealed
12-15-14-5	Repealed
12-15-14-8	Use of RUG-IV, 48-Group model for payments; public notice if reduction in reimbursement
12-15-14-9	Expired

IC 12-15-14-1 Payment criteria; uniformity

Sec. 1. (a) Except as provided in subsection (b), payment of services for nursing facilities shall be determined under the same criteria and in a uniform manner for all facilities providing services.

(b) In addition to reimbursement under the uniform rates of payment developed for all nursing facilities under subsection (a):

(1) nursing facilities that are owned and operated by a governmental entity may receive any additional payments that are permitted under applicable federal statutes and regulations; and

(2) nursing facilities that are not owned and operated by a governmental entity may receive any additional payments that are permitted under applicable federal statutes and regulations.

(c) Each governmental transfer or other payment mechanism that the office implements under this chapter must maximize the amount of federal financial participation that the state can obtain through the intergovernmental transfer or other payment mechanism.

[Pre-1992 Revision Citation: 12-1-7-17.4.]

As added by P.L.2-1992, SEC.9. Amended by P.L.160-2001, SEC.1.

IC 12-15-14-2 Payment of nursing facility services; rules

Sec. 2. (a) Payment of nursing facility services shall be determined in accordance with 42 U.S.C. 1396a(a)(13)(A) and any other applicable federal statutes or regulations governing such payments.

(b) The office of the secretary shall adopt rules under IC 4-22-2 to implement the reimbursement system required by this section.

[Pre-1992 Revision Citation: 12-1-7-17.6(b).]

As added by P.L.2-1992, SEC.9. Amended by P.L.152-1995, SEC.11; P.L.257-1996, SEC.10; P.L.126-1998, SEC.3; P.L.160-2001, SEC.2; P.L.241-2023, SEC.14.

IC 12-15-14-2.5 Prohibition on reimbursement for reservation of bed for hospitalized or otherwise absent Medicaid recipient

Sec. 2.5. (a) The office may not reimburse a nursing facility provider for reserving a bed for a Medicaid recipient when the Medicaid recipient is not present in the nursing facility due to a hospital stay or leave of absence for therapeutic reasons.

(b) Not later than September 30, 2011, the office shall submit a state Medicaid plan amendment to the federal Centers for Medicare and Medicaid Services to implement this section.

As added by P.L.229-2011, SEC.127.

IC 12-15-14-3 Repealed

As added by P.L.152-1995, SEC.12. Repealed by P.L.2-1997, SEC.89.

IC 12-15-14-4 Repealed

As added by P.L.152-1995, SEC.13. Repealed by P.L.2-1997, SEC.89.

IC 12-15-14-5 Repealed

As added by P.L.152-1995, SEC.14. Repealed by P.L.2-1997, SEC.89.

IC 12-15-14-8 Use of RUG-IV, 48-Group model for payments; public notice if reduction in reimbursement

Sec. 8. (a) The office may implement an end of therapy reclassification methodology in the RUG-IV, 48-Group model or its successor for payment of nursing facility services.

(b) Before the office changes a health facility service reimbursement that results in a reduction in reimbursement, the office shall provide public notice of at least one (1) year. The public notice under this subsection:

(1) is not a rulemaking action or part of the administrative rulemaking process under IC 4-22; and

(2) must include the fiscal impact of the proposed reimbursement change.

As added by P.L.224-2017, SEC.4. Amended by P.L.165-2021, SEC.140; P.L.241-2023, SEC.15.

IC 12-15-14-9 Expired

As added by P.L.31-2018, SEC.1. Expired 6-30-2019 by P.L.31-2018, SEC.1.

IC 12-15-14.5 Chapter 14.5. Repealed

Repealed by P.L.153-2011, SEC.20.

IC 12-15-15 Chapter 15. Payment to Hospitals; General

12-15-15-1	Services at hospitals licensed under IC 16-21; rates established under rules
12-15-15-1.1	Reimbursement to hospitals for inpatient hospital services; intergovernmental transfers; calculating Medicaid shortfall
12-15-15-1.2	Reimbursement for children's hospital bordering Indiana; limitations; expiration
12-15-15-1.3	Reimbursement to hospitals for outpatient hospital services; intergovernmental transfers; calculating Medicaid shortfall
12-15-15-1.5	Additional reimbursements to certain hospitals; appeal of amount of distribution
12-15-15-1.6	Alternative payment methodology for payments to hospitals
12-15-15-2	Rates adopted for hospital licensed under IC 16-21; prospective or retrospective application
12-15-15-2.5	Payment for physician services in emergency department
12-15-15-3	Services provided at hospitals operating under IC 16-24-1; prospective payment rate
12-15-15-4	Per diem rate for services provided in hospitals operating under IC 16-24-1
12-15-15-4.5	Payment for HIV test; limitation
12-15-15-5	Repealed
12-15-15-6	Fees in addition to infant delivery fees
12-15-15-8	Repealed
12-15-15-9	Attribution of payable claim to county; amount of payment on payable claims; conditions on payments; funds available for payments
12-15-15-9.5	Attribution of payable claim to county; funds available for payments; limitation on payments
12-15-15-9.6	Limitation on total amount of payments
12-15-15-9.8	Repealed
12-15-15-10	Payments to providers under Medicaid disproportionate share provider program
12-15-15-11	Nominal charge hospitals
12-15-15-12	Expired

IC 12-15-15-1 Services at hospitals licensed under IC 16-21; rates established under rules

Sec. 1. Payment of a service provided in a hospital licensed under IC 16-21 shall be determined in accordance with a payment rate for the service that is established under rules adopted under IC 4-22-2 by the secretary in conjunction with the office.

[Pre-1992 Revision Citation: 12-1-7-17.6(c) part.]

As added by P.L.2-1992, SEC.9. Amended by P.L.27-1992, SEC.11; P.L.2-1993, SEC.93.

IC 12-15-15-1.1 Reimbursement to hospitals for inpatient hospital services; intergovernmental transfers; calculating Medicaid shortfall

Sec. 1.1. (a) This section applies to a hospital that is:

(1) licensed under IC 16-21; and

(2) established and operated under IC 16-22-2, IC 16-22-8, or IC 16-23.

This section does not apply during the period that the office is assessing a hospital fee authorized by IC 16-21-10.

(b) For a state fiscal year ending after June 30, 2003, in addition to reimbursement received under section 1 of this chapter, a hospital is entitled to reimbursement in an amount calculated as follows:

STEP ONE: The office shall identify the aggregate inpatient hospital services, reimbursable under this article and under the state Medicaid plan, that were provided during the state fiscal year by hospitals established and operated under IC 16-22-2, IC 16-22-8, or IC 16-23.

STEP TWO: For the aggregate inpatient hospital services identified under STEP ONE, the office shall calculate the aggregate payments made under this article and under the

state Medicaid plan to hospitals established and operated under IC 16-22-2, IC 16-22-8, or IC 16-23, excluding payments under IC 12-15-16, IC 12-15-17, and IC 12-15-19.

STEP THREE: The office shall calculate a reasonable estimate of the amount that would have been paid in the aggregate by the office for the inpatient hospital services described in STEP ONE under Medicare payment principles.

STEP FOUR: Subtract the amount calculated under STEP TWO from the amount calculated under STEP THREE.

STEP FIVE: Subject to subsection (g), from the amount calculated under STEP FOUR, allocate to a hospital established and operated under IC 16-22-8 an amount not to exceed one hundred percent (100%) of the difference between:

(A) the total cost for the hospital's provision of inpatient services covered under this article for the hospital's fiscal year ending during the state fiscal year; and

(B) the total payment to the hospital for its provision of inpatient services covered under this article for the hospital's fiscal year ending during the state fiscal year, excluding payments under IC 12-15-16, IC 12-15-17, and IC 12-15-19.

STEP SIX: Subtract the amount calculated under STEP FIVE from the amount calculated under STEP FOUR.

STEP SEVEN: Distribute an amount equal to the amount calculated under STEP SIX to the eligible hospitals established and operated under IC 16-22-2 or IC 16-23 described in subsection (c) in an amount not to exceed each hospital's Medicaid shortfall as defined in subsection (f).

(c) Subject to subsection (e), reimbursement for a state fiscal year under this section consists of payments made after the close of each state fiscal year. A hospital is not eligible for a payment described in this subsection unless an intergovernmental transfer or certification of expenditures is made under subsection (d).

(d) Subject to subsection (e):

(1) an intergovernmental transfer may be made by or on behalf of the hospital; or

(2) a certification of expenditures as eligible for federal financial participation may be made;

after the close of each state fiscal year. An intergovernmental transfer under this subsection must be made to the Medicaid indigent care trust fund in an amount equal to a percentage, as determined by the office, of the amount to be distributed to the hospital under this section. The office shall use the intergovernmental transfer to fund payments made under this section.

(e) A hospital that makes a certification of expenditures or makes or has an intergovernmental transfer made on the hospital's behalf under this section may appeal under IC 4-21.5 the amount determined by the office to be paid the hospital under subsection (b). The periods described in subsections (c) and (d) for the hospital or another entity to make an intergovernmental transfer or certification of expenditures are tolled pending the administrative appeal and any judicial review initiated by the hospital under IC 4-21.5. The distribution to other hospitals under subsection (b) may not be delayed due to an administrative appeal or judicial review instituted by a hospital under this subsection. If necessary, the office may make a partial distribution to the other eligible hospitals under subsection (b) pending the completion of a hospital's administrative appeal or judicial review, at which time the remaining portion of the payments due to the eligible hospitals shall be made. A partial distribution may be based upon estimates and trends calculated by the office.

(f) For purposes of this section:

(1) the Medicaid shortfall of a hospital established and operated under IC 16-22-2 or IC 16-23 is calculated as follows:

STEP ONE: The office shall identify the inpatient hospital services, reimbursable under this article and under the state Medicaid plan, that were provided during the state fiscal year by the hospital.

STEP TWO: For the inpatient hospital services identified under STEP ONE, the

office shall calculate the payments made under this article and under the state Medicaid plan to the hospital, excluding payments under IC 12-15-16, IC 12-15-17, and IC 12-15-19.

STEP THREE: The office shall calculate a reasonable estimate of the amount that would have been paid by the office for the inpatient hospital services described in STEP ONE under Medicare payment principles; and

(2) a hospital's Medicaid shortfall is equal to the amount by which the amount calculated in STEP THREE of subdivision (1) is greater than the amount calculated in STEP TWO of subdivision (1).

(g) The actual distribution of the amount calculated under STEP FIVE of subsection (b) to a hospital established and operated under IC 16-22-8 shall be made under the terms and conditions provided for the hospital in the state plan for medical assistance. Payment to a hospital under STEP FIVE of subsection (b) is not a condition precedent to the tender of payments to hospitals under STEP SEVEN of subsection (b).

As added by P.L.126-1998, SEC.4. Amended by P.L.113-2000, SEC.2; P.L.283-2001, SEC.19; P.L.66-2002, SEC.5; P.L.120-2002, SEC.13; P.L.1-2003, SEC.56; P.L.255-2003, SEC.16; P.L.212-2007, SEC.1; P.L.218-2007, SEC.11; P.L.229-2011, SEC.128; P.L.205-2013, SEC.190.

IC 12-15-15-1.2 Reimbursement for children's hospital bordering Indiana; limitations; expiration

Sec. 1.2. (a) As used in this section, "children's hospital" means:

(1) a freestanding general acute care hospital that:

(A) is designated by the Medicare program as a children's hospital; or

(B) furnishes inpatient and outpatient health care services to patients who are predominantly individuals less than nineteen (19) years of age; or

(2) a facility located within a freestanding general acute care hospital that:

(A) is designated by the Medicare program as a children's hospital; or

(B) furnishes inpatient and outpatient health care services to patients who are predominately individuals less than nineteen (19) years of age.

(b) This section applies to reimbursement for inpatient Medicaid services and outpatient Medicaid services provided to a Medicaid recipient who is less than nineteen (19) years of age at a children's hospital that is located in a state bordering Indiana. This section does not apply to reimbursement for non-emergency medical transportation.

(c) As used in this subsection, "cost outlier case" means a Medicaid stay that exceeds a predetermined threshold, defined as the greater of twice the diagnosis-related group (DRG) rate or a fixed dollar amount that has been established by the office. The office shall reimburse a children's hospital for covered services provided to a Medicaid recipient that is described in subsection (b) at a rate set by the secretary that is based on a reimbursement formula that is:

(1) comparable to the current federal Medicare reimbursement rate for the service provided by the children's hospital; or

(2) one hundred thirty percent (130%) of the Medicaid reimbursement rate for a service that does not have a Medicare reimbursement rate.

The reimbursement methodology under this subsection must factor in any cost outlier case in a manner that results in the final reimbursement rate made to a hospital meeting the reimbursement requirements specified in this subsection. The office may, upon factoring in the cost outlier case in determining the final reimbursement rate, make retroactive reimbursements to an out of state children's hospital to the date of the initial Medicaid waiver application.

(d) Before September 1, 2021, the office shall apply to the United States Department of Health and Human Services for any state plan amendment or Medicaid waiver necessary to implement and administer this section. Before June 1, 2022, the office shall apply for an

amendment to the Medicaid waiver concerning reimbursement under this section that is necessary to implement the changes required by amendments made to this section concerning factoring in any cost outlier case.

(e) The office may adopt rules under IC 4-22-2 necessary for the implementation of this section.

(f) This section expires July 1, 2027.

As added by P.L.132-2021, SEC.2. Amended by P.L.142-2022, SEC.3; P.L.76-2023, SEC.2; P.L.219-2025, SEC.1.

IC 12-15-15-1.3 Reimbursement to hospitals for outpatient hospital services; intergovernmental transfers; calculating Medicaid shortfall

Sec. 1.3. (a) This section applies to a hospital that is:

(1) licensed under IC 16-21; and

(2) established and operated under IC 16-22-2, IC 16-22-8, or IC 16-23.

This section does not apply during the period that the office is assessing a hospital fee authorized by IC 16-21-10.

(b) For a state fiscal year ending after June 30, 2003, in addition to reimbursement received under section 1 of this chapter, a hospital is entitled to reimbursement in an amount calculated as follows:

STEP ONE: The office shall identify the aggregate outpatient hospital services, reimbursable under this article and under the state Medicaid plan, that were provided during the state fiscal year by hospitals established and operated under IC 16-22-2, IC 16-22-8, or IC 16-23.

STEP TWO: For the aggregate outpatient hospital services identified under STEP ONE, the office shall calculate the aggregate payments made under this article and under the state Medicaid plan to hospitals established and operated under IC 16-22-2, IC 16-22-8, or IC 16-23, excluding payments under IC 12-15-16, IC 12-15-17, and IC 12-15-19.

STEP THREE: The office shall calculate a reasonable estimate of the amount that would have been paid in the aggregate by the office under Medicare payment principles for the outpatient hospital services described in STEP ONE.

STEP FOUR: Subtract the amount calculated under STEP TWO from the amount calculated under STEP THREE.

STEP FIVE: Subject to subsection (g), from the amount calculated under STEP FOUR, allocate to a hospital established and operated under IC 16-22-8 an amount not to exceed one hundred percent (100%) of the difference between:

(A) the total cost for the hospital's provision of outpatient services covered under this article for the hospital's fiscal year ending during the state fiscal year; and

(B) the total payment to the hospital for its provision of outpatient services covered under this article for the hospital's fiscal year ending during the state fiscal year, excluding payments under IC 12-15-16, IC 12-15-17, and IC 12-15-19.

STEP SIX: Subtract the amount calculated under STEP FIVE from the amount calculated under STEP FOUR.

STEP SEVEN: Distribute an amount equal to the amount calculated under STEP SIX to the eligible hospitals established and operated under IC 16-22-2 or IC 16-23 described in subsection (c) in an amount not to exceed each hospital's Medicaid shortfall as defined in subsection (f).

(c) A hospital is not eligible for a payment described in this section unless:

(1) an intergovernmental transfer is made by the hospital or on behalf of the hospital; or

(2) the hospital or another entity certifies the hospital's expenditures as eligible for federal financial participation.

(d) Subject to subsection (e):

(1) an intergovernmental transfer may be made by or on behalf of the hospital; or

(2) a certification of expenditures as eligible for federal financial participation may be made;

after the close of each state fiscal year. An intergovernmental transfer under this subsection must be made to the Medicaid indigent care trust fund in an amount equal to a percentage, as determined by the office, of the amount to be distributed to the hospital under subsection (b). The office shall use the intergovernmental transfer to fund payments made under this section.

(e) A hospital that makes a certification of expenditures or makes or has an intergovernmental transfer made on the hospital's behalf under this section may appeal under IC 4-21.5 the amount determined by the office to be paid by the hospital under subsection (b). The periods described in subsections (c) and (d) for the hospital or other entity to make an intergovernmental transfer or certification of expenditures are tolled pending the administrative appeal and any judicial review initiated by the hospital under IC 4-21.5. The distribution to other hospitals under subsection (b) may not be delayed due to an administrative appeal or judicial review instituted by a hospital under this subsection. If necessary, the office may make a partial distribution to the other eligible hospitals under subsection (b) pending the completion of a hospital's administrative appeal or judicial review, at which time the remaining portion of the payments due to the eligible hospitals must be made. A partial distribution may be calculated by the office based upon estimates and trends.

(f) For purposes of this section:

(1) the Medicaid shortfall of a hospital established and operated under IC 16-22-2 or IC 16-23 is calculated as follows:

STEP ONE: The office shall identify the outpatient hospital services, reimbursable under this article and under the state Medicaid plan, that were provided during the state fiscal year by the hospital.

STEP TWO: For the outpatient hospital services identified under STEP ONE, the office shall calculate the payments made under this article and under the state Medicaid plan to the hospital, excluding payments under IC 12-15-16, IC 12-15-17, and IC 12-15-19.

STEP THREE: The office shall calculate a reasonable estimate of the amount that would have been paid by the office for the outpatient hospital services described in STEP ONE under Medicare payment principles; and

(2) a hospital's Medicaid shortfall is equal to the amount by which the amount calculated in STEP THREE of subdivision (1) is greater than the amount calculated in STEP TWO of subdivision (1).

(g) The actual distribution of the amount calculated under STEP FIVE of subsection (b) to a hospital established and operated under IC 16-22-8 shall be made under the terms and conditions provided for the hospital in the state plan for medical assistance. Payment to a hospital under STEP FIVE of subsection (b) is not a condition precedent to the tender of payments to hospitals under STEP SEVEN of subsection (b).

As added by P.L.120-2002, SEC.14. Amended by P.L.255-2003, SEC.17; P.L.212-2007, SEC.2; P.L.218-2007, SEC.12; P.L.229-2011, SEC.129; P.L.205-2013, SEC.191.

IC 12-15-15-1.5 Additional reimbursements to certain hospitals; appeal of amount of distribution

Sec. 1.5. (a) This section applies to a hospital that:

(1) is licensed under IC 16-21;

(2) is not a unit of state or local government; and

(3) is not owned or operated by a unit of state or local government.

This section does not apply during the period that the office is assessing a hospital fee authorized by IC 16-21-10.

(b) For a state fiscal year ending after June 30, 2003, and before July 1, 2007, in addition

to reimbursement received under section 1 of this chapter, a hospital eligible under this section is entitled to reimbursement in an amount calculated as follows:

STEP ONE: The office shall identify the total inpatient hospital services and the total outpatient hospital services, reimbursable under this article and under the state Medicaid plan, that were provided during the state fiscal year by the hospitals described in subsection (a).

STEP TWO: For the total inpatient hospital services and the total outpatient hospital services identified under STEP ONE, the office shall calculate the aggregate payments made under this article and under the state Medicaid plan to hospitals described in subsection (a), excluding payments under IC 12-15-16, IC 12-15-17, and IC 12-15-19.

STEP THREE: The office shall calculate a reasonable estimate of the amount that would have been paid in the aggregate by the office for the inpatient hospital services and the outpatient hospital services identified in STEP ONE under Medicare payment principles.

STEP FOUR: Subtract the amount calculated under STEP TWO from the amount calculated under STEP THREE.

STEP FIVE: Distribute an amount equal to the amount calculated under STEP FOUR to the eligible hospitals described in subsection (a) as follows:

(A) Subject to the availability of funds under IC 12-15-20-2(8)(D) to serve as the nonfederal share of such payment, the first ten million dollars ($10,000,000) of the amount calculated under STEP FOUR for a state fiscal year shall be paid to a hospital described in subsection (a) that has more than sixty thousand (60,000) Medicaid inpatient days.

(B) Following the payment to the hospital under clause (A) and subject to the availability of funds under IC 12-15-20-2(8)(D) to serve as the nonfederal share of such payments, the remaining amount calculated under STEP FOUR for a state fiscal year shall be paid to all hospitals described in subsection (a). The payments shall be made on a pro rata basis based on the hospitals' Medicaid inpatient days or other payment methodology approved by the Centers for Medicare and Medicaid Services. For purposes of this clause, a hospital's Medicaid inpatient days are the hospital's in-state and paid Medicaid fee for service and managed care days for the state fiscal year for which services are identified under STEP ONE, as determined by the office.

(C) Subject to IC 12-15-20.7, in the event the entirety of the amount calculated under STEP FOUR is not distributed following the payments made under clauses (A) and (B), the remaining amount may be paid to hospitals described in subsection (a) that are eligible under this clause. A hospital is eligible for a payment under this clause only if the nonfederal share of the hospital's payment is provided by or on behalf of the hospital. The remaining amount shall be paid to those eligible hospitals:

(i) on a pro rata basis in relation to all hospitals eligible under this clause based on the hospitals' Medicaid inpatient days; or

(ii) other payment methodology determined by the office and approved by the Centers for Medicare and Medicaid Services.

(c) As used in this subsection, "Medicaid supplemental payments" means Medicaid payments for hospitals that are in addition to Medicaid fee-for-service payments, Medicaid risk-based managed care payments, and Medicaid disproportionate share payments, and that are included in the Medicaid state plan, including Medicaid safety-net payments, and payments made under this section and sections 1.1, 1.3, 9, and 9.5 of this chapter. For a state fiscal year ending after June 30, 2007, in addition to the reimbursement received under section 1 of this chapter, a hospital eligible under this section is entitled to reimbursement in an amount calculated as follows:

STEP ONE: The office shall identify the total inpatient hospital services and the total outpatient hospital services reimbursable under this article and under the state Medicaid plan that were provided during the state fiscal year for all hospitals described in

subsection (a).

STEP TWO: For the total inpatient hospital services and the total outpatient hospital services identified in STEP ONE, the office shall calculate the total payments made under this article and under the state Medicaid plan to all hospitals described in subsection (a). A calculation under this STEP excludes a payment made under the following:

(A) IC 12-15-16.

(B) IC 12-15-17.

(C) IC 12-15-19.

STEP THREE: The office shall calculate, under Medicare payment principles, a reasonable estimate of the total amount that would have been paid by the office for the inpatient hospital services and the outpatient hospital services identified in STEP ONE.

STEP FOUR: Subtract the amount calculated under STEP TWO from the amount calculated under STEP THREE.

STEP FIVE: Distribute an amount equal to the amount calculated under STEP FOUR to the eligible hospitals described in subsection (a) as follows:

(A) As used in this clause, "Medicaid inpatient days" are the hospital's in-state paid Medicaid fee for service and risk-based managed care days for the state fiscal year for which services are identified under STEP ONE, as determined by the office. Subject to the availability of funds transferred to the Medicaid indigent care trust fund under STEP FOUR of IC 12-16-7.5-4.5(c) and remaining in the Medicaid indigent care trust fund under IC 12-15-20-2(8)(G) to serve as the nonfederal share of the payments, the amount calculated under STEP FOUR for a state fiscal year shall be paid to all hospitals described in subsection (a). The payments shall be made on a pro rata basis, based on the hospitals' Medicaid inpatient days or in accordance with another payment methodology determined by the office and approved by the Centers for Medicare and Medicaid Services.

(B) Subject to IC 12-15-20.7, if the entire amount calculated under STEP FOUR is not distributed following the payments made under clause (A), the remaining amount shall be paid as described in clauses (C) and (D) to a hospital that is described in subsection (a) and that is described as eligible under this clause. A hospital is eligible for a payment under clause (C) only if the hospital:

(i) has less than sixty thousand (60,000) Medicaid inpatient days annually;

(ii) was eligible for Medicaid disproportionate share hospital payments in the state fiscal year ending June 30, 1998, or the hospital met the office's Medicaid disproportionate share payment criteria based upon state fiscal year 1998 data and received a Medicaid disproportionate share payment for the state fiscal year ending June 30, 2001; and

(iii) received a Medicaid disproportionate share payment under IC 12-15-19-2.1 for state fiscal years 2001, 2002, 2003, and 2004.

The payment amount under clause (C) for an eligible hospital is subject to the availability of the nonfederal share of the hospital's payment being provided by the hospital or on behalf of the hospital.

(C) For state fiscal years ending after June 30, 2007, but before July 1, 2009, payments to eligible hospitals described in clause (B) shall be made as follows:

(i) The payment to an eligible hospital that merged two (2) hospitals under a single Medicaid provider number effective January 1, 2004, shall equal one hundred percent (100%) of the hospital's hospital-specific limit for the state fiscal year ending June 30, 2005, when the payment is combined with any Medicaid disproportionate share payment made under IC 12-15-19-2.1, Medicaid, and other Medicaid supplemental payments, paid or to be paid to the hospital for a state fiscal year.

(ii) The payment to an eligible hospital described in clause (B) other than a

hospital described in item (i) shall equal one hundred percent (100%) of the hospital's hospital specific limit for the state fiscal year ending June 30, 2004, when the payment is combined with any Medicaid disproportionate share payment made under IC 12-15-19-2.1, Medicaid, and other Medicaid supplemental payments, paid or to be paid to the hospital for a state fiscal year.

(D) For state fiscal years beginning after June 30, 2009, payments to an eligible hospital described in clause (B) shall be made in a manner determined by the office.

(E) Subject to IC 12-15-20.7, if the entire amount calculated under STEP FOUR is not distributed following the payments made under clause (A) and clauses (C) or (D), the remaining amount may be paid as described in clause (F) to a hospital described in subsection (a) that is described as eligible under this clause. A hospital is eligible for a payment for a state fiscal year under clause (F) if the hospital:

(i) is eligible to receive Medicaid disproportionate share payments for the state fiscal year for which the Medicaid disproportionate share payment is attributable under IC 12-15-19-2.1, for a state fiscal year ending after June 30, 2007; and

(ii) does not receive a payment under clauses (C) or (D) for the state fiscal year.

A payment to a hospital under this clause is subject to the availability of nonfederal matching funds.

(F) Payments to eligible hospitals described in clause (E) shall be made:

(i) to best use federal matching funds available for hospitals that are eligible for Medicaid disproportionate share payments under IC 12-15-19-2.1; and

(ii) by using a methodology that allocates available funding under this clause, Medicaid supplemental payments, and payments under IC 12-15-19-2.1, in a manner in which all hospitals eligible under clause (E) receive payments in a manner that takes into account the situation of eligible hospitals that have historically qualified for Medicaid disproportionate share payments and ensures that payments for eligible hospitals are equitable.

(G) If the Centers for Medicare and Medicaid Services does not approve the payment methodologies in clauses (A) through (F), the office may implement alternative payment methodologies that are eligible for federal financial participation to implement a program consistent with the payments for hospitals described in clauses (A) through (F).

(d) A hospital described in subsection (a) may appeal under IC 4-21.5 the amount determined by the office to be paid to the hospital under STEP FIVE of subsections (b) or (c). The distribution to other hospitals under STEP FIVE of subsection (b) or (c) may not be delayed due to an administrative appeal or judicial review instituted by a hospital under this subsection. If necessary, the office may make a partial distribution to the other eligible hospitals under STEP FIVE of subsection (b) or (c) pending the completion of a hospital's administrative appeal or judicial review, at which time the remaining portion of the payments due to the eligible hospitals shall be made. A partial distribution may be based on estimates and trends calculated by the office.

As added by P.L.255-2003, SEC.18. Amended by P.L.212-2007, SEC.3; P.L.218-2007, SEC.13; P.L.3-2008, SEC.92; P.L.229-2011, SEC.130; P.L.205-2013, SEC.192.

IC 12-15-15-1.6 Alternative payment methodology for payments to hospitals

Sec. 1.6. (a) This section applies only if the office determines, based on information received from the United States Centers for Medicare and Medicaid Services, that payments made under section 1.5(b) STEP FIVE (A), (B), or (C) of this chapter will not be approved for federal financial participation. This section does not apply during the period that the office is assessing a hospital fee authorized by IC 16-21-10.

(b) If the office determines that payments made under section 1.5(b) STEP FIVE (A) of this chapter will not be approved for federal financial participation, the office may make alternative payments to payments under section 1.5(b) STEP FIVE (A) of this chapter if:

(1) the payments for a state fiscal year are made only to a hospital that would have been eligible for a payment for that state fiscal year under section 1.5(b) STEP FIVE (A) of this chapter; and

(2) the payments for a state fiscal year to each hospital are an amount that is as equal as possible to the amount each hospital would have received under section 1.5(b) STEP FIVE (A) of this chapter for that state fiscal year.

(c) If the office determines that payments made under section 1.5(b) STEP FIVE (B) of this chapter will not be approved for federal financial participation, the office may make alternative payments to payments under section 1.5(b) STEP FIVE (B) of this chapter if:

(1) the payments for a state fiscal year are made only to a hospital that would have been eligible for a payment for that state fiscal year under section 1.5(b) STEP FIVE (B) of this chapter; and

(2) the payments for a state fiscal year to each hospital are an amount that is as equal as possible to the amount each hospital would have received under section 1.5(b) STEP FIVE (B) of this chapter for that state fiscal year.

(d) If the office determines that payments made under section 1.5(b) STEP FIVE (C) of this chapter will not be approved for federal financial participation, the office may make alternative payments to payments under section 1.5(b) STEP FIVE (C) of this chapter if:

(1) the payments for a state fiscal year are made only to a hospital that would have been eligible for a payment for that state fiscal year under section 1.5(b) STEP FIVE (C) of this chapter; and

(2) the payments for a state fiscal year to each hospital are an amount that is as equal as possible to the amount each hospital would have received under section 1.5(b) STEP FIVE (C) of this chapter for that state fiscal year.

(e) If the office determines, based on information received from the United States Centers for Medicare and Medicaid Services, that payments made under subsection (b), (c), or (d) will not be approved for federal financial participation, the office shall use the funds that would have served as the nonfederal share of these payments for a state fiscal year to serve as the nonfederal share of a payment program for hospitals to be established by the office. The payment program must distribute payments to hospitals for a state fiscal year based upon a methodology determined by the office to be equitable under the circumstances.

As added by P.L.78-2004, SEC.4. Amended by P.L.229-2011, SEC.131; P.L.205-2013, SEC.193.

IC 12-15-15-2 Rates adopted for hospital licensed under IC 16-21; prospective or retrospective application

Sec. 2. The rates adopted under this chapter for a hospital licensed under IC 16-21 may be the following:

(1) Prospective.

(2) Retroactive.

(3) A combination of prospective and retroactive.

[Pre-1992 Revision Citation: 12-1-7-17.6(c) part.]

As added by P.L.2-1992, SEC.9. Amended by P.L.2-1993, SEC.94.

IC 12-15-15-2.5 Payment for physician services in emergency department

Sec. 2.5. (a) Payment for physician services provided in the emergency department of a hospital licensed under IC 16-21 must be at a rate of one hundred percent (100%) of rates payable under the Medicaid fee structure.

(b) The payment under subsection (a) must be calculated using the same methodology used for all other physicians participating in the Medicaid program.

(c) For services rendered and documented in an individual's medical record, physicians must be reimbursed for federally required medical screening exams that are necessary to determine the presence of an emergency using the appropriate Current Procedural

Terminology (CPT) codes 99281, 99282, or 99283 described in the Current Procedural Terminology Manual published annually by the American Medical Association, without authorization by the enrollee's primary medical provider.

(d) This section does not apply to a person enrolled in a Medicaid risk based managed care program.

As added by P.L.153-1995, SEC.10. Amended by P.L.119-1997, SEC.5; P.L.245-1999, SEC.1; P.L.223-2001, SEC.10; P.L.152-2017, SEC.23.

IC 12-15-15-3 Services provided at hospitals operating under IC 16-24-1; prospective payment rate

Sec. 3. Payment of a service provided in a hospital operating under IC 16-24-1 shall be determined in accordance with a prospective payment rate for the service.

[Pre-1992 Revision Citation: 12-1-7-17.6(c) part.]

As added by P.L.2-1992, SEC.9. Amended by P.L.2-1993, SEC.95.

IC 12-15-15-4 Per diem rate for services provided in hospitals operating under IC 16-24-1

Sec. 4. The office shall establish a per diem rate for the service provided in a hospital operating under IC 16-24-1 under rules adopted under IC 4-22-2 by the secretary.

[Pre-1992 Revision Citation: 12-1-7-17.6(c) part.]

As added by P.L.2-1992, SEC.9. Amended by P.L.2-1993, SEC.96.

IC 12-15-15-4.5 Payment for HIV test; limitation

Sec. 4.5. Payment to a hospital for a test required under IC 16-41-6-4 must be in an amount equal to the hospital's actual cost of performing the test and may not reduce or replace the reimbursement of other services that are provided to the patient under the state Medicaid program. The total cost to the state may not be more than twenty-four thousand dollars ($24,000) in a state fiscal year.

As added by P.L.237-2003, SEC.2.

IC 12-15-15-5 Repealed

[Pre-1992 Revision Citation: 12-1-7-17.6(c) part.]

As added by P.L.2-1992, SEC.9. Repealed by P.L.126-1998, SEC.22.

IC 12-15-15-6 Fees in addition to infant delivery fees

Sec. 6. (a) In addition to a payment due to a hospital for the delivery of a newborn infant, the office shall tender a payment to the hospital for the hospital's collection, handling, and delivery of a specimen for testing under IC 16-41-17-2(a)(10).

(b) Payment to a hospital required under subsection (a) must be in an amount equal to the total of the following costs:

(1) The cost incurred by the hospital to collect, handle, and deliver the specimen obtained for testing under IC 16-41-17-2(a)(10).

(2) Any fee assessed against the hospital for a laboratory's testing of the specimen under IC 16-41-17-2(a)(10).

(3) Any newborn screening fee or other fee assessed against the hospital by the Indiana department of health in connection with the testing of the specimen under IC 16-41-17-2(a)(10).

As added by P.L.149-2001, SEC.2. Amended by P.L.56-2023, SEC.100.

IC 12-15-15-8 Repealed

As added by P.L.277-1993(ss), SEC.70. Amended by P.L.156-1995, SEC.1. Repealed by P.L.126-1998, SEC.21.

IC 12-15-15-9 Attribution of payable claim to county; amount of payment on payable claims; conditions on payments; funds available for payments

Sec. 9. (a) For purposes of this section and IC 12-16-7.5-4.5, a payable claim is attributed to a county if the payable claim is submitted to the division by a hospital licensed under IC 16-21-2 for payment under IC 12-16-7.5 for care provided by the hospital to an individual who qualifies for the hospital care for the indigent program under IC 12-16-3.5-1 or IC 12-16-3.5-2 and:

(1) who is a resident of the county;

(2) who is not a resident of the county and for whom the onset of the medical condition that necessitated the care occurred in the county; or

(3) whose residence cannot be determined by the division and for whom the onset of the medical condition that necessitated the care occurred in the county.

This section does not apply during the period that the office is assessing a hospital fee authorized by IC 16-21-10.

(b) For each state fiscal year ending after June 30, 2003, and before July 1, 2007, a hospital licensed under IC 16-21-2 that submits to the division during the state fiscal year a payable claim under IC 12-16-7.5 is entitled to a payment under subsection (c).

(c) Except as provided in section 9.8 of this chapter and subject to section 9.6 of this chapter, for a state fiscal year, the office shall pay to a hospital referred to in subsection (b) an amount equal to the amount, based on information obtained from the division and the calculations and allocations made under IC 12-16-7.5-4.5, that the office determines for the hospital under STEP SIX of the following STEPS:

STEP ONE: Identify:

(A) each hospital that submitted to the division one (1) or more payable claims under IC 12-16-7.5 during the state fiscal year; and

(B) the county to which each payable claim is attributed.

STEP TWO: For each county identified in STEP ONE, identify:

(A) each hospital that submitted to the division one (1) or more payable claims under IC 12-16-7.5 attributed to the county during the state fiscal year; and

(B) the total amount of all hospital payable claims submitted to the division under IC 12-16-7.5 attributed to the county during the state fiscal year.

STEP THREE: For each county identified in STEP ONE, identify the amount of county funds transferred to the Medicaid indigent care trust fund under IC 12-16-7.5-4.5.

STEP FOUR: For each hospital identified in STEP ONE, with respect to each county identified in STEP ONE, calculate the hospital's percentage share of the county's funds transferred to the Medicaid indigent care trust fund under IC 12-16-7.5-4.5. Each hospital's percentage share is based on the total amount of the hospital's payable claims submitted to the division under IC 12-16-7.5 attributed to the county during the state fiscal year, calculated as a percentage of the total amount of all hospital payable claims submitted to the division under IC 12-16-7.5 attributed to the county during the state fiscal year.

STEP FIVE: Subject to subsection (j), for each hospital identified in STEP ONE, with respect to each county identified in STEP ONE, multiply the hospital's percentage share calculated under STEP FOUR by the amount of the county's funds transferred to the Medicaid indigent care trust fund under IC 12-16-7.5-4.5.

STEP SIX: Determine the sum of all amounts calculated under STEP FIVE for each hospital identified in STEP ONE with respect to each county identified in STEP ONE.

(d) For state fiscal years beginning after June 30, 2007, a hospital that received a payment determined under STEP SIX of subsection (c) for the state fiscal year ending June 30, 2007, shall be paid in an amount equal to the amount determined for the hospital under STEP SIX of subsection (c) for the state fiscal year ending June 30, 2007.

(e) A hospital's payment under subsection (c) or (d) is in the form of a Medicaid

supplemental payment. The amount of a hospital's Medicaid supplemental payment is subject to the availability of funding for the non-federal share of the payment under subsection (f). The office shall make the payments under subsection (c) and (d) before December 15 that next succeeds the end of the state fiscal year.

(f) The non-federal share of a payment to a hospital under subsection (c) or (d) is funded from the funds transferred to the Medicaid indigent care trust fund under IC 12-16-7.5-4.5.

(g) The amount of a county's transferred funds available to be used to fund the non-federal share of a payment to a hospital under subsection (c) is an amount that bears the same proportion to the total amount of funds of the county transferred to the Medicaid indigent care trust fund under IC 12-16-7.5-4.5 that the total amount of the hospital's payable claims under IC 12-16-7.5 attributed to the county submitted to the division during the state fiscal year bears to the total amount of all hospital payable claims under IC 12-16-7.5 attributed to the county submitted to the division during the state fiscal year.

(h) Any county's funds identified in subsection (g) that remain after the non-federal share of a hospital's payment has been funded are available to serve as the non-federal share of a payment to a hospital under section 9.5 of this chapter.

(i) For purposes of this section, "payable claim" has the meaning set forth in IC 12-16-7.5-2.5(b)(1).

(j) For purposes of subsection (c):

(1) the amount of a payable claim is an amount equal to the amount the hospital would have received under the state's fee-for-service Medicaid reimbursement principles for the hospital care for which the payable claim is submitted under IC 12-16-7.5 if the individual receiving the hospital care had been a Medicaid enrollee; and

(2) a payable hospital claim under IC 12-16-7.5 includes a payable claim under IC 12-16-7.5 for the hospital's care submitted by an individual or entity other than the hospital, to the extent permitted under the hospital care for the indigent program.

(k) The amount calculated under STEP FIVE of subsection (c) for a hospital with respect to a county may not exceed the total amount of the hospital's payable claims attributed to the county during the state fiscal year.

As added by P.L.126-1998, SEC.5. Amended by P.L.113-2000, SEC.3; P.L.283-2001, SEC.20; P.L.1-2002, SEC.52; P.L.120-2002, SEC.15; P.L.1-2003, SEC.57; P.L.255-2003, SEC.19; P.L.78-2004, SEC.5; P.L.212-2007, SEC.4; P.L.218-2007, SEC.14; P.L.229-2011, SEC.132; P.L.205-2013, SEC.194.

IC 12-15-15-9.5 Attribution of payable claim to county; funds available for payments; limitation on payments

Sec. 9.5. (a) For purposes of this section and IC 12-16-7.5-4.5, a payable claim is attributed to a county if the payable claim is submitted to the division by a hospital licensed under IC 16-21-2 for payment under IC 12-16-7.5 for care provided by the hospital to an individual who qualifies for the hospital care for the indigent program under IC 12-16-3.5-1 or IC 12-16-3.5-2 and:

(1) who is a resident of the county;

(2) who is not a resident of the county and for whom the onset of the medical condition that necessitated the care occurred in the county; or

(3) whose residence cannot be determined by the division and for whom the onset of the medical condition that necessitated the care occurred in the county.

This section does not apply during the period that the office is assessing a hospital fee authorized by IC 16-21-10.

(b) For each state fiscal year ending after June 30, 2003, but before July 1, 2007, a hospital licensed under IC 16-21-2:

(1) that submits to the division during the state fiscal year a payable claim under IC 12-16-7.5; and

(2) whose payment under section 9(c) of this chapter was less than the total amount of

the hospital's payable claims under IC 12-16-7.5 submitted by the hospital to the division during the state fiscal year;

is entitled to a payment under subsection (c).

(c) Subject to section 9.6 of this chapter, for a state fiscal year, the office shall pay to a hospital referred to in subsection (b) an amount equal to the amount, based on information obtained from the division and the calculations and allocations made under IC 12-16-7.5-4.5, that the office determines for the hospital under STEP EIGHT of the following STEPS:

STEP ONE: Identify each county whose transfer of funds to the Medicaid indigent care trust fund under IC 12-16-7.5-4.5 for the state fiscal year was less than the total amount of all hospital payable claims attributed to the county and submitted to the division during the state fiscal year.

STEP TWO: For each county identified in STEP ONE, calculate the difference between the amount of funds of the county transferred to the Medicaid indigent care trust fund under IC 12-16-7.5-4.5 and the total amount of all hospital payable claims attributed to the county and submitted to the division during the state fiscal year.

STEP THREE: Calculate the sum of the amounts calculated for the counties under STEP TWO.

STEP FOUR: Identify each hospital whose payment under section 9(c) of this chapter was less than the total amount of the hospital's payable claims under IC 12-16-7.5 submitted by the hospital to the division during the state fiscal year.

STEP FIVE: Calculate for each hospital identified in STEP FOUR the difference between the hospital's payment under section 9(c) of this chapter and the total amount of the hospital's payable claims under IC 12-16-7.5 submitted by the hospital to the division during the state fiscal year.

STEP SIX: Calculate the sum of the amounts calculated for each of the hospitals under STEP FIVE.

STEP SEVEN: For each hospital identified in STEP FOUR, calculate the hospital's percentage share of the amount calculated under STEP SIX. Each hospital's percentage share is based on the amount calculated for the hospital under STEP FIVE calculated as a percentage of the sum calculated under STEP SIX.

STEP EIGHT: For each hospital identified in STEP FOUR, multiply the hospital's percentage share calculated under STEP SEVEN by the sum calculated under STEP THREE. The amount calculated under this STEP for a hospital may not exceed the amount by which the hospital's total payable claims under IC 12-16-7.5 submitted during the state fiscal year exceeded the amount of the hospital's payment under section 9(c) of this chapter.

(d) For state fiscal years beginning after June 30, 2007, a hospital that received a payment determined under STEP EIGHT of subsection (c) for the state fiscal year ending June 30, 2007, shall be paid an amount equal to the amount determined for the hospital under STEP EIGHT of subsection (c) for the state fiscal year ending June 30, 2007.

(e) A hospital's payment under subsection (c) or (d) is in the form of a Medicaid supplemental payment. The amount of the hospital's add-on payment is subject to the availability of funding for the nonfederal share of the payment under subsection (f). The office shall make the payments under subsection (c) or (d) before December 15 that next succeeds the end of the state fiscal year.

(f) The nonfederal share of a payment to a hospital under subsection (c) or (d) is derived from funds transferred to the Medicaid indigent care trust fund under IC 12-16-7.5-4.5 and not expended under section 9 of this chapter.

(g) Except as provided in subsection (h), the office may not make a payment under this section until the payments due under section 9 of this chapter for the state fiscal year have been made.

(h) If a hospital appeals a decision by the office regarding the hospital's payment under section 9 of this chapter, the office may make payments under this section before all

payments due under section 9 of this chapter are made if:

(1) a delay in one (1) or more payments under section 9 of this chapter resulted from the appeal; and

(2) the office determines that making payments under this section while the appeal is pending will not unreasonably affect the interests of hospitals eligible for a payment under this section.

(i) Any funds transferred to the Medicaid indigent care trust fund under IC 12-16-7.5-4.5 remaining after payments are made under this section shall be used as provided in IC 12-15-20-2(8).

(j) For purposes of subsection (c):

(1) "payable claim" has the meaning set forth in IC 12-16-7.5-2.5(b);

(2) the amount of a payable claim is an amount equal to the amount the hospital would have received under the state's fee-for-service Medicaid reimbursement principles for the hospital care for which the payable claim is submitted under IC 12-16-7.5 if the individual receiving the hospital care had been a Medicaid enrollee; and

(3) a payable hospital claim under IC 12-16-7.5 includes a payable claim under IC 12-16-7.5 for the hospital's care submitted by an individual or entity other than the hospital, to the extent permitted under the hospital care for the indigent program.

As added by P.L.255-2003, SEC.20. Amended by P.L.78-2004, SEC.6; P.L.212-2007, SEC.5; P.L.218-2007, SEC.15; P.L.3-2008, SEC.93; P.L.229-2011, SEC.133; P.L.205-2013, SEC.195.

IC 12-15-15-9.6 Limitation on total amount of payments

Sec. 9.6. For state fiscal years beginning after June 30, 2007, the total amount of payments to hospitals under sections 9 and 9.5 of this chapter may not exceed the amount paid to hospitals under sections 9 and 9.5 of this chapter for the state fiscal year ending June 30, 2007.

As added by P.L.255-2003, SEC.21. Amended by P.L.212-2007, SEC.6; P.L.218-2007, SEC.16.

IC 12-15-15-9.8 Repealed

As added by P.L.78-2004, SEC.7. Repealed by P.L.212-2007, SEC.31; P.L.218-2007, SEC.52.

IC 12-15-15-10 Payments to providers under Medicaid disproportionate share provider program

Sec. 10. (a) This section applies to a hospital that:

(1) is licensed under IC 16-21; and

(2) qualifies as a provider under IC 12-15-16, IC 12-15-17, or IC 12-15-19 of the Medicaid disproportionate share provider program.

(b) The office may, after consulting with affected providers, do one (1) or more of the following:

(1) Establish a nominal charge hospital payment program.

(2) Establish any other permissible payment program.

(c) A program expanded or established under this section is subject to the availability of:

(1) intergovernmental transfers;

(2) funds certified as being eligible for federal financial participation; or

(3) other permissible sources of non-federal share dollars.

(d) The office may not implement a program under this section until the federal Centers for Medicare and Medicaid Services approves the provisions regarding the program in the amended state plan for medical assistance.

(e) The office may determine not to continue to implement a program established under this section if federal financial participation is not available.

As added by P.L.113-2000, SEC.4. Amended by P.L.66-2002, SEC.6; P.L.212-2007, SEC.7; P.L.218-2007, SEC.17.

IC 12-15-15-11 Nominal charge hospitals

Sec. 11. Hospitals licensed under IC 16-21 that are established and operated under IC 16-22, IC 16-22-8, or IC 16-23 are nominal charge hospitals for purposes of the Medicaid program.

As added by P.L.283-2001, SEC.21.

IC 12-15-15-12 Expired

As added by P.L.132-2021, SEC.3. Expired 1-1-2024 by P.L.132-2021, SEC.3.

IC 12-15-16 Chapter 16. Disproportionate Share Providers; Eligibility

12-15-16-1	Disproportionate share provider status
12-15-16-2	Inpatient utilization rate
12-15-16-3	Low income utilization rate; contractual allowances and discounts
12-15-16-4	Repealed
12-15-16-5	Implementation; federal approval; termination of implementation
12-15-16-6	Basic disproportionate payments to hospitals; amount
12-15-16-7	Disproportionate share payments when hospital assessment fees are authorized; not applicable when state directed payment program in effect
12-15-16-7.3	Disproportionate share payments during state directed payment program in effect; state plan amendment for payments; state mental health institutions
12-15-16-7.5	Expired
12-15-16-7.7	Disproportionate share payment plan; requirements; state plan amendment for plan

IC 12-15-16-1 Disproportionate share provider status

Sec. 1. (a) A provider that is an acute care hospital licensed under IC 16-21, a state mental health institution under IC 12-24-1-3, or a private psychiatric institution licensed under IC 12-25 is a disproportionate share provider if the provider meets either of the following conditions:

(1) The provider's Medicaid inpatient utilization rate is at least one (1) standard deviation above the mean Medicaid inpatient utilization rate for providers receiving Medicaid payments in Indiana. However, the Medicaid inpatient utilization rate of providers whose low income utilization rate exceeds twenty-five percent (25%) must be excluded in calculating the statewide mean Medicaid inpatient utilization rate.

(2) The provider's low income utilization rate exceeds twenty-five percent (25%).

(b) An acute care hospital licensed under IC 16-21 is a municipal disproportionate share provider if the hospital:

(1) has a Medicaid utilization rate greater than one percent (1%); and

(2) is established and operated under IC 16-22-2 or IC 16-23.

(c) A community mental health center:

(1) that is identified in IC 12-29-2-1;

(2) for which a county provides funds under:

(A) IC 12-29-1-7(b) before January 1, 2004; or

(B) IC 12-29-2 after December 31, 2018;

or from other county sources; and

(3) that provides inpatient services to Medicaid patients;

is a community mental health center disproportionate share provider if the community mental health center's Medicaid inpatient utilization rate is greater than one percent (1%).

(d) A disproportionate share provider under IC 12-15-17 must have at least two (2) obstetricians who have staff privileges and who have agreed to provide obstetric services under the Medicaid program. For a hospital located in a rural area (as defined in Section 1886 of the Social Security Act), an obstetrician includes a physician with staff privileges at the hospital who has agreed to perform nonemergency obstetric procedures. However, this obstetric service requirement does not apply to a provider whose inpatients are predominantly individuals less than eighteen (18) years of age or that did not offer nonemergency obstetric services as of December 21, 1987.

(e) The determination of a provider's status as a disproportionate share provider under this section shall be based on utilization and revenue data from the most recent year for which an audited cost report from the provider is on file with the office.

(f) Except as provided in section 7.3 of this chapter, no payments shall be made to disproportionate share hospitals for any state fiscal year for which the state directed payment program under IC 16-21-10-8.5 is in effect.

[Pre-1992 Revision Citation: 12-1-7-60(a).]

As added by P.L.2-1992, SEC.9. Amended by P.L.27-1992, SEC.12; P.L.277-1993(ss), SEC.71; P.L.126-1998, SEC.6; P.L.113-2000, SEC.5; P.L.78-2004, SEC.8; P.L.123-2008, SEC.1; P.L.76-2018, SEC.2; P.L.216-2025, SEC.3.

IC 12-15-16-2 Inpatient utilization rate

Sec. 2. (a) For purposes of disproportionate share eligibility, a provider's Medicaid inpatient utilization rate is a fraction (expressed as a percentage) where:

(1) the numerator is the provider's total number of Medicaid inpatient days in the most recent year for which an audited cost report is on file with the office; and

(2) the denominator is the total number of the provider's inpatient days in the most recent year for which an audited cost report is on file with the office.

(b) For purposes of this section, "Medicaid inpatient days" includes all acute care days attributable to individuals eligible for Medicaid benefits under a state plan approved under 42 U.S.C. 1396a on the days of service:

(1) whether attributable to individuals eligible for Medicaid in Indiana or any other state;

(2) even if the office did not make payment for any services, including inpatient days that are determined to be medically necessary but for which payment is denied by the office for other reasons; and

(3) including days attributable to Medicaid beneficiaries receiving services through a managed care organization or health maintenance organization.

[Pre-1992 Revision Citation: 12-1-7-60(b).]

As added by P.L.2-1992, SEC.9. Amended by P.L.277-1993(ss), SEC.72; P.L.156-1995, SEC.2; P.L.126-1998, SEC.7; P.L.113-2000, SEC.6; P.L.283-2001, SEC.22; P.L.153-2011, SEC.18.

IC 12-15-16-3 Low income utilization rate; contractual allowances and discounts

Sec. 3. (a) For purposes of disproportionate share eligibility, a provider's low income utilization rate is the sum of the following, based on the most recent year for which an audited cost report is on file with the office:

(1) A fraction (expressed as a percentage) for which:

(A) the numerator is the sum of:

(i) the total Medicaid patient revenues paid to the provider; plus

(ii) the amount of the cash subsidies received directly from state and local governments, including payments made under the hospital care for the indigent program (IC 12-16-2) (before its repeal) and IC 12-16-2.5; and

(B) the denominator is the total amount of the provider's patient revenues paid to the provider, including cash subsidies; and

(2) A fraction (expressed as a percentage) for which:

(A) the numerator is the total amount of the provider's charges for inpatient services that are attributable to care provided to individuals who have no source of payment; and

(B) the denominator is the total amount of charges for inpatient services.

(b) The numerator in subsection (a)(1)(A) does not include contractual allowances and discounts other than for indigent patients not eligible for Medicaid.

[Pre-1992 Revision Citation: 12-1-7-60(c).]

As added by P.L.2-1992, SEC.9. Amended by P.L.277-1993(ss), SEC.73; P.L.113-2000, SEC.7; P.L.283-2001, SEC.23; P.L.120-2002, SEC.16.

IC 12-15-16-4 Repealed

[Pre-1992 Revision Citation: 12-1-7-60(d).]

As added by P.L.2-1992, SEC.9. Repealed by P.L.156-1995, SEC.9.

IC 12-15-16-5 Implementation; federal approval; termination of implementation

Sec. 5. (a) The office may not implement this chapter, IC 12-15-17, IC 12-15-18, IC 12-15-19, or IC 12-15-20 until the federal Centers for Medicare and Medicaid Services has issued its approval of the amended state plan for medical assistance.

(b) The office may determine not to continue to implement this chapter, IC 12-15-17, IC 12-15-18, IC 12-15-19, and IC 12-15-20 if federal financial participation is not available.

[Pre-1992 Revision Citation: P.L.112-1991, SEC.7(b), (c), (d).]

As added by P.L.2-1992, SEC.9. Amended by P.L.277-1993(ss), SEC.74; P.L.156-1995, SEC.3; P.L.126-1998, SEC.8; P.L.66-2002, SEC.7; P.L.216-2025, SEC.4.

IC 12-15-16-6 Basic disproportionate payments to hospitals; amount

Sec. 6. (a) As used in this section, "low income utilization rate" refers to the low income utilization rate described in section 3 of this chapter.

(b) Hospitals that qualify for basic disproportionate share under section 1(a) of this chapter shall receive disproportionate share payments as follows:

(1) For the state fiscal year ending June 30, 1999, a pool not exceeding twenty-one million dollars ($21,000,000) shall be distributed to all hospitals licensed under IC 16-21 that qualify under section 1(a)(1) of this chapter. The funds in the pool must be distributed to qualifying hospitals in proportion to each hospital's Medicaid day utilization rate and Medicaid discharges, as determined based on data from the most recent audited cost report on file with the office. Any funds remaining in the pool referred to in this subdivision following distribution to all qualifying hospitals shall be transferred to the pool distributed under subdivision (3).

(2) Hospitals licensed under IC 16-21 that qualify under both section 1(a)(1) and 1(a)(2) of this chapter shall receive a disproportionate share payment in accordance with subdivision (1).

(3) For the state fiscal year ending June 30, 1999, a pool not exceeding five million dollars ($5,000,000), subject to adjustment by the transfer of any funds remaining in the pool referred to in subdivision (1), following distribution to all qualifying hospitals, shall be distributed to all hospitals licensed under IC 16-21 that:

(A) qualify under section 1(a)(1) or 1(a)(2) of this chapter; and

(B) have at least twenty-five thousand (25,000) Medicaid inpatient days per year, based on data from each hospital's Medicaid cost report for the fiscal year ended during state fiscal year 1996.

The funds in the pool must be distributed to qualifying hospitals in proportion to each hospital's Medicaid day utilization rate and total Medicaid patient days, as determined based on data from the most recent audited cost report on file with the office. Payments under this subdivision are in place of the payments made under subdivisions (1) and (2).

(c) This subsection does not apply during the period that the office is assessing a hospital fee authorized by IC 16-21-10. Other institutions that qualify as disproportionate share providers under section 1 of this chapter, in each state fiscal year, shall receive disproportionate share payments as follows:

(1) For each of the state fiscal years ending after June 30, 1995, a pool not exceeding two million dollars ($2,000,000) shall be distributed to all private psychiatric institutions licensed under IC 12-25 that qualify under section 1(a)(1) or 1(a)(2) of this chapter. The funds in the pool must be distributed to the qualifying institutions in proportion to each institution's Medicaid day utilization rate as determined based on data from the most recent audited cost report on file with the office.

(2) A pool not exceeding one hundred ninety-one million dollars ($191,000,000) for all state fiscal years ending after June 30, 1995, shall be distributed to all state mental

health institutions under IC 12-24-1-3 that qualify under either section 1(a)(1) or 1(a)(2) of this chapter. The funds in the pool must be distributed to each qualifying institution in proportion to each institution's low income utilization rate, as determined based on the most recent data on file with the office.

(d) This subsection does not apply during the period that the office is assessing a hospital fee authorized by IC 16-21-10. Disproportionate share payments described in this section shall be made on an interim basis throughout the year, as provided by the office.

As added by P.L.277-1993(ss), SEC.75. Amended by P.L.156-1995, SEC.4; P.L.24-1997, SEC.49; P.L.126-1998, SEC.9; P.L.113-2000, SEC.8; P.L.229-2011, SEC.134; P.L.205-2013, SEC.196.

IC 12-15-16-7 Disproportionate share payments when hospital assessment fees are authorized; not applicable when state directed payment program in effect

Sec. 7. (a) Except as provided in subsection (j) and section 7.7 of this chapter, this section applies to Medicaid disproportionate share payments for the state fiscal year beginning:

(1) July 1, 2012, if hospital fees authorized under P.L.229-2011, SECTION 281 or authorized to be transferred and used for payments are used as state share dollars for the payments; and

(2) July 1, 2013, and for each state fiscal year after, for which hospital fees authorized under IC 16-21-10 are used as state share dollars for the payments.

(b) As used in this section, "hospital specific limit" refers to the hospital specific limit provided under 42 U.S.C. 1396r-4(g).

(c) As used in this section, "municipal hospital payment amount" means, concerning a hospital established and operated under IC 16-22-2 or IC 16-23, an amount equal to the lesser of:

(1) the hospital specific limit for the hospital for the state fiscal year; or

(2) the hospital's net 2009 supplemental payment amount.

(d) As used in this section, "nongovernmental hospital" refers to a hospital that is licensed under IC 16-21-2, that is not a unit of state or local government, and is not owned or operated by a unit of state or local government.

(e) Subject to subsection (j), the following providers are eligible for Medicaid disproportionate share payments under this section:

(1) A hospital or psychiatric institution described in Attachment 4.19-A, Section III, page 6.1(a) of the Medicaid state plan in effect July 1, 2011.

(2) A hospital that satisfies the following for the state fiscal year for which Medicaid disproportionate share payments are made under this section:

(A) A nongovernmental hospital that:

(i) has a Medicaid inpatient utilization rate for the state fiscal year that is at least equal to the mean Medicaid inpatient utilization rate as calculated for purposes of determining Medicaid disproportionate share eligibility, but does not equal or exceed one (1) standard deviation above the mean Medicaid inpatient utilization rate; and

(ii) satisfies the obstetric service provisions of 42 U.S.C. 1396r-4(d).

(B) A hospital established and operated under IC 16-22-2 or IC 16-23 that:

(i) has a Medicaid inpatient utilization rate for the state fiscal year greater than one percent (1%); and

(ii) satisfies the obstetric service provisions of 42 U.S.C. 1396r-4(d).

(3) A nongovernmental hospital that satisfies the following for the state fiscal year for which Medicaid disproportionate share payments are made under this section:

(A) The hospital has a Medicaid inpatient utilization rate for the state fiscal year that is less than the mean Medicaid inpatient utilization rate, as calculated for purposes of determining Medicaid disproportionate share eligibility, but is at least greater than

one percent (1%).

(B) The hospital satisfies the obstetric service provisions of 42 U.S.C. 1396r-4(d).

(f) This subsection applies to a payment of Medicaid disproportionate share payments, if any, to hospitals described in subsection (e)(2) and (e)(3). For Medicaid disproportionate share payments for the state fiscal year beginning July 1, 2012, the office may develop and implement a Medicaid state plan amendment that provides Medicaid disproportionate share payments for the hospitals described in:

(1) subsection (e)(2), as long as each hospital and psychiatric institution described in subsection (e)(1) has received a Medicaid disproportionate share payment for the state fiscal year in an amount equal to either:

(A) the hospital specific limit; or

(B) the municipal hospital payment amount;

for the hospital or psychiatric institution for the state fiscal year; and

(2) subsection (e)(3), as long as each hospital described in subsection (e)(2) has received a Medicaid disproportionate share payment for the state fiscal year in an amount equal to the hospital specific limit for the hospital for the state fiscal year.

(g) This subsection applies to a payment of Medicaid disproportionate share payments, if any, to hospitals described in subsection (e)(2) and (e)(3). For Medicaid disproportionate share payments for the state fiscal year beginning July 1, 2013, and each state fiscal year thereafter under this section, the office may develop and implement a Medicaid state plan amendment that:

(1) renews, for state fiscal year beginning July 1, 2013, and each state fiscal year thereafter under this section, the Medicaid disproportionate share provisions of Attachment 4.19-A, Section III, page 6.1(a) of the Medicaid state plan in effect on July 1, 2011;

(2) provides Medicaid disproportionate share payments for the hospitals described in subsection (e)(2), as long as each hospital and psychiatric institution described in subsection (e)(1) has received a Medicaid disproportionate share payment for the state fiscal year in an amount equal to the:

(A) hospital specific limit; or

(B) municipal hospital payment amount;

for the hospital or psychiatric institution for the state fiscal year; and

(3) provides Medicaid disproportionate share payments for the hospitals described in subsection (e)(3), as long as each hospital described in subsection (e)(2) has received a Medicaid disproportionate share payment for the state fiscal year in an amount equal to the hospital specific limit of the hospital for the state fiscal year.

(h) This subsection does not apply to Medicaid disproportionate share payments made to hospitals described in subsection (e)(2)(B) under Attachment 4.19-A, Section III, page 6.1(a) of the Medicaid state plan in effect on July 1, 2011, or any renewal. Nothing in this section:

(1) requires that the hospitals described in subsection (e)(2) or (e)(3) receive Medicaid disproportionate share payments for a state fiscal year;

(2) requires that the hospitals described in subsection (e)(2) or (e)(3) receive Medicaid disproportionate share payments for a state fiscal year in an amount equal to the respective hospital specific limits for the state fiscal year; or

(3) prescribes how Medicaid disproportionate share payments are to be distributed among the hospitals described in:

(A) subsection (e)(2); or

(B) subsection (e)(3).

(i) Nothing in this section prohibits the use of unexpended federal Medicaid disproportionate share allotments for a state fiscal year under a program, as long as each hospital listed in subsection (e)(1), (e)(2), and (e)(3) has received Medicaid disproportionate share payments for the state fiscal year equal to the hospital specific limit for the hospital for the state fiscal year.

(j) This section does not apply for a state fiscal year for which the state directed payment program under IC 16-21-10-8.5 is in effect.

As added by P.L.205-2013, SEC.197. Amended by P.L.2-2014, SEC.64; P.L.108-2019, SEC.195; P.L.216-2025, SEC.5.

IC 12-15-16-7.3 Disproportionate share payments during state directed payment program in effect; state plan amendment for payments; state mental health institutions

Sec. 7.3. (a) This section applies to disproportionate share payments for any state fiscal year during which the state directed payment program under IC 16-21-10-8.5 is in effect.

(b) The office may develop and implement a Medicaid state plan amendment that provides Medicaid disproportionate share payments for state mental health institutions under IC 12-24-1-3 that qualify as a disproportionate share provider under section 1(a) of this chapter.

(c) The office shall develop and implement a Medicaid state plan amendment that provides Medicaid disproportionate share payments for hospitals pursuant to the following STEPS:

STEP ONE: Each acute care hospital licensed under IC 16-21 that qualifies as a disproportionate share provider under section 1(a) of this chapter, including acute care hospitals licensed under IC 16-21 and established and operated under IC 16-22-2, IC 16-22-8, or IC 16-23 that qualify as a disproportionate share provider under section 1(a) of this chapter, shall be paid a disproportionate share payment for the state fiscal year in the amount of one thousand dollars ($1,000).

STEP TWO: Of the state's disproportionate share payment allotment under 42 CFR 447.297 that remains for the state fiscal year following STEP ONE, and any applicable payments under subsection (b), disproportionate share payments shall be paid to municipal disproportionate share providers described in section 1(b) of this chapter, and to acute care hospitals licensed under IC 16-21 and established and operated under IC 16-22-8 that qualify as a disproportionate share provider under section 1(a) of this chapter, that fund the state's share of their disproportionate share payment for the state fiscal year through an intergovernmental transfer. Subject to subsection (d), each hospital's payment shall be an amount equal to its hospital specific limit for the state fiscal year calculated pursuant to 42 U.S.C. 1396r-4(g).

(d) If the total disproportionate share payments under STEP TWO of subsection (c) for a state fiscal year would be greater than the state's disproportionate share payment allotment under 42 CFR 447.297 that remains following STEP ONE of subsection (c), and any applicable payments under subsection (b), the disproportionate share payments to each hospital eligible under STEP TWO shall be made on a pro rata basis, based on each hospital's hospital specific limit in relation to the remaining disproportionate share payment allotment.

As added by P.L.216-2025, SEC.6.

IC 12-15-16-7.5 Expired

As added by P.L.108-2019, SEC.196. Expired 7-1-2020 by P.L.108-2019, SEC.196.

IC 12-15-16-7.7 Disproportionate share payment plan; requirements; state plan amendment for plan

Sec. 7.7. (a) As used in this section, "CMS" refers to the federal Centers for Medicare and Medicaid Services.

(b) As used in this section, "disproportionate share payment plan" refers to a plan for distributing disproportionate share payments for the state fiscal year beginning July 1, 2020, for any state fiscal year beginning after July 1, 2020, and that meets the requirements set forth in this section.

(c) As used in this section, "federal DSH allotment" refers to the allotment of federal

disproportionate share funds calculated for the state under 42 U.S.C. 1396r-4.

(d) As used in this section, "reduced federal DSH allotment" refers to a federal DSH allotment for the state for the federal fiscal year beginning October 1, 2020, that, by operation of 42 U.S.C. 1396r-4(f)(7), is less than the federal DSH allotment for the state for the federal fiscal year beginning October 1, 2018.

(e) As used in this section, "terminating event" refers to federal legislation (including an amendment to 42 U.S.C. 1396r-4), a regulation or sub-regulatory policy or directive issued by CMS, or a judicial ruling, that is enacted or issued on or before March 30, 2021, that:

(1) cancels, or postpones to a subsequent federal fiscal year, a reduced federal DSH allotment; and

(2) does not cause the state to incur a reduced federal DSH allotment.

(f) The office shall develop a disproportionate share payment plan. The following apply to the disproportionate share payment plan developed under this subsection:

(1) The disproportionate share payment plan must:

(A) specify the amount or amounts of disproportionate share payment adjustments to be paid to acute care hospitals licensed under IC 16-21-2 and private mental health institutions licensed under IC 12-25 for the state fiscal year beginning on or after July 1, 2020; or

(B) specify the formula to be used by the office for purposes of determining the amount or amounts of disproportionate share payment adjustments to be paid to acute care hospitals licensed under IC 16-21-2 and private mental health institutions licensed under IC 12-25 for the state fiscal year beginning on or after July 1, 2020.

(2) In developing the disproportionate share payment plan, the office is not required to:

(A) follow paragraphs 1 through 7 of Subsection A of Section III of Attachment 4.19-A of the Indiana Medicaid state plan in effect on January 1, 2019;

(B) provide for disproportionate share payment adjustments to be paid to acute care hospitals licensed under IC 16-21-2 or private mental health institutions licensed under IC 12-25 that, for purposes of the state fiscal year beginning on or after July 1, 2020, do not meet the definition of a "disproportionate share hospital" as set forth in Section II(E) of Attachment 4.19-A of the Indiana Medicaid state plan in effect on January 1, 2019; or

(C) follow the provisions set forth in section 7.5 of this chapter.

(3) In developing the disproportionate share payment plan, the office shall take into consideration the percentage of a hospital's patients whose health care coverage is provided by a governmental health care program.

(g) After the office submits the state plan amendment described in section 7.5 of this chapter, but before October 1, 2020, the office shall file with CMS and, if approved by CMS, the office shall implement, a proposed Medicaid state plan amendment that is based upon the disproportionate share payment plan developed by the office, subject to the following:

(1) The proposed Medicaid state plan amendment referred to in this subsection shall include language that, in the event a terminating event occurs after the Medicaid state plan amendment is approved by the CMS but before March 30, 2021, would operate to cause the state plan amendment to be immediately and automatically void and without effect, and to cause Subsection A of Section III of Attachment 4.19-A of the state's Medicaid state plan, in effect on January 1, 2019, to be immediately and automatically reinstated and effective.

(2) Subdivision (1) does not prevent the office from submitting a subsequent Medicaid state plan amendment for approval by CMS after CMS's approval of the state plan amendment referenced in subdivision (1) and that applies to a state fiscal year beginning on or after July 1, 2021, and that amends or replaces the state plan amendment described in this subsection.

As added by P.L.108-2019, SEC.197. Amended by P.L.156-2020, SEC.55; P.L.216-2025, SEC.7.

IC 12-15-17 Chapter 17. Disproportionate Share Providers; Disproportionate Share Payments

12-15-17-1 Providers servicing disproportionate share of Medicaid recipients and low income patients; basic rate; minimum Medicaid inpatient utilization rate required
12-15-17-2 Repealed
12-15-17-3 Repealed

IC 12-15-17-1 Providers servicing disproportionate share of Medicaid recipients and low income patients; basic rate; minimum Medicaid inpatient utilization rate required

Sec. 1. A disproportionate share payment shall be made to:

(1) a hospital licensed under IC 16-21;

(2) a state mental health institution under IC 12-24-1-3; and

(3) a private psychiatric institution licensed under IC 12-25;

that serves a disproportionate share of Medicaid recipients and other low income patients as determined under IC 12-15-16-1. However, a provider may not be defined as a disproportionate share provider under IC 12-15-16-1 unless the provider has a Medicaid inpatient utilization rate (as defined in 42 U.S.C. 1396r-4(b)(2)) of at least one percent (1%). Subdivisions (2) and (3) do not apply during the period that the office is assessing a hospital fee authorized by IC 16-21-10.

[Pre-1992 Revision Citation: 12-1-7-17.6(d).]

As added by P.L.2-1992, SEC.9. Amended by P.L.27-1992, SEC.13; P.L.2-1993, SEC.97; P.L.277-1993(ss), SEC.76; P.L.1-1994, SEC.60; P.L.156-1995, SEC.5; P.L.113-2000, SEC.9; P.L.229-2011, SEC.135; P.L.205-2013, SEC.198.

IC 12-15-17-2 Repealed

[Pre-1992 Revision Citation: 12-1-7-17.6(e).]

As added by P.L.2-1992, SEC.9. Amended by P.L.27-1992, SEC.14. Repealed by P.L.277-1993(ss), SEC.83.

IC 12-15-17-3 Repealed

[Pre-1992 Revision Citation: 12-1-7-17.6(f).]

As added by P.L.2-1992, SEC.9. Repealed by P.L.27-1992, SEC.30.

IC 12-15-18 Chapter 18. Disproportionate Share Providers; Assessments

12-15-18-1	Repealed
12-15-18-2	"Hospital" defined
12-15-18-3	"Private psychiatric institution" defined
12-15-18-3.5	"Trustees" defined
12-15-18-4	Repealed
12-15-18-5	Repealed
12-15-18-5.1	Intergovernmental transfer authorization; transfer of appropriations to provide state's share; certification; not applicable when state directed payment program in effect
12-15-18-6	Repealed

IC 12-15-18-1 Repealed

[Pre-1992 Revision Citation: 12-1-7-17.7(a)(1).]

As added by P.L.2-1992, SEC.9. Repealed by P.L.27-1992, SEC.30.

IC 12-15-18-2 "Hospital" defined

Sec. 2. (a) As used in this chapter, "hospital" has the meaning set forth in IC 16-18-2-179(b).

(b) The term does not include a state institution or a private psychiatric institution.

[Pre-1992 Revision Citation: 12-1-7-17.7(a)(2).]

As added by P.L.2-1992, SEC.9. Amended by P.L.2-1993, SEC.98.

IC 12-15-18-3 "Private psychiatric institution" defined

Sec. 3. As used in this chapter, "private psychiatric institution" means an acute care inpatient facility licensed under IC 12-25, for the treatment of individuals with mental illness.

[Pre-1992 Revision Citation: 12-1-7-17.7(a)(4).]

As added by P.L.2-1992, SEC.9.

IC 12-15-18-3.5 "Trustees" defined

Sec. 3.5. As used in this chapter, "trustees" refers to the trustees of Indiana University.

As added by P.L.27-1992, SEC.15.

IC 12-15-18-4 Repealed

[Pre-1992 Revision Citation: 12-1-7-17.7(b).]

As added by P.L.2-1992, SEC.9. Amended by P.L.27-1992, SEC.16; P.L.2-1993, SEC.99; P.L.277-1993(ss), SEC.77; P.L.1-1994, SEC.61. Repealed by P.L.156-1995, SEC.9.

IC 12-15-18-5 Repealed

[Pre-1992 Revision Citation: 12-1-7-17.7(c).]

As added by P.L.2-1992, SEC.9. Amended by P.L.27-1992, SEC.17; P.L.2-1993, SEC.100; P.L.277-1993(ss), SEC.78; P.L.1-1994, SEC.62; P.L.156-1995, SEC.6; P.L.115-1996, SEC.1; P.L.24-1997, SEC.51. Repealed by P.L.126-1998, SEC.21.

IC 12-15-18-5.1 Intergovernmental transfer authorization; transfer of appropriations to provide state's share; certification; not applicable when state directed payment program in effect

Sec. 5.1. (a) For state fiscal years ending on or after June 30, 1998, the trustees and each municipal health and hospital corporation established under IC 16-22-8-6 are authorized to make intergovernmental transfers to the Medicaid indigent care trust fund in amounts to be determined jointly by the office and the trustees, and the office and each municipal health and hospital corporation.

(b) The treasurer of state shall annually transfer from appropriations made for the division

of mental health and addiction sufficient money to provide the state's share of payments under IC 12-15-16-6(c)(2).

(c) The office shall coordinate the transfers from the trustees and each municipal health and hospital corporation established under IC 16-22-8-6 so that the aggregate intergovernmental transfers, when combined with federal matching funds:

(1) produce payments to each hospital licensed under IC 16-21 that qualifies as a disproportionate share provider under IC 12-15-16-1(a); and

(2) both individually and in the aggregate do not exceed limits prescribed by the federal Centers for Medicare and Medicaid Services.

The trustees and a municipal health and hospital corporation are not required to make intergovernmental transfers under this section. The trustees and a municipal health and hospital corporation may make additional transfers to the Medicaid indigent care trust fund to the extent necessary to make additional payments from the Medicaid indigent care trust fund apply to a prior federal fiscal year as provided in IC 12-15-19-1(b).

(d) A municipal disproportionate share provider (as defined in IC 12-15-16-1) shall transfer to the Medicaid indigent care trust fund an amount determined jointly by the office and the municipal disproportionate share provider. A municipal disproportionate share provider is not required to make intergovernmental transfers under this section. A municipal disproportionate share provider may make additional transfers to the Medicaid indigent care trust fund to the extent necessary to make additional payments from the Medicaid indigent care trust fund apply to a prior federal fiscal year as provided in IC 12-15-19-1(b).

(e) A county making a payment under:

(1) IC 12-29-1-7(b) before January 1, 2004; or

(2) IC 12-29-2 after December 31, 2018;

or from other county sources to a community mental health center qualifying as a community mental health center disproportionate share provider shall certify that the payment represents expenditures that are eligible for federal financial participation under 42 U.S.C. 1396b(w)(6)(A) and 42 CFR 433.51. The office shall assist a county in making this certification.

(f) This section does not apply for a state fiscal year for which the state directed payment program under IC 16-21-10-8.5 is in effect.

As added by P.L.126-1998, SEC.10. Amended by P.L.113-2000, SEC.10; P.L.215-2001, SEC.44; P.L.66-2002, SEC.8; P.L.78-2004, SEC.9; P.L.123-2008, SEC.2; P.L.76-2018, SEC.3; P.L.216-2025, SEC.8.

IC 12-15-18-6 Repealed

[Pre-1992 Revision Citation: 12-1-7-17.7(d).]

As added by P.L.2-1992, SEC.9. Repealed by P.L.27-1992, SEC.30.

IC 12-15-19 Chapter 19. Disproportionate Share Providers; Enhanced Disproportionate Share Payments

12-15-19-1	Enhanced disproportionate share payment methodology for state fiscal years ending June 30, 1998, and June 30, 1999; limits on basic and enhanced disproportionate share payments to hospitals
12-15-19-2	Repealed
12-15-19-2.1	Disproportionate share payment methodology for state fiscal years ending on or after June 30, 2000; limits on total disproportionate share payments to hospitals
12-15-19-3	Repealed
12-15-19-4	Repealed
12-15-19-5	Federal financial participation unavailable; withholding disproportionate share payment adjustments
12-15-19-6	Deposits in fund; insufficiency; suspension or reduction of payments to eligible institutions
12-15-19-7	Repealed
12-15-19-8	Disproportionate share adjustments received by municipal disproportionate share providers; limits on total disproportionate share payments
12-15-19-9	Repealed
12-15-19-10	Priorities of payments
12-15-19-10.1	Repealed

IC 12-15-19-1 Enhanced disproportionate share payment methodology for state fiscal years ending June 30, 1998, and June 30, 1999; limits on basic and enhanced disproportionate share payments to hospitals

Sec. 1. (a) For the state fiscal years ending on June 30, 1998, and June 30, 1999, the office shall develop an enhanced disproportionate share payment methodology that ensures that each enhanced disproportionate share provider receives total disproportionate share payments that do not exceed its hospital specific limit specified in subsection (c). The methodology developed by the office shall ensure that hospitals operated by or affiliated with the governmental entities described in IC 12-15-18-5.1(a) receive, to the extent practicable, disproportionate share payments equal to their hospital specific limits. The funds shall be distributed to qualifying hospitals in proportion to each qualifying hospital's percentage of the total net hospital specific limits of all qualifying hospitals. A hospital's net hospital specific limit for state fiscal years ending on or before June 30, 1999, is determined under STEP THREE of the following formula:

STEP ONE: Determine the hospital's hospital specific limit under subsection (c).

STEP TWO: Subtract basic disproportionate share payments received by the hospital under IC 12-15-16-6 from the amount determined under STEP ONE.

STEP THREE: Subtract intergovernmental transfers paid by or on behalf of the hospital from the amount determined under STEP TWO.

(b) The office shall include a provision in each amendment to the state plan regarding disproportionate share payments, municipal disproportionate share payments, and community mental health center disproportionate share payments that the office submits to the federal Centers for Medicare and Medicaid Services that, as provided in 42 CFR 447.297(d)(3), allows the state to make additional disproportionate share expenditures, municipal disproportionate share expenditures, and community mental health center disproportionate share expenditures after the end of each federal fiscal year that relate back to a prior federal fiscal year. Each eligible hospital or community mental health center may receive an additional disproportionate share adjustment if:

(1) additional intergovernmental transfers or certifications are made as authorized under IC 12-15-18-5.1; and

(2) the total disproportionate share payments to:

(A) each individual hospital; and

(B) all qualifying hospitals in the aggregate;

do not exceed the limits provided by federal law and regulation.

(c) For state fiscal years ending on or before June 30, 1999, total basic and enhanced disproportionate share payments to a hospital under this chapter and IC 12-15-16 shall not exceed the hospital specific limit provided under 42 U.S.C. 1396r-4(g). The hospital specific limit for state fiscal years ending on or before June 30, 1999, shall be determined by the office taking into account any data provided by each hospital for each hospital's most recent fiscal year (or in cases where a change in fiscal year causes the most recent fiscal period to be less than twelve (12) months, twelve (12) months of data ending at the end of the most recent fiscal year) as certified to the office by:

(1) an independent certified public accounting firm if the hospital is a hospital licensed under IC 16-21 that qualifies under IC 12-15-16-1(a); or

(2) the budget agency if the hospital is a state mental health institution listed under IC 12-24-1-3 that qualifies under either IC 12-15-16-1(a)(1) or IC 12-15-16-1(a)(2);

in accordance with this subsection and federal laws, regulations, and guidelines. The hospital specific limit for state fiscal years ending after June 30, 1999, shall be determined by the office using the methodology described in section 2.1(b) of this chapter.

[Pre-1992 Revision Citation: 12-1-7-17.8(a).]

As added by P.L.2-1992, SEC.9. Amended by P.L.27-1992, SEC.18; P.L.2-1993, SEC.101; P.L.277-1993(ss), SEC.79; P.L.1-1994, SEC.63; P.L.156-1995, SEC.7; P.L.115-1996, SEC.2; P.L.24-1997, SEC.52; P.L.126-1998, SEC.11; P.L.113-2000, SEC.11; P.L.66-2002, SEC.9.

IC 12-15-19-2 Repealed

[Pre-1992 Revision Citation: 12-1-7-17.8(b).]

As added by P.L.2-1992, SEC.9. Amended by P.L.27-1992, SEC.19; P.L.277-1993(ss), SEC.80; P.L.156-1995, SEC.8. Repealed by P.L.126-1998, SEC.21.

IC 12-15-19-2.1 Disproportionate share payment methodology for state fiscal years ending on or after June 30, 2000; limits on total disproportionate share payments to hospitals

Sec. 2.1. (a) This section does not apply during the period that the office is assessing a hospital fee authorized by IC 16-21-10. For each state fiscal year ending on or after June 30, 2000, the office shall develop a disproportionate share payment methodology that ensures that each hospital qualifying for disproportionate share payments under IC 12-15-16-1(a) timely receives total disproportionate share payments that do not exceed the hospital's hospital specific limit provided under 42 U.S.C. 1396r-4(g). The payment methodology as developed by the office must:

(1) maximize disproportionate share hospital payments to qualifying hospitals to the extent practicable;

(2) take into account the situation of those qualifying hospitals that have historically qualified for Medicaid disproportionate share payments; and

(3) ensure that payments for qualifying hospitals are equitable.

(b) Total disproportionate share payments to a hospital under this chapter shall not exceed the hospital specific limit provided under 42 U.S.C. 1396r-4(g). The hospital specific limit for a state fiscal year shall be determined by the office taking into account data provided by each hospital that is considered reliable by the office based on a system of periodic audits, the use of trending factors, and an appropriate base year determined by the office. The office may require independent certification of data provided by a hospital to determine the hospital's hospital specific limit.

(c) The office shall include a provision in each amendment to the state plan regarding Medicaid disproportionate share payments that the office submits to the federal Centers for

Medicare and Medicaid Services that, as provided in 42 CFR 447.297(d)(3), allows the state to make additional disproportionate share expenditures after the end of each federal fiscal year that relate back to a prior federal fiscal year. However, the total disproportionate share payments to:

(1) each individual hospital; and

(2) all qualifying hospitals in the aggregate;

may not exceed the limits provided by federal law and regulation.

As added by P.L.113-2000, SEC.12. Amended by P.L.283-2001, SEC.24; P.L.66-2002, SEC.10; P.L.212-2007, SEC.8; P.L.218-2007, SEC.18; P.L.229-2011, SEC.136; P.L.205-2013, SEC.199.

IC 12-15-19-3 Repealed

[Pre-1992 Revision Citation: 12-1-7-17.8(c) part.]

As added by P.L.2-1992, SEC.9. Repealed by P.L.27-1992, SEC.30.

IC 12-15-19-4 Repealed

[Pre-1992 Revision Citation: 12-1-7-17.8(c) part.]

As added by P.L.2-1992, SEC.9. Amended by P.L.27-1992, SEC.20; P.L.277-1993(ss), SEC.81. Repealed by P.L.156-1995, SEC.9.

IC 12-15-19-5 Federal financial participation unavailable; withholding disproportionate share payment adjustments

Sec. 5. Except as provided in section 6 of this chapter, disproportionate share payment adjustments under this chapter may not be withheld by the office unless federal financial participation becomes unavailable to match state money for the purpose of providing disproportionate share payment adjustments.

[Pre-1992 Revision Citation: 12-1-7-17.8(d).]

As added by P.L.2-1992, SEC.9. Amended by P.L.27-1992, SEC.21; P.L.113-2000, SEC.13.

IC 12-15-19-6 Deposits in fund; insufficiency; suspension or reduction of payments to eligible institutions

Sec. 6. (a) This section does not apply during the period that the office is assessing a hospital fee authorized by IC 16-21-10. The office is not required to make disproportionate share payments under this chapter from the Medicaid indigent care trust fund established by IC 12-15-20-1 until the fund has received sufficient deposits, including intergovernmental transfers of funds and certifications of expenditures, to permit the office to make the state's share of the required disproportionate share payments.

(b) For state fiscal years beginning after June 30, 2006, if:

(1) sufficient deposits have not been received; or

(2) the statewide Medicaid disproportionate share allocation is insufficient to provide federal financial participation for the entirety of all eligible disproportionate share hospitals' hospital-specific limits;

the office shall reduce disproportionate share payments made under IC 12-15-19-2.1 and Medicaid safety-net payments made in accordance with the Medicaid state plan to eligible institutions using an equitable methodology consistent with subsection (c).

(c) For state fiscal years beginning after June 30, 2006, payments reduced under this section shall, in accordance with the Medicaid state plan, be made:

(1) to best utilize federal matching funds available for hospitals eligible for Medicaid disproportionate share payments under IC 12-15-19-2.1; and

(2) by utilizing a methodology that allocates available funding under this subdivision, and Medicaid supplemental payments as defined in IC 12-15-15-1.5, in a manner that all hospitals eligible for Medicaid disproportionate share payments under IC 12-15-19-2.1 receive payments using a methodology that:

(A) takes into account the situation of the eligible hospitals that have historically qualified for Medicaid disproportionate share payments; and

(B) ensures that payments for eligible hospitals are equitable.

(d) The percentage reduction shall be sufficient to ensure that payments do not exceed the statewide Medicaid disproportionate share allocation or the amounts that can be financed with:

(1) the amount transferred from the hospital care for the indigent trust fund;

(2) other intergovernmental transfers;

(3) certifications of public expenditures; or

(4) any other permissible sources of non-federal match.

[Pre-1992 Revision Citation: 12-1-7-17.8(e).]

As added by P.L.2-1992, SEC.9. Amended by P.L.27-1992, SEC.22; P.L.113-2000, SEC.14; P.L.212-2007, SEC.9; P.L.218-2007, SEC.19; P.L.229-2011, SEC.137; P.L.205-2013, SEC.200.

IC 12-15-19-7 Repealed

[Pre-1992 Revision Citation: 12-1-7-17.9.]

As added by P.L.2-1992, SEC.9. Repealed by P.L.27-1992, SEC.30.

IC 12-15-19-8 Disproportionate share adjustments received by municipal disproportionate share providers; limits on total disproportionate share payments

Sec. 8. (a) This section does not apply during the period that the office is assessing a hospital fee authorized by IC 16-21-10. A provider that qualifies as a municipal disproportionate share provider under IC 12-15-16-1 shall receive a disproportionate share adjustment, subject to the provider's hospital specific limits described in subsection (b), as follows:

(1) For each state fiscal year ending on or after June 30, 1998, an amount shall be distributed to each provider qualifying as a municipal disproportionate share provider under IC 12-15-16-1. The total amount distributed shall not exceed the sum of all hospital specific limits for all qualifying providers.

(2) For each municipal disproportionate share provider qualifying under IC 12-15-16-1 to receive disproportionate share payments, the amount in subdivision (1) shall be reduced by the amount of disproportionate share payments received by the provider under IC 12-15-16-6 or sections 1 or 2.1 of this chapter. The office shall develop a disproportionate share provider payment methodology that ensures that each municipal disproportionate share provider receives disproportionate share payments that do not exceed the provider's hospital specific limit specified in subsection (b). The methodology developed by the office shall ensure that a municipal disproportionate share provider receives, to the extent possible, disproportionate share payments that, when combined with any other disproportionate share payments owed to the provider, equals the provider's hospital specific limits.

(b) Total disproportionate share payments to a provider under this chapter and IC 12-15-16 shall not exceed the hospital specific limit provided under 42 U.S.C. 1396r-4(g). The hospital specific limit for state fiscal years ending on or before June 30, 1999, shall be determined by the office taking into account data provided by each hospital for the hospital's most recent fiscal year or, if a change in fiscal year causes the most recent fiscal period to be less than twelve (12) months, twelve (12) months of data compiled to the end of the provider's fiscal year that ends within the most recent state fiscal year, as certified to the office by an independent certified public accounting firm. The hospital specific limit for all state fiscal years ending on or after June 30, 2000, shall be determined by the office taking into account data provided by each hospital that is deemed reliable by the office based on a system of periodic audits, the use of trending factors, and an appropriate base year

determined by the office. The office may require independent certification of data provided by a hospital to determine the hospital's hospital specific limit.

(c) For each of the state fiscal years:

(1) beginning July 1, 1998, and ending June 30, 1999; and

(2) beginning July 1, 1999, and ending June 30, 2000;

the total municipal disproportionate share payments available under this section to qualifying municipal disproportionate share providers is twenty-two million dollars ($22,000,000).

As added by P.L.126-1998, SEC.12. Amended by P.L.113-2000, SEC.15; P.L.229-2011, SEC.138; P.L.205-2013, SEC.201.

IC 12-15-19-9 Repealed

As added by P.L.126-1998, SEC.13. Amended by P.L.113-2000, SEC.16. Repealed by P.L.2-2005, SEC.131.

IC 12-15-19-10 Priorities of payments

Sec. 10. This section does not apply during the period that the office is assessing a hospital fee authorized by IC 16-21-10. For state fiscal years beginning after June 30, 2000, the state shall pay providers as follows:

(1) The state shall make municipal disproportionate share provider payments to providers qualifying under IC 12-15-16-1(b) until the state exceeds the state disproportionate share allocation (as defined in 42 U.S.C. 1396r-4(f)(2)).

(2) After the state makes all payments under subdivision (1), if the state fails to exceed the state disproportionate share allocation (as defined in 42 U.S.C. 1396r-4(f)(2)), the state shall make disproportionate share provider payments to providers qualifying under IC 12-15-16-1(a).

(3) After the state makes all payments under subdivision (2), if the state fails to exceed the state disproportionate share allocation (as defined in 42 U.S.C. 1396r-4(f)(2)), or the state limit on disproportionate share expenditures for institutions for mental diseases (as defined in 42 U.S.C. 1396r-4(h)), the state shall make community mental health center disproportionate share provider payments to providers qualifying under IC 12-15-16-1(c).

As added by P.L.126-1998, SEC.14. Amended by P.L.113-2000, SEC.17; P.L.283-2001, SEC.25; P.L.2-2005, SEC.49; P.L.229-2011, SEC.139; P.L.205-2013, SEC.202.

IC 12-15-19-10.1 Repealed

As added by P.L.113-2000, SEC.18. Repealed by P.L.283-2001, SEC.39.

IC 12-15-20 Chapter 20. Indigent Care Trust Fund

12-15-20-1 Fund defined
12-15-20-2 Establishment of fund; payments from fund; priority
12-15-20-3 Expenses of administration
12-15-20-4 Investment of fund money
12-15-20-5 Records; balance in fund; investment earnings
12-15-20-6 Money not to revert to general fund
12-15-20-7 Use of fund money; availability of matching federal financial participation
12-15-20-8 Repealed

IC 12-15-20-1 Fund defined

Sec. 1. As used in this chapter, "fund" refers to the Medicaid indigent care trust fund established by this chapter.

[1992 Revision Citation: New.]

As added by P.L.2-1992, SEC.9.

IC 12-15-20-2 Establishment of fund; payments from fund; priority

Sec. 2. The Medicaid indigent care trust fund is established to pay the non-federal share of the following:

(1) Enhanced disproportionate share payments to providers under IC 12-15-19-1.

(2) Subject to subdivision (8), disproportionate share payments to providers under IC 12-15-19-2.1.

(3) Medicaid payments for pregnant women described in IC 12-15-2-13 and infants and children described in IC 12-15-2-14.

(4) Municipal disproportionate share payments to providers under IC 12-15-19-8.

(5) Payments to hospitals under IC 12-15-15-9.

(6) Payments to hospitals under IC 12-15-15-9.5.

(7) Payments, funding, and transfers as otherwise provided in clauses (8)(D), (8)(F), and (8)(G).

(8) Of the intergovernmental transfers deposited into the Medicaid indigent care trust fund, the following apply:

(A) The entirety of the intergovernmental transfers deposited into the Medicaid indigent care trust fund for state fiscal years ending on or before June 30, 2000, shall be used to fund the state's share of the disproportionate share payments to providers under IC 12-15-19-2.1.

(B) Of the intergovernmental transfers deposited into the Medicaid indigent care trust fund for the state fiscal year ending June 30, 2001, an amount equal to one hundred percent (100%) of the total intergovernmental transfers deposited into the Medicaid indigent care trust fund for the state fiscal year beginning July 1, 1998, and ending June 30, 1999, shall be used to fund the state's share of disproportionate share payments to providers under IC 12-15-19-2.1. The remainder of the intergovernmental transfers, if any, for the state fiscal year shall be used to fund the state's share of additional Medicaid payments to hospitals licensed under IC 16-21 pursuant to a methodology adopted by the office.

(C) Of the intergovernmental transfers deposited into the Medicaid indigent care trust fund, for state fiscal years beginning July 1, 2001, and July 1, 2002, an amount equal to:

(i) one hundred percent (100%) of the total intergovernmental transfers deposited into the Medicaid indigent care trust fund for the state fiscal year beginning July 1, 1998; minus

(ii) an amount equal to the amount deposited into the Medicaid indigent care trust fund under IC 12-15-15-9(d) for the state fiscal years beginning July 1, 2001, and July 1, 2002;

shall be used to fund the state's share of disproportionate share payments to providers under IC 12-15-19-2.1. The remainder of the intergovernmental transfers, if any, must be used to fund the state's share of additional Medicaid payments to hospitals licensed under IC 16-21 pursuant to a methodology adopted by the office.

(D) The intergovernmental transfers, which shall include amounts transferred under IC 12-16-7.5-4.5, deposited into the Medicaid indigent care trust fund and the certifications of public expenditures deemed to be made to the medicaid indigent care trust fund, for the state fiscal years ending after June 30, 2005, but before July 1, 2007, shall be used, in descending order of priority, as follows:

(i) As provided in clause (B) of STEP THREE of IC 12-16-7.5-4.5(b)(1) and clause (B) of STEP THREE of IC 12-16-7.5-4.5(b)(2), to fund the amount to be transferred to the office.

(ii) As provided in clause (C) of STEP THREE of IC 12-16-7.5-4.5(b)(1) and clause (C) of STEP THREE of IC 12-16-7.5-4.5(b)(2), to fund the non-federal share of the payments made under IC 12-15-15-9 and IC 12-15-15-9.5.

(iii) To fund the non-federal share of the payments made under IC 12-15-15-1.1, IC 12-15-15-1.3, and IC 12-15-19-8.

(iv) As provided under clause (A) of STEP THREE of IC 12-16-7.5-4.5(b)(1) and clause (A) of STEP THREE of IC 12-16-7.5-4.5(b)(2), for the payment to be made under clause (A) of STEP FIVE of IC 12-15-15-1.5(b).

(v) As provided under STEP FOUR of IC 12-16-7.5-4.5(b)(1) and STEP FOUR of IC 12-16-7.5-4.5(b)(2), to fund the payments to be made under clause (B) of STEP FIVE of IC 12-15-15-1.5(b).

(vi) To fund, in an order of priority determined by the office to best use the available non-federal share, the programs listed in clause (H).

(E) For state fiscal years ending after June 30, 2007, the total amount of intergovernmental transfers used to fund the non-federal share of payments to hospitals under IC 12-15-15-9 and IC 12-15-15-9.5 shall not exceed the amount provided in clause (G)(ii).

(F) As provided in clause (D), for the following:

(i) Each state fiscal year ending after June 30, 2003, but before July 1, 2005, an amount equal to the amount calculated under STEP THREE of the following formula shall be transferred to the office:

STEP ONE: Calculate the product of thirty-five million dollars ($35,000,000) multiplied by the federal medical assistance percentage for federal fiscal year 2003.

STEP TWO: Calculate the sum of the amounts, if any, reasonably estimated by the office to be transferred or otherwise made available to the office for the state fiscal year, and the amounts, if any, actually transferred or otherwise made available to the office for the state fiscal year, under arrangements whereby the office and a hospital licensed under IC 16-21-2 agree that an amount transferred or otherwise made available to the office by the hospital or on behalf of the hospital shall be included in the calculation under this STEP.

STEP THREE: Calculate the amount by which the product calculated under STEP ONE exceeds the sum calculated under STEP TWO.

(ii) The state fiscal years ending after June 30, 2005, but before July 1, 2007, an amount equal to thirty million dollars ($30,000,000) shall be transferred to the office.

(G) Subject to IC 12-15-20.7-2(b), for each state fiscal year ending after June 30, 2007, the total amount in the Medicaid indigent care trust fund, including the amount of intergovernmental transfers of funds transferred, and the amounts of certifications of expenditures eligible for federal financial participation deemed to be transferred, to the Medicaid indigent care trust fund, shall be used to fund the following:

(i) Thirty million dollars ($30,000,000) transferred to the office for the Medicaid

budget.

(ii) An amount not to exceed the non-federal share of payments to hospitals under IC 12-15-15-9 and IC 12-15-15-9.5.

(iii) An amount not to exceed the non-federal share of payments to hospitals made under IC 12-15-15-1.1 and IC 12-15-15-1.3.

(iv) An amount not to exceed the non-federal share of disproportionate share payments to hospitals under IC 12-15-19-8.

(v) An amount not to exceed the non-federal share of payments to hospitals under clause (A) of STEP FIVE of IC 12-15-15-1.5(c).

(vi) An amount not to exceed the non-federal share of Medicaid safety-net payments.

(vii) An amount not to exceed the non-federal share of payments to hospitals made under clauses (C) or (D) of STEP FIVE of IC 12-15-15-1.5(c).

(viii) An amount not to exceed the non-federal share of payments to hospitals made under clause (F) of STEP FIVE of IC 12-15-15-1.5(c).

(ix) An amount not to exceed the non-federal share of disproportionate share payments to hospitals under IC 12-15-19-2.1.

(x) If additional funds are available after making payments under items (i) through (ix), to fund other Medicaid supplemental payments for hospitals approved by the office and included in the Medicaid state plan.

Items (ii) through (x) do not apply during the period that the office is assessing a hospital fee authorized by IC 16-21-10.

(H) This clause does not apply during the period that the office is assessing a hospital fee authorized by IC 16-21-10. For purposes of clause (D)(vi), the office shall fund the following:

(i) An amount equal to the non-federal share of the payments to the hospital that is eligible under this item, for payments made under clause (C) of STEP FIVE of IC 12-15-15-1.5(b) under an agreement with the office, Medicaid safety-net payments and any payment made under IC 12-15-19-2.1. The amount of the payments to the hospital under this item shall be equal to one hundred percent (100%) of the hospital's hospital-specific limit for state fiscal year 2005, when the payments are combined with payments made under IC 12-15-15-9, IC 12-15-15-9.5, and clause (B) of STEP FIVE of IC 12-15-15-1.5(b) for a state fiscal year. A hospital is eligible under this item if the hospital was eligible for Medicaid disproportionate share hospital payments for the state fiscal year ending June 30, 1998, the hospital received a Medicaid disproportionate share payment under IC 12-15-19-2.1 for state fiscal years 2001, 2002, 2003, and 2004, and the hospital merged two (2) hospitals under a single Medicaid provider number, effective January 1, 2004.

(ii) An amount equal to the non-federal share of payments to hospitals that are eligible under this item, for payments made under clause (C) of STEP FIVE of IC 12-15-15-1.5(b) under an agreement with the office, Medicaid safety-net payments, and any payment made under IC 12-15-19-2.1. The amount of payments to each hospital under this item shall be equal to one hundred percent (100%) of the hospital's hospital-specific limit for state fiscal year 2004, when the payments are combined with payments made to the hospital under IC 12-15-15-9, IC 12-15-15-9.5, and clause (B) of STEP FIVE of IC 12-15-15-1.5(b) for a state fiscal year. A hospital is eligible under this item if the hospital did not receive a payment under item (i), the hospital has less than sixty thousand (60,000) Medicaid inpatient days annually, the hospital either was eligible for Medicaid disproportionate share hospital payments for the state fiscal year ending June 30, 1998, or the hospital met the office's Medicaid disproportionate share payment criteria based on state fiscal year 1998 data and received a Medicaid

disproportionate share payment for the state fiscal year ending June 30, 2001, and the hospital received a Medicaid disproportionate share payment under IC 12-15-19-2.1 for state fiscal years 2001, 2002, 2003, and 2004.

(iii) Subject to IC 12-15-19-6, an amount not less than the non-federal share of Medicaid safety-net payments in accordance with the Medicaid state plan.

(iv) An amount not less than the non-federal share of payments made under clause (C) of STEP FIVE of IC 12-15-15-1.5(b) under an agreement with the office to a hospital having sixty thousand (60,000) Medicaid inpatient days annually.

(v) An amount not less than the non-federal share of Medicaid disproportionate share payments for hospitals eligible under this item, and made under IC 12-15-19-6 and the approved Medicaid state plan. A hospital is eligible for a payment under this item if the hospital is eligible for payments under IC 12-15-19-2.1.

(vi) If additional funds remain after the payments made under (i) through (v), payments approved by the office and under the Medicaid state plan, to fund the non-federal share of other Medicaid supplemental payments for hospitals.

[Pre-1992 Revision Citation: 12-1-7-61(a).]

As added by P.L.2-1992, SEC.9. Amended by P.L.27-1992, SEC.23; P.L.24-1997, SEC.50; P.L.126-1998, SEC.15; P.L.273-1999, SEC.174; P.L.113-2000, SEC.19; P.L.283-2001, SEC.26; P.L.1-2002, SEC.53; P.L.120-2002, SEC.17; P.L.255-2003, SEC.22; P.L.212-2007, SEC.10; P.L.218-2007, SEC.20; P.L.229-2011, SEC.140; P.L.205-2013, SEC.203.

IC 12-15-20-3 Expenses of administration

Sec. 3. The expenses of administering the fund shall be paid from money in the fund.

[Pre-1992 Revision Citation: 12-1-7-61(b).]

As added by P.L.2-1992, SEC.9.

IC 12-15-20-4 Investment of fund money

Sec. 4. (a) The treasurer of state shall invest the money in the fund not currently needed to meet the obligations of the fund in the same manner as other public funds may be invested.

(b) Interest that accrues from investments shall be deposited in the fund.

[Pre-1992 Revision Citation: 12-1-7-61(c) part.]

As added by P.L.2-1992, SEC.9.

IC 12-15-20-5 Records; balance in fund; investment earnings

Sec. 5. The office shall maintain records that show the amount of money in the fund and the amount of investment earnings on that amount.

[Pre-1992 Revision Citation: 12-1-7-61(c) part.]

As added by P.L.2-1992, SEC.9. Amended by P.L.27-1992, SEC.24.

IC 12-15-20-6 Money not to revert to general fund

Sec. 6. Money in the fund at the end of a state fiscal year does not revert to the state general fund.

[Pre-1992 Revision Citation: 12-1-7-61(d).]

As added by P.L.2-1992, SEC.9.

IC 12-15-20-7 Use of fund money; availability of matching federal financial participation

Sec. 7. Money in the fund may only be used for the purposes listed in section 2 of this chapter to the extent that federal financial participation under Medicaid is available to match the state money.

[Pre-1992 Revision Citation: 12-1-7-61(e) part.]

As added by P.L.2-1992, SEC.9.

IC 12-15-20-8 Repealed

[Pre-1992 Revision Citation: 12-1-7-61(e) part.]

As added by P.L.2-1992, SEC.9. Repealed by P.L.27-1992, SEC.30.

IC 12-15-20.5 Chapter 20.5. Disproportionate Share Providers

12-15-20.5-1 Unavailability of federal matching funds; nonimplementation of state laws

IC 12-15-20.5-1 Unavailability of federal matching funds; nonimplementation of state laws

Sec. 1. The office is not required to implement or continue to implement IC 12-15-16, IC 12-15-17, IC 12-15-18, IC 12-15-19, or IC 12-15-20 if the means of financial matching described is or becomes contrary to federal law.

As added by P.L.27-1992, SEC.25.

IC 12-15-20.7 Chapter 20.7. Payment Schedule

12-15-20.7-1 Definitions
12-15-20.7-2 Order of payments
12-15-20.7-3 Repealed

IC 12-15-20.7-1 Definitions

Sec. 1. As used in this chapter:

(1) "Medicaid inpatient payments for safety-net hospitals" means the payments provided for in the Medicaid state plan for inpatient services provided by hospitals that satisfy the definition of a safety-net hospital under the Medicaid state plan; and

(2) "Medicaid outpatient payments for safety-net hospitals" means the payments provided for in the Medicaid state plan for outpatient services provided by hospitals that satisfy the definition of a safety-net hospital under the Medicaid state plan.

As added by P.L.255-2003, SEC.23.

IC 12-15-20.7-2 Order of payments

Sec. 2. (a) This section does not apply during the period that the office is assessing a hospital fee authorized by IC 16-21-10. For each state fiscal year ending before July 1, 2005, and subject to section 3 of this chapter (repealed), the office shall make the payments identified in this section in the following order:

(1) First, payments under IC 12-15-15-9 and IC 12-15-15-9.5.

(2) Second, payments under clauses (A) and (B) of STEP FIVE of IC 12-15-15-1.5(b).

(3) Third, Medicaid inpatient payments for safety-net hospitals and Medicaid outpatient payments for safety-net hospitals.

(4) Fourth, payments under IC 12-15-15-1.1 and IC 12-15-15-1.3.

(5) Fifth, payments under IC 12-15-19-8 for municipal disproportionate share hospitals.

(6) Sixth, payments under IC 12-15-19-2.1 for disproportionate share hospitals.

(7) Seventh, payments under clause (C) of STEP FIVE of IC 12-15-15-1.5(b).

(b) For each state fiscal year ending after June 30, 2007, the office shall make the payments for the programs identified in IC 12-15-20-2(8)(G) in the order of priority that best utilizes available non-federal share, Medicaid supplemental payments, and Medicaid disproportionate share payments, and may change the order or priority at any time as necessary for the proper administration of one (1) or more of the payment programs listed in IC 12-15-20-2(8)(G).

As added by P.L.255-2003, SEC.23. Amended by P.L.212-2007, SEC.11; P.L.218-2007, SEC.21; P.L.229-2011, SEC.141; P.L.6-2012, SEC.92; P.L.205-2013, SEC.204.

IC 12-15-20.7-3 Repealed

As added by P.L.255-2003, SEC.23. Repealed by P.L.212-2007, SEC.31; P.L.218-2007, SEC.52.

IC 12-15-21 Chapter 21. Rules

12-15-21-1	Acceptance by provider of Medicaid claim payment; agreement to comply with statutes and rules
12-15-21-2	Secretary to adopt rules; consistency with Title XIX of Social Security Act
12-15-21-3	Required rules
12-15-21-4	Rules not to eliminate type of provider licensed to provide services
12-15-21-5	Rules not to be more restrictive than federal Medicaid reimbursement requirements
12-15-21-6	Amendment of prior authorization rule
12-15-21-6.5	Family practice residency program
12-15-21-7	Rules not to be more stringent than prior authorization rule effective January 1, 1996

IC 12-15-21-1 Acceptance by provider of Medicaid claim payment; agreement to comply with statutes and rules

Sec. 1. A provider who accepts payment of a claim submitted under the Medicaid program is considered to have agreed to comply with the statutes and rules governing the program.

[Pre-1992 Revision Citation: 12-1-7-15.7(a).]

As added by P.L.2-1992, SEC.9.

IC 12-15-21-2 Secretary to adopt rules; consistency with Title XIX of Social Security Act

Sec. 2. The secretary shall, with the advice of the office's medical staff, adopt rules under IC 4-22-2 and consistent with Title XIX of the federal Social Security Act (42 U.S.C. 1396 et seq.) and regulations promulgated under the federal Social Security Act.

[Pre-1992 Revision Citation: 12-1-7-15.7(b) part.]

As added by P.L.2-1992, SEC.9.

IC 12-15-21-3 Required rules

Sec. 3. The rules adopted under section 2 of this chapter must include the following:

(1) Providing for prior review and approval of medical services.

(2) Specifying the method of determining the amount of reimbursement for services.

(3) Establishing limitations that are consistent with medical necessity concerning the amount, scope, and duration of the services and supplies to be provided. The rules may contain limitations on services that are more restrictive than allowed under a provider's scope of practice (as defined in Indiana law).

(4) Denying payment or instructing the contractor under IC 12-15-30 to deny payment to a provider for services provided to an individual or claimed to be provided to an individual if the office after investigation finds any of the following:

(A) The services claimed cannot be documented by the provider.

(B) The claims were made for services or materials determined by licensed medical staff of the office as not medically reasonable and necessary.

(C) The amount claimed for the services has been or can be paid from other sources.

(D) The services claimed were provided to a person other than the person in whose name the claim is made.

(E) The services claimed were provided to a person who was not eligible for Medicaid.

(F) The claim rises out of an act or practice prohibited by law or by rules of the secretary.

(5) Recovering payment or instructing the contractor under IC 12-15-30-3 to recover payment from a provider for services rendered to an individual or claimed to be rendered to an individual if the office after investigation finds any of the following:

(A) The services paid for cannot be documented by the provider.

(B) The amount paid for such services has been or can be paid from other sources.

(C) The services were provided to a person other than the person in whose name the claim was made and paid.

(D) The services paid for were provided to a person who was not eligible for Medicaid.

(E) The paid claim rises out of an act or practice prohibited by law or by rules of the secretary.

(6) Recovering interest due from a provider:

(A) at a rate that is the percentage rounded to the nearest whole number that equals the average investment yield on state general fund money for the state's previous fiscal year, excluding pension fund investments, as published in the state comptroller's comprehensive annual financial report; and

(B) accruing from the date of overpayment;

on amounts paid to the provider that are in excess of the amount subsequently determined to be due the provider as a result of an audit, a reimbursement cost settlement, or a judicial or an administrative proceeding.

(7) Paying interest to providers:

(A) at a rate that is the percentage rounded to the nearest whole number that equals the average investment yield on state general fund money for the state's previous fiscal year, excluding pension fund investments, as published in the state comptroller's comprehensive annual financial report; and

(B) accruing from the date that an overpayment is erroneously recovered by the office until the office restores the overpayment to the provider.

(8) Establishing a system with the following conditions:

(A) Audits may be conducted by the office after service has been provided and before reimbursement for the service has been made.

(B) Reimbursement for services may be denied if an audit conducted under clause (A) concludes that reimbursement should be denied.

(C) Audits may be conducted by the office after service has been provided and after reimbursement has been made.

(D) Reimbursement for services may be recovered if an audit conducted under clause (C) concludes that the money reimbursed should be recovered.

[Pre-1992 Revision Citation: 12-1-7-15.7(b) part.]

As added by P.L.2-1992, SEC.9. Amended by P.L.278-1993(ss), SEC.28; P.L.42-1995, SEC.23; P.L.107-1996, SEC.10; P.L.8-2005, SEC.2; P.L.113-2014, SEC.35; P.L.9-2024, SEC.332.

IC 12-15-21-4 Rules not to eliminate type of provider licensed to provide services

Sec. 4. The rules adopted by the secretary may not eliminate a type of provider licensed to provide Medicaid services.

[Pre-1992 Revision Citation: 12-1-7-14.7 part.]

As added by P.L.2-1992, SEC.9.

IC 12-15-21-5 Rules not to be more restrictive than federal Medicaid reimbursement requirements

Sec. 5. (a) As used in this section, "facility" refers to an intermediate care facility for individuals with intellectual disabilities (ICF/IID) not operated by a state agency.

(b) The rules adopted by the secretary may not establish eligibility criteria for Medicaid reimbursement for placement or services in a facility, including services provided under a Medicaid waiver, that are more restrictive than federal requirements for Medicaid reimbursement in a facility or under a Medicaid waiver.

(c) The office may not implement a policy that may not be adopted as a rule under subsection (b).

As added by P.L.78-1994, SEC.2. Amended by P.L.272-1999, SEC.41; P.L.35-2016, SEC.41.

IC 12-15-21-6 Amendment of prior authorization rule

Sec. 6. (a) IC 4-22-2 does not apply to a rulemaking procedure under this section.

(b) The office may amend a rule regarding prior authorization (as defined in 405 IAC 1-6-2) that appears in the Indiana Administrative Code on January 1, 1996, to make the prior authorization rule less restrictive.

(c) If the office amends a prior authorization rule under this section, the office may later amend the prior authorization rule to restore, in whole or in part, the prior authorization rule as it was in effect on January 1, 1996.

(d) An amendment to a prior authorization rule under this section must comply with the notice requirements set forth in IC 12-15-13-6.

As added by P.L.107-1996, SEC.11.

IC 12-15-21-6.5 Family practice residency program

Sec. 6.5. A family practice residency program may choose to have the name of the residency program, the primary medical provider, or both, appear on the Medicaid identification card of a recipient who is enrolled in a Medicaid managed care program instead of just the name of the individual primary medical provider in the residency program to whom the recipient has been assigned.

As added by P.L.107-1996, SEC.12 and P.L.257-1996, SEC.11.

IC 12-15-21-7 Rules not to be more stringent than prior authorization rule effective January 1, 1996

Sec. 7. The office may not amend a prior authorization rule to make it more stringent than the prior authorization rule as it was in effect on January 1, 1996, unless the office changes the rule through the rulemaking process.

As added by P.L.107-1996, SEC.13.

IC 12-15-22 Chapter 22. Provider Sanctions

12-15-22-1	Sanctions for violations
12-15-22-1.5	Ineligibility after conviction
12-15-22-2	Administrative appeals; rules
12-15-22-3	Judicial review
12-15-22-4	Denial of payment or termination of provider agreement; obligation of provider to inform individual services recipients
12-15-22-5	Denial of payment, rejection of participation application or provider agreement termination; time to correct deficiencies
12-15-22-6	Eligibility; repayment of excess payments; payment of penalties
12-15-22-7	Provider subjected to sanction; agreement as provided in IC 12-15-11
12-15-22-8	Eligibility to submit Medicaid claims; criminal convictions; repeated imposition of sanctions

IC 12-15-22-1 Sanctions for violations

Sec. 1. If after investigation the office determines that a provider has violated a Medicaid statute or rule adopted under a Medicaid statute, the office may impose at least one (1) of the following sanctions:

(1) Denial of payment to the provider for Medicaid services provided during a specified time.

(2) Rejection of a prospective provider's application for participation in the Medicaid program.

(3) Termination of a provider agreement permitting a provider's participation in the Medicaid program.

(4) Assessment of a civil penalty against the provider in an amount not to exceed three (3) times the amount paid to the provider in excess of the amount that was legally due.

(5) Assessment of an interest charge, at a rate not to exceed the rate established by IC 24-4.6-1-101(2) for judgments on money, on the amount paid to the provider in excess of the amount that was legally due. The interest charge accrues from the date of the overpayment to the provider.

(6) Exclusion from the Medicaid program for a period of time consistent with 42 U.S.C. 1320a-7 et seq.

[Pre-1992 Revision Citation: 12-1-7-15.3(a).]

As added by P.L.2-1992, SEC.9. Amended by P.L.195-2018, SEC.6.

IC 12-15-22-1.5 Ineligibility after conviction

Sec. 1.5. In addition to any sanction imposed on a provider under section 1 of this chapter, a provider convicted of an offense under IC 35-43-5 for fraud relating to Medicaid is ineligible to participate in the Medicaid program for ten (10) years after the conviction.

As added by P.L.46-1995, SEC.40. Amended by P.L.174-2021, SEC.10.

IC 12-15-22-2 Administrative appeals; rules

Sec. 2. A provider may appeal a sanction under section 1 of this chapter under rules concerning appeal that are adopted by the secretary under IC 4-22-2.

[Pre-1992 Revision Citation: 12-1-7-15.3(b) part.]

As added by P.L.2-1992, SEC.9.

IC 12-15-22-3 Judicial review

Sec. 3. After exhausting all administrative remedies, a provider may obtain judicial review of a sanction under IC 4-21.5-5.

[Pre-1992 Revision Citation: 12-1-7-15.3(b) part.]

As added by P.L.2-1992, SEC.9.

IC 12-15-22-4 Denial of payment or termination of provider agreement; obligation of provider to inform individual services recipients

Sec. 4. A final directive made by the office that:

(1) denies payment to a provider for medical services provided during a specified period of time; or

(2) terminates a provider agreement permitting a provider's participation in the Medicaid program;

must direct the provider to inform each eligible individual recipient of services, before services are provided, that the office or the office's contractor under IC 12-15-30 will not pay for those services if provided.

[Pre-1992 Revision Citation: 12-1-7-15.3(c).]

As added by P.L.2-1992, SEC.9.

IC 12-15-22-5 Denial of payment, rejection of participation application or provider agreement termination; time to correct deficiencies

Sec. 5. Subject to section 6 of this chapter, a final directive:

(1) denying payment to a provider;

(2) rejecting a prospective provider's application for participation in the Medicaid program; or

(3) terminating a provider agreement permitting a provider's participation in the Medicaid program;

must be for a sufficient time, in the opinion of the administrator, to allow for the correction of all deficiencies or to prevent further abuses.

[Pre-1992 Revision Citation: 12-1-7-15.3(d) part.]

As added by P.L.2-1992, SEC.9.

IC 12-15-22-6 Eligibility; repayment of excess payments; payment of penalties

Sec. 6. A provider may not be declared to be eligible until the office has received the following:

(1) Full repayment of the amount paid to the provider in excess of the proper and legal amount due, including any interest charge assessed by the office.

(2) Full payment of a civil penalty assessed under section 1(4) of this chapter.

[Pre-1992 Revision Citation: 12-1-7-15.3(d) part.]

As added by P.L.2-1992, SEC.9.

IC 12-15-22-7 Provider subjected to sanction; agreement as provided in IC 12-15-11

Sec. 7. Except as provided in section 8 of this chapter, a provider who has been subjected to a sanction under section 1 of this chapter may file an agreement as provided in IC 12-15-11.

[Pre-1992 Revision Citation: 12-1-7-15.5(a).]

As added by P.L.2-1992, SEC.9.

IC 12-15-22-8 Eligibility to submit Medicaid claims; criminal convictions; repeated imposition of sanctions

Sec. 8. A provider who:

(1) has been convicted of a crime relating to the provision of services under this chapter; or

(2) has been subjected to a sanction under section 1 of this chapter on three (3) separate occasions by directive of the administrator;

is ineligible to submit claims for Medicaid.

[Pre-1992 Revision Citation: 12-1-7-15.5(b).]

As added by P.L.2-1992, SEC.9.

IC 12-15-23 Chapter 23. Improper Payments

12-15-23-1	Reasonable grounds to suspect that provider has received payments to which it is not entitled; certification of evidence to Medicaid fraud control unit; exception
12-15-23-2	Agreement for overpayment to be deducted from subsequent payments; authorization
12-15-23-3	Agreements to deduct overpayments from subsequent payments; interest provisions; other provisions
12-15-23-4	Rules
12-15-23-5	Discovery of overpayment; time for entering into agreement; certification of facts to Medicaid fraud control unit
12-15-23-6	Determination by Medicaid fraud control unit; certification of facts to prosecuting attorney; reference of matter to attorney general
12-15-23-7	Action by attorney general; reference to administrator
12-15-23-8	Civil action; finding in favor of attorney general; treble damages; civil penalties; reimbursement of investigation costs
12-15-23-9	Meritorious action; money recoverable exceeding cost of action
12-15-23-10	Action by attorney general; compromise

IC 12-15-23-1 Reasonable grounds to suspect that provider has received payments to which it is not entitled; certification of evidence to Medicaid fraud control unit; exception

Sec. 1. Except as provided in section 2 of this chapter, if the administrator of the office determines that there are reasonable grounds to suspect that a provider has received payments that the provider is not entitled to under Medicaid, the administrator shall certify the evidence of the suspected activity to the state Medicaid fraud control unit established under IC 4-6-10.

[Pre-1992 Revision Citation: 12-1-7-15.8.]

As added by P.L.2-1992, SEC.9.

IC 12-15-23-2 Agreement for overpayment to be deducted from subsequent payments; authorization

Sec. 2. (a) If the office of the secretary of family and social services or administrator of the office determines that a provider has received payments the provider is not entitled to, the administrator may enter into an agreement with the provider stating that the amount of the overpayment shall be deducted from subsequent payments to the provider.

(b) If the office of the secretary of family and social services or the administrator of the office and the provider cannot come to an agreement within sixty (60) days after it is determined that a provider has received payments that the provider is not entitled to, the administrator may recoup the amount of overpayment to the provider claimed by the state from subsequent payments to the provider.

[Pre-1992 Revision Citation: 12-1-7-15.9(a) part.]

As added by P.L.2-1992, SEC.9. Amended by P.L.229-2011, SEC.142.

IC 12-15-23-3 Agreements to deduct overpayments from subsequent payments; interest provisions; other provisions

Sec. 3. An agreement under section 2 of this chapter:

(1) must include a provision for the collection of any interest due from the provider on the amount of the overpayment; and

(2) may include any other provisions agreed to by the administrator and the provider.

[Pre-1992 Revision Citation: 12-1-7-15.9(a) part.]

As added by P.L.2-1992, SEC.9. Amended by P.L.8-2005, SEC.3.

IC 12-15-23-4 Rules

Sec. 4. The secretary may adopt rules under IC 4-22-2 that provide procedures for the

calculation of overpayments under this chapter.

[Pre-1992 Revision Citation: 12-1-7-15.9(a) part.]

As added by P.L.2-1992, SEC.9.

IC 12-15-23-5 Discovery of overpayment; time for entering into agreement; certification of facts to Medicaid fraud control unit

Sec. 5. If the administrator and a provider fail to enter into an agreement not more than sixty (60) days after the administrator's discovery of an overpayment, the administrator shall immediately certify the facts of the case to the Medicaid fraud control unit established under IC 4-6-10.

[Pre-1992 Revision Citation: 12-1-7-15.9(a) part.]

As added by P.L.2-1992, SEC.9.

IC 12-15-23-6 Determination by Medicaid fraud control unit; certification of facts to prosecuting attorney; reference of matter to attorney general

Sec. 6. (a) If the state Medicaid fraud control unit determines that an action based on the state Medicaid fraud control unit's investigations under the unit's authority under IC 4-6-10-1.5 is meritorious, the unit shall certify the facts drawn from the investigation to the prosecuting attorney of the judicial circuit in which the crime may have been committed.

(b) The state Medicaid fraud control unit shall assist the prosecuting attorney in prosecuting an action under this section.

(c) A prosecuting attorney to whom facts are certified under subsection (a) may refer the matter to the attorney general.

(d) If a matter has been referred to the attorney general under subsection (c), the attorney general may:

(1) file an information in a court with jurisdiction over the matter in the county in which the offense is alleged to have been committed; and

(2) prosecute the alleged offense.

[Pre-1992 Revision Citation: 12-1-7-15.9(b).]

As added by P.L.2-1992, SEC.9. Amended by P.L.10-1994, SEC.5; P.L.73-2003, SEC.3; P.L.149-2006, SEC.1.

IC 12-15-23-7 Action by attorney general; reference to administrator

Sec. 7. The attorney general may do either of the following:

(1) Bring a civil action upon the facts certified to the attorney general by the state Medicaid fraud control unit.

(2) Refer the matter to the administrator for appropriate action under IC 12-15-22.

[Pre-1992 Revision Citation: 12-1-7-15.9(c).]

As added by P.L.2-1992, SEC.9.

IC 12-15-23-8 Civil action; finding in favor of attorney general; treble damages; civil penalties; reimbursement of investigation costs

Sec. 8. (a) Subject to subsection (b), if the court finds in favor of the attorney general in a civil action brought by the attorney general under section 7 of this chapter, the court may do the following:

(1) Award damages against the provider of not more than three (3) times the amount paid to the provider in excess of the amount that was legally due.

(2) Assess a civil penalty against the provider of not more than five hundred dollars ($500) for each instance of overpayment found by the court.

(3) Order the provider to reimburse the attorney general for the reasonable costs of the attorney general's investigation and enforcement action.

(4) Take any combination of the actions described in subdivisions (1), (2), and (3).

(b) The court may only take action under subsection (a)(2) and (a)(3) if the provider knew or had reason to know that an item or a service was not provided as claimed.

[Pre-1992 Revision Citation: 12-1-7-15.9(d).]

As added by P.L.2-1992, SEC.9. Amended by P.L.73-2003, SEC.4.

IC 12-15-23-9 Meritorious action; money recoverable exceeding cost of action

Sec. 9. In determining whether an action is meritorious, the attorney general may consider whether the amount of money recoverable under the action would exceed the cost of the action.

[Pre-1992 Revision Citation: 12-1-7-15.9(e) part.]

As added by P.L.2-1992, SEC.9.

IC 12-15-23-10 Action by attorney general; compromise

Sec. 10. An action brought under section 7 of this chapter may be compromised in the manner prescribed by IC 4-6-2-11.

[Pre-1992 Revision Citation: 12-1-7-15.9(e) part.]

As added by P.L.2-1992, SEC.9.

IC 12-15-23.5 Chapter 23.5. Coordination of Benefits Study

12-15-23.5-1 "Covered entity"
12-15-23.5-2 Examination and recovery of Medicaid claims
12-15-23.5-3 Coordination of benefits procedures
12-15-23.5-4 Procedure requirements

IC 12-15-23.5-1 "Covered entity"

Sec. 1. As used in this chapter, "covered entity" has the meaning set forth in 45 CFR 160.103.

As added by P.L.187-2007, SEC.3.

IC 12-15-23.5-2 Examination and recovery of Medicaid claims

Sec. 2. (a) Before January 1, 2008, the office shall:

(1) examine all Medicaid claims paid after January 1, 2001, and before July 1, 2007;

(2) determine which claims examined under subdivision (1) were eligible for payment by a third party other than Medicaid; and

(3) recover the claims that were determined under subdivision (2) to be eligible for payment by a third party other than Medicaid.

(b) The office shall require through an eligibility and benefit request, and a covered entity shall provide, any information necessary for the office to complete the examination required by this section. The office, after notice and hearing, may impose a fine not to exceed one thousand dollars ($1,000) for each refusal by a covered entity to provide information concerning an eligibility and benefit request for a Medicaid recipient requested by the office under this section.

As added by P.L.187-2007, SEC.3.

IC 12-15-23.5-3 Coordination of benefits procedures

Sec. 3. If at least one percent (1%) of the claims were determined under section 2 of this chapter to be eligible for payment by a third party other than Medicaid, the office shall develop and implement a procedure to improve the coordination of benefits between:

(1) the Medicaid program; and

(2) any other third party source of health care coverage provided to a recipient.

As added by P.L.187-2007, SEC.3.

IC 12-15-23.5-4 Procedure requirements

Sec. 4. If a procedure is developed and implemented under section 3 of this chapter, the procedure:

(1) must be automated; and

(2) must provide a system for determining whether a Medicaid claim is eligible for payment by another third party before the claim is paid under the Medicaid program.

As added by P.L.187-2007, SEC.3.

IC 12-15-24 Chapter 24. Theft; Kickbacks and Bribes

12-15-24-1 Intent to deprive state of money or benefits; prima facie evidence for purposes of IC 35-43-4-2
12-15-24-2 Soliciting, offering, or receiving kickbacks, bribes, or fee or charge rebates; classification of violation

IC 12-15-24-1 Intent to deprive state of money or benefits; prima facie evidence for purposes of IC 35-43-4-2

Sec. 1. Evidence that a person or provider received money or other benefits as a result of a violation of:

(1) a provision of this article; or

(2) a rule established by the secretary under this article;

constitutes prima facie evidence, for purposes of IC 35-43-4-2, that the person or provider intended to deprive the state of a part of the value of the money or benefits.

[Pre-1992 Revision Citation: 12-1-7-27.9.]

As added by P.L.2-1992, SEC.9.

IC 12-15-24-2 Soliciting, offering, or receiving kickbacks, bribes, or fee or charge rebates; classification of violation

Sec. 2. A person who furnishes items or services to an individual for which payment is or may be made under this chapter and who solicits, offers, or receives a:

(1) kickback or bribe in connection with the furnishing of the items or services or the making or receipt of the payment; or

(2) rebate of a fee or charge for referring the individual to another person for the furnishing of items or services;

commits a Class A misdemeanor.

[Pre-1992 Revision Citation: 12-1-7-28.2.]

As added by P.L.2-1992, SEC.9.

IC 12-15-25 Chapter 25. Solicitation of Nonresidents

12-15-25-1 Solicitation defined; prohibition
12-15-25-2 Repealed
12-15-25-3 Violations; sanctions

IC 12-15-25-1 Solicitation defined; prohibition

Sec. 1. (a) As used in this section, "solicitation" means a direct communication initiated by a provider doing business in Indiana to an individual or a provider in another state with the intent of inducing a nonresident of Indiana to relocate the person's residence to Indiana for the purpose of obtaining Medicaid under Title XIX of the federal Social Security Act (42 U.S.C. 1396 et seq.).

(b) A provider that is:

(1) licensed by the state; and

(2) doing business in Indiana;

may not make a solicitation to a person who is eligible for Medicaid under Title XIX of the federal Social Security Act (42 U.S.C. 1396 et seq.).

[Pre-1992 Revision Citation: 12-1-7-16.2(a), (b).]

As added by P.L.2-1992, SEC.9.

IC 12-15-25-2 Repealed

[Pre-1992 Revision Citation: 12-1-7-16.2(c).]

As added by P.L.2-1992, SEC.9. Repealed by P.L.126-2025, SEC.8.

IC 12-15-25-3 Violations; sanctions

Sec. 3. A provider that violates this chapter is subject to the sanctions imposed under IC 12-15-22.

[Pre-1992 Revision Citation: 12-1-7-16.2(d).]

As added by P.L.2-1992, SEC.9.

IC 12-15-26 Chapter 26. Prior Authorization

12-15-26-1 Prior authorization for mental health services; providers licensed under IC 25-33-1
12-15-26-2 Psychiatrists practicing in employment of community mental health centers

IC 12-15-26-1 Prior authorization for mental health services; providers licensed under IC 25-33-1

Sec. 1. A health service provider in psychology licensed under IC 25-33-1 may submit a request for prior authorization (as defined in 405 IAC 1-6-2) for mental health services provided in the provider's private practice or a community mental health center authorized under IC 12-29 without the supervision or order of a physician.

[Pre-1992 Revision Citation: 12-1-7-17.3.]

As added by P.L.2-1992, SEC.9. Amended by P.L.140-1993, SEC.2.

IC 12-15-26-2 Psychiatrists practicing in employment of community mental health centers

Sec. 2. A psychiatrist practicing in the employment of a community mental health center must not be required to request prior authorization to treat Medicaid eligible patients if the request for prior authorization is not required of psychiatrists in private practice.

[Pre-1992 Revision Citation: 12-1-7-59.]

As added by P.L.2-1992, SEC.9.

IC 12-15-27 Chapter 27. Confidentiality and Release of Information

12-15-27-1	Medicaid applicants and recipients; confidential records and documents
12-15-27-2	Use and disclosure of information; provision of information to legislative services agency
12-15-27-3	Release and use of general information
12-15-27-4	Repealed
12-15-27-5	Eligibility for federal financial participation; limitations on chapter; rules
12-15-27-6	Eligibility information; immediate access systems
12-15-27-7	Limitations on eligibility information available through immediate access systems
12-15-27-8	Eligibility information obtained by health care providers; confidentiality
12-15-27-8.5	Use and disclosure of voter registration records
12-15-27-9	Eligibility information access and confidentiality; rules

IC 12-15-27-1 Medicaid applicants and recipients; confidential records and documents

Sec. 1. The following concerning a Medicaid applicant or recipient under the Medicaid program are confidential, except as otherwise provided in this chapter:

(1) An application.

(2) An investigation report.

(3) An information.

(4) A record.

[Pre-1992 Revision Citation: 12-1-7-28(b).]

As added by P.L.2-1992, SEC.9.

IC 12-15-27-2 Use and disclosure of information; provision of information to legislative services agency

Sec. 2. (a) The use and the disclosure of the information described in this chapter to persons authorized by law in connection with the official duties relating to:

(1) financial audits;

(2) legislative investigations; or

(3) other purposes directly connected with the administration of the plan;

is permitted.

(b) The secretary shall provide to the legislative services agency, in the form and on the schedule specified by the executive director of the legislative services agency, all information or data described in section 1(1) through 1(4) of this chapter (including, but not limited to, applications, enrollments, claims, and encounters) and any additional information or data concerning a program described in this article or concerning the children's health insurance program established under IC 12-17.6 that is requested by the executive director of the legislative services agency. The legislative services agency:

(1) shall maintain the confidentiality of confidential information or data received under this subsection; and

(2) may use information or data received under this subsection only to estimate the fiscal impact of proposed legislation, prepare program evaluation reports, and forecast enrollment and program costs of the Medicaid program, the healthy Indiana plan, and the children's health insurance program.

(c) Unless:

(1) redaction of an identifier is required under subsection (d); or

(2) the executive director of the legislative services agency requests redaction of an identifier;

from the information or data requested under subsection (b), the information or data received under subsection (a) or (b) must include all identifiers specified in 45 CFR 164.514(b).

(d) Before information or data with names, addresses, or individualized identification

numbers of applicants or individuals receiving services under the Medicaid program, the healthy Indiana plan, or the children's health insurance program is provided to the legislative services agency under subsection (a) or (b), the secretary or office shall as soon as practicable after a request provide the information or data to the legislative services agency after:

(1) redacting names, street addresses (other than county and ZIP code information), and individualized identification numbers used in the operation of the Medicaid program, the healthy Indiana plan, or the children's health insurance program; and

(2) generating and substituting for each applicant or individual a unique number that is not used in the Medicaid program, the healthy Indiana plan, or the children's health insurance program but is maintained over time and is useful for longitudinal analysis described in subsection (b).

The system of numbering under subdivision (2) must be approved by the executive director of the legislative services agency.

[Pre-1992 Revision Citation: 12-1-7-28(c).]

As added by P.L.2-1992, SEC.9. Amended by P.L.78-2016, SEC.1.

IC 12-15-27-3 Release and use of general information

Sec. 3. (a) The release and use of information of a general nature shall be provided as needed for adequate interpretation or development of the Medicaid program.

(b) The information under subsection (a) includes the following:

(1) Total Medicaid expenditures.

(2) The number of recipients.

(3) Statistical and social data used in connection with studies.

(4) Reports or surveys on health and welfare problems.

[Pre-1992 Revision Citation: 12-1-7-28(d).]

As added by P.L.2-1992, SEC.9.

IC 12-15-27-4 Repealed

[Pre-1992 Revision Citation: 12-1-7-28(e).]

As added by P.L.2-1992, SEC.9. Repealed by P.L.210-2015, SEC.49.

IC 12-15-27-5 Eligibility for federal financial participation; limitations on chapter; rules

Sec. 5. (a) If it is established that this chapter causes the state Medicaid plan to be ineligible for federal financial participation, the provision is limited or restricted to the extent that is essential to make the plan eligible for federal financial participation.

(b) The secretary shall establish rules under IC 4-22-2 that are necessary to carry out this section.

[Pre-1992 Revision Citation: 12-1-7-28(f).]

As added by P.L.2-1992, SEC.9.

IC 12-15-27-6 Eligibility information; immediate access systems

Sec. 6. The office shall make available the following for providing health care providers with immediate access to information indicating whether an individual is eligible for Medicaid:

(1) A twenty-four (24) hour telephone system.

(2) A computerized data retrieval system.

[Pre-1992 Revision Citation: 12-1-7-28.5(a).]

As added by P.L.2-1992, SEC.9.

IC 12-15-27-7 Limitations on eligibility information available through immediate access systems

Sec. 7. Information released under section 6 of this chapter is limited to the following:

(1) Disclosure of whether an individual has been determined to be eligible for Medicaid or whether the individual has an application pending.

(2) The date the individual became eligible for Medicaid and the individual's Medicaid number.

(3) Restrictions, if any, on the scope of services to be reimbursed under the Medicaid program for the individual.

(4) Information concerning third party liability.

[Pre-1992 Revision Citation: 12-1-7-28.5(b).]

As added by P.L.2-1992, SEC.9.

IC 12-15-27-8 Eligibility information obtained by health care providers; confidentiality

Sec. 8. Information obtained by a health care provider under this chapter concerning an individual's eligibility for Medicaid is confidential and may not be disclosed to any person.

[Pre-1992 Revision Citation: 12-1-7-28.5(c).]

As added by P.L.2-1992, SEC.9.

IC 12-15-27-8.5 Use and disclosure of voter registration records

Sec. 8.5. A person may not examine, disclose, or use any record described in this chapter concerning voter registration except in the manner permitted under IC 12-15-1.5.

As added by P.L.12-1995, SEC.122.

IC 12-15-27-9 Eligibility information access and confidentiality; rules

Sec. 9. The secretary shall adopt rules under IC 4-22-2 necessary to carry out sections 6, 7, and 8 of this chapter.

[Pre-1992 Revision Citation: 12-1-7-28.5(d).]

As added by P.L.2-1992, SEC.9.

IC 12-15-28 Chapter 28. Appeals and Hearings

12-15-28-1 Decisions appealable to office
12-15-28-2 Secretary to conduct hearings under IC 4-21.5
12-15-28-3 Notice of appeal; setting matter for hearing; opportunity for hearing; location
12-15-28-4 Hearing; introduction of evidence
12-15-28-5 Conduct of hearing; rules
12-15-28-6 Additional investigations by office; decision by office to grant Medicaid
12-15-28-7 Decision by office to grant Medicaid assistance; effect
12-15-28-8 Ultimate authority; finality of orders

IC 12-15-28-1 Decisions appealable to office

Sec. 1. An applicant for or a recipient of Medicaid may appeal to the office if one (1) of the following occurs:

(1) An application or a request is not acted upon by the county office within a reasonable time after the application or request is filed.

(2) The application is denied.

(3) The applicant or recipient is dissatisfied with the action of the county office.

(4) The recipient is dissatisfied with a determination made by the office under IC 12-15-8.5.

[Pre-1992 Revision Citation: 12-1-7-22.]

As added by P.L.2-1992, SEC.9. Amended by P.L.4-1993, SEC.115; P.L.5-1993, SEC.128; P.L.178-2002, SEC.86.

IC 12-15-28-2 Secretary to conduct hearings under IC 4-21.5

Sec. 2. The secretary shall conduct hearings and appeals concerning Medicaid under IC 4-21.5.

[Pre-1992 Revision Citation: 12-6-6-10(b) part.]

As added by P.L.2-1992, SEC.9.

IC 12-15-28-3 Notice of appeal; setting matter for hearing; opportunity for hearing; location

Sec. 3. The office shall, upon receipt of notice of appeal under section 1 of this chapter, set the matter for hearing and give the applicant or recipient an opportunity for a fair hearing in the county in which the recipient resides.

[Pre-1992 Revision Citation: 12-1-7-23 part.]

As added by P.L.2-1992, SEC.9.

IC 12-15-28-4 Hearing; introduction of evidence

Sec. 4. At the hearing, the applicant and county office may introduce additional evidence.

[Pre-1992 Revision Citation: 12-1-7-23 part.]

As added by P.L.2-1992, SEC.9. Amended by P.L.4-1993, SEC.116; P.L.5-1993, SEC.129.

IC 12-15-28-5 Conduct of hearing; rules

Sec. 5. The hearing shall be conducted under rules adopted by the secretary that are not inconsistent with IC 4-21.5 and the Medicaid program.

[Pre-1992 Revision Citation: 12-1-7-23 part.]

As added by P.L.2-1992, SEC.9.

IC 12-15-28-6 Additional investigations by office; decision by office to grant Medicaid

Sec. 6. The office:

(1) may make necessary additional investigations; and

(2) shall make decisions relative to the granting of Medicaid and the amount of

Medicaid to be granted to the applicant that the office believes are justified and in conformity with the Medicaid program.

[Pre-1992 Revision Citation: 12-1-7-23 part.]

As added by P.L.2-1992, SEC.9.

IC 12-15-28-7 Decision by office to grant Medicaid assistance; effect

Sec. 7. A decision of the office made in conformity with the Medicaid program, including the establishment of dates of eligibility:

(1) is binding upon the county office involved;

(2) shall be complied with by the county office; and

(3) has the same effect as decisions of the county office from which the appeal is taken.

[Pre-1992 Revision Citation: 12-1-7-23 part.]

As added by P.L.2-1992, SEC.9. Amended by P.L.4-1993, SEC.117; P.L.5-1993, SEC.130.

IC 12-15-28-8 Ultimate authority; finality of orders

Sec. 8. (a) The secretary is the ultimate authority under IC 4-21.5 for Medicaid applicants and recipient eligibility appeals.

(b) For a Medicaid applicant eligibility case, in the absence of an objection or notice under IC 4-21.5-3-29(d), the order from the administrative law judge is final after sixty-one (61) days without further affirmation from the ultimate authority.

As added by P.L.92-2025, SEC.12.

IC 12-15-29 Chapter 29. Insurance

12-15-29-0.5	"Insurer"
12-15-29-1	Insurers; authorization to release information
12-15-29-2	Requests for information from insurers; limitation
12-15-29-3	Guidelines for information requests
12-15-29-4	Direct payments by insurers to office; amount of payments
12-15-29-4.5	Insurer's acceptance and response to Medicaid claim; prior authorization
12-15-29-5	Medicaid furnished by office; insurer put on notice of claim by office; insurer paying person or entity other than office; office's claim not discharged
12-15-29-6	Payment by insurer to office; discharge of obligation
12-15-29-7	Notice to insurer that Medicaid has been furnished; requirements; notification given office by insurer; payment of claim
12-15-29-8	Unlawful insurance clause
12-15-29-9	Acquisition of right to payment; reimbursement from settlement amounts
12-15-29-10	Employer sponsored health insurance to include coverage for child

IC 12-15-29-0.5 "Insurer"

Sec. 0.5. As used in this chapter, "insurer" includes a pharmacy benefit manager.

As added by P.L.197-2013, SEC.14.

IC 12-15-29-1 Insurers; authorization to release information

Sec. 1. An applicant for or a recipient of Medicaid is considered to have authorized an insurer to release to the office information needed by the office to secure or enforce the office's rights under Medicaid.

[Pre-1992 Revision Citation: 12-1-7-24.1(a).]

As added by P.L.2-1992, SEC.9.

IC 12-15-29-2 Requests for information from insurers; limitation

Sec. 2. (a) Subject to subsection (b), an insurer shall furnish records or information pertaining to the coverage of an individual for the individual's medical costs under an individual or a group policy or other obligation, or the medical benefits paid or claims made under a policy or an obligation, if the office or its agent does the following:

(1) Requests the information electronically or by United States mail.

(2) Certifies that the individual is:

(A) a Medicaid applicant or recipient; or

(B) a person who is legally responsible for the applicant or recipient.

(b) The office may request only the records or information necessary to determine whether insurance benefits have been or should have been claimed and paid with respect to items of medical care and services that were received by a particular individual and for which Medicaid coverage would otherwise be available.

[Pre-1992 Revision Citation: 12-1-7-24.1(b).]

As added by P.L.2-1992, SEC.9. Amended by P.L.187-2007, SEC.4; P.L.234-2007, SEC.209; P.L.3-2008, SEC.94.

IC 12-15-29-3 Guidelines for information requests

Sec. 3. The administrator and the insurance commissioner shall establish guidelines for information requests under this chapter.

[Pre-1992 Revision Citation: 12-1-7-24.1(c).]

As added by P.L.2-1992, SEC.9.

IC 12-15-29-4 Direct payments by insurers to office; amount of payments

Sec. 4. (a) If:

(1) an insurer has not discharged the insurer's obligation to make payments to an individual for medical services;

(2) the individual has received Medicaid from the office; and

(3) the insurer has received notice that Medicaid has been furnished to the individual;

the insurer shall make payments directly to the office.

(b) The payments under subsection (a) may not exceed the amount of Medicaid paid by the office.

[Pre-1992 Revision Citation: 12-1-7-24.2(a).]

As added by P.L.2-1992, SEC.9.

IC 12-15-29-4.5 Insurer's acceptance and response to Medicaid claim; prior authorization

Sec. 4.5. (a) An insurer shall:

(1) accept a Medicaid claim for a Medicaid recipient for three (3) years from the date the service was provided; and

(2) respond to an inquiry by the office regarding the claim not later than sixty (60) days after receiving the inquiry.

(b) An insurer may not deny a Medicaid claim submitted by the office solely on the basis of:

(1) the date of submission of the claim;

(2) the type or format of the claim form;

(3) the method of submission of the claim; or

(4) a failure to provide proper documentation at the point of sale that is the basis of the claim;

if the claim is submitted by the office within three (3) years from the date the service was provided as required in subsection (a) and the office commences action to enforce the office's rights regarding the claim within six (6) years of the office's submission of the claim.

(c) In accordance with 42 U.S.C. 1396a, an insurer, other than Medicare, Medicare Advantage, and Medicare Part D, may not deny a Medicaid claim submitted by the office solely due to a lack of prior authorization. An insurer shall:

(1) after December 31, 2020, meet the requirements set forth in IC 27-1-37.5;

(2) conduct the prior authorization on a retrospective basis for claims where prior authorization is necessary; and

(3) adjudicate any claim authorized in this manner as if the claim received prior authorization.

As added by P.L.187-2007, SEC.5. Amended by P.L.265-2019, SEC.2; P.L.26-2025, SEC.3.

IC 12-15-29-5 Medicaid furnished by office; insurer put on notice of claim by office; insurer paying person or entity other than office; office's claim not discharged

Sec. 5. An insurer:

(1) that is put on notice of a claim by the office under section 4 of this chapter; and

(2) proceeds to pay the claim to a person or an entity other than the office;

is not discharged from payment of the office's claim.

[Pre-1992 Revision Citation: 12-1-7-24.2(b).]

As added by P.L.2-1992, SEC.9.

IC 12-15-29-6 Payment by insurer to office; discharge of obligation

Sec. 6. Payment to the office by an insurer under section 4 of this chapter discharges the insurer's obligation with respect to further payment on the claim for the amount paid.

[Pre-1992 Revision Citation: 12-1-7-24.2(c).]

As added by P.L.2-1992, SEC.9.

IC 12-15-29-7 Notice to insurer that Medicaid has been furnished; requirements; notification given office by insurer; payment of

claim

Sec. 7. (a) The notice requirements of section 4 of this chapter are satisfied if:

(1) the insurer receives from the office, electronically or by United States mail, a statement of the claims paid or medical services rendered by the office, together with a claim for reimbursement; or

(2) the insurer receives a claim from a beneficiary stating that the beneficiary has applied for or has received Medicaid from the office in connection with the same claim.

(b) An insurer that receives a claim under subsection (a)(2) shall notify the office of the insurer's obligation on the claim and shall:

(1) pay the obligation to the provider of service; or

(2) if the office has provided Medicaid, pay the office.

[Pre-1992 Revision Citation: 12-1-7-24.2(d).]

As added by P.L.2-1992, SEC.9. Amended by P.L.187-2007, SEC.6.

IC 12-15-29-8 Unlawful insurance clause

Sec. 8. A clause of an insurance contract, plan, or agreement administered by an insurer is void if the clause limits or excludes enrollment or payments to an individual who is eligible for Medicaid.

[Pre-1992 Revision Citation: 12-1-7-24.4.]

As added by P.L.2-1992, SEC.9. Amended by P.L.46-1995, SEC.41.

IC 12-15-29-9 Acquisition of right to payment; reimbursement from settlement amounts

Sec. 9. (a) IC 27-8-23 applies to this section.

(b) To the extent that payment for covered medical expenses has been made under the state Medicaid program for health care items or services furnished to a person, in a case where a third party has a legal liability to make payments, the state is considered to have acquired the rights of the person to payment by any other party for the health care items or services.

(c) As required under 42 U.S.C. 1396a(a)(25), an insurer shall accept the state's right of recovery and the assignment to the state of any right of the individual or entity to payment for a health care item or service for which payment has been made under the state Medicaid plan.

(d) The state may seek reimbursement under 42 U.S.C. 1396k(a) from settlement amounts representing:

(1) past medical expenses; and

(2) rights to payment of future medical expenses.

As added by P.L.46-1995, SEC.42. Amended by P.L.187-2007, SEC.7; P.L.26-2025, SEC.4.

IC 12-15-29-10 Employer sponsored health insurance to include coverage for child

Sec. 10. (a) IC 27-8-23 and IC 31-16-15 apply to this section.

(b) This section does not apply if an employer has eliminated family health coverage for all of its employees.

(c) Whenever a parent is required by a court or an administrative order to provide health coverage for a child and the parent is eligible for family health coverage through an employer doing business in Indiana, the employer shall provide family health coverage to the child in the manner described under IC 27-8-23-6 and in the notice under IC 31-16-15-4.5(b). In addition, the employer shall:

(1) withhold from the employee's compensation the employee's share, if any, of premiums for health coverage; and

(2) pay that amount to the insurer.

(d) Upon the initiation of withholding under subsection (c), an employee whose

applicable child support order did not include a deduction from weekly available income for the cost of the health care premium is entitled to a modification of the child support order, taking into account the payments made as of the date withholding began.
As added by P.L.46-1995, SEC.43. Amended by P.L.80-2010, SEC.20.

IC 12-15-30 Chapter 30. Contracting

12-15-30-1	Authorization of contracts for administration of program
12-15-30-2	Contract requirements and qualifications; preparation of bid specifications
12-15-30-3	Medicaid claims; finance and administration; plan options
12-15-30-4	Term of contracts; extensions
12-15-30-5	Subcontracts
12-15-30-6	Statement of adjusted actual Medicaid provider costs and insurance premiums; certification to state comptroller; payment by state comptroller
12-15-30-7	Statement requesting payment for fees for performance of administrative responsibilities; certification to state comptroller

IC 12-15-30-1 Authorization of contracts for administration of program

Sec. 1. The office may contract with another state agency or other persons to administer any part of the Medicaid program.

[Pre-1992 Revision Citation: 12-1-7-17.1(a).]

As added by P.L.2-1992, SEC.9.

IC 12-15-30-2 Contract requirements and qualifications; preparation of bid specifications

Sec. 2. The office shall do the following:

(1) Prepare requirements, including qualifications, for bidders offering to contract with the state to perform the functions under section 3 of this chapter.

(2) Assist the Indiana department of administration in preparing bid specifications in conformity with requirements.

[Pre-1992 Revision Citation: 12-1-7-17.1(b).]

As added by P.L.2-1992, SEC.9.

IC 12-15-30-3 Medicaid claims; finance and administration; plan options

Sec. 3. The office shall select an approach to finance and administer Medicaid claims consisting of one (1) of the following:

(1) A direct provider payment plan administered by the office.

(2) A direct provider payment plan administered by a fiscal agent.

(3) A managed care organization.

(4) Any combination of the plans described in this section.

[Pre-1992 Revision Citation: 12-1-7-17.1(c).]

As added by P.L.2-1992, SEC.9. Amended by P.L.152-2017, SEC.24.

IC 12-15-30-4 Term of contracts; extensions

Sec. 4. (a) A contract to administer any part of the Medicaid program may be for an original term of not more than four (4) years.

(b) At the option of the office, the term of the contract may be extended for a term of not more than two (2) additional years.

(c) An extension may be granted for a contract that is in effect.

[Pre-1992 Revision Citation: 12-1-7-17.1(d).]

As added by P.L.2-1992, SEC.9.

IC 12-15-30-5 Subcontracts

Sec. 5. (a) A contractor with the state under this chapter may subcontract a part of the contract, subject to the approval of the office and the Indiana department of administration.

(b) A subcontract may not extend beyond the term of the contract.

(c) A contractor shall furnish information concerning the following:

(1) The amount of the subcontract.

(2) The qualifications of the subcontractor for guaranteeing performance.

(3) Other information required by the state.

(d) A contract or subcontract executed under this section is a public record under IC 5-14-3-2.

[Pre-1992 Revision Citation: 12-1-7-17.1(e).]

As added by P.L.2-1992, SEC.9.

IC 12-15-30-6 Statement of adjusted actual Medicaid provider costs and insurance premiums; certification to state comptroller; payment by state comptroller

Sec. 6. (a) A contractor under section 1 of this chapter shall submit a detailed statement, at the times and in the form prescribed by the office, for the amount of adjusted actual Medicaid provider costs and insurance premiums.

(b) The office shall certify a statement under subsection (a) to the state comptroller, who shall pay the amount of the adjusted actual Medicaid provider costs and insurance premiums from the Medicaid account of the state general fund.

(c) The state comptroller may not pay a Medicaid provider costs in advance of services provided.

[Pre-1992 Revision Citation: 12-1-7-17.1(f).]

As added by P.L.2-1992, SEC.9. Amended by P.L.9-2024, SEC.333.

IC 12-15-30-7 Statement requesting payment for fees for performance of administrative responsibilities; certification to state comptroller

Sec. 7. (a) A contractor under section 1 of this chapter shall submit a statement, at the times and in the form prescribed by the office, requesting payment for fees for performance of administrative responsibilities under contracts executed under this chapter.

(b) The office shall certify a statement under subsection (a) to the state comptroller, who shall pay the amount of the requested fees.

[Pre-1992 Revision Citation: 12-1-7-17. 1(g).]

As added by P.L.2-1992, SEC.9. Amended by P.L.9-2024, SEC.334.

IC 12-15-30.5 Chapter 30.5. Nonemergency Medical Transportation

12-15-30.5-1 "Broker"
12-15-30.5-2 "Commission"
12-15-30.5-3 "Nonemergency medical transportation"
12-15-30.5-4 Reporting; duties when assignment for request not made within 48 hours
12-15-30.5-5 Broker requirements; confidentiality; remediation plan
12-15-30.5-6 Report on claims
12-15-30.5-7 Commission; membership; term; staffing
12-15-30.5-8 Commission member per diem and travel
12-15-30.5-9 Meetings
12-15-30.5-10 Reporting requirement

IC 12-15-30.5-1 "Broker"

Sec. 1. As used in this chapter, "broker" means a contractor of the office that administers the Medicaid fee-for-service nonemergency medical transportation program.

As added by P.L.116-2019, SEC.4.

IC 12-15-30.5-2 "Commission"

Sec. 2. As used in this chapter, "commission" refers to the nonemergency medical transportation commission established by section 7 of this chapter.

As added by P.L.116-2019, SEC.4.

IC 12-15-30.5-3 "Nonemergency medical transportation"

Sec. 3. As used in this chapter, "nonemergency medical transportation" means medically necessary transportation to Medicaid covered services for an eligible Medicaid recipient who:

(1) participates in the Medicaid fee-for-service program; and

(2) does not have available transportation to:

(A) a Medicaid reimbursable service; or

(B) a pharmacy to obtain Medicaid reimbursable pharmacy services.

As added by P.L.116-2019, SEC.4.

IC 12-15-30.5-4 Reporting; duties when assignment for request not made within 48 hours

Sec. 4. (a) A broker must do the following:

(1) Submit monthly reports to the office of the secretary for the office of the secretary to post on the office of the secretary's website of the following:

(A) A list and map by county of the number of vehicles, by vehicle type, that are contracted, credentialed, and available to provide nonemergency medical transportation in that county.

(B) Based upon a comparison of trip-leg identification numbers issued by the broker to the corresponding claim submitted with that trip-leg identification number, the number of instances in which a requested nonemergency medical transportation for an eligible Medicaid recipient was not provided, including whether:

(i) the instance related to picking up the recipient to go to an appointment;

(ii) the instance related to picking up the recipient from an appointment;

(iii) the instance related to a Medicaid recipient or transportation provider not being available;

(iv) the recipient resides in the community, a health facility, an intermediate care facility for individuals with intellectual disabilities, a hospital, or another location; and

(v) the instance resulted from the transportation request being canceled by the transportation provider more than forty-eight (48) hours before the appointment

or within forty-eight (48) hours of the appointment.

(C) A summary of the complaints received by the broker, whether or not the complaints have been substantiated. Information under this clause must include the total number of complaints and whether the complaint related to:

(i) a scheduled ride to go to an appointment;

(ii) a scheduled ride from an appointment; and

(iii) a recipient who resided in the community, a health facility, an intermediate care facility for individuals with intellectual disabilities, a hospital, or another location.

(2) Submit monthly to the office of the secretary for the office of the secretary to post on the office of the secretary's website a report comparing:

(A) the number of eligible Medicaid recipients; to

(B) the number of contracted and credentialed transportation vehicles, by type and by county, that are available to provide nonemergency medical transportation in a county;

and including the calculation of the ratio of eligible Medicaid recipients to vehicle type.

(3) Submit a monthly report to the office of the secretary that includes the following information for the previous month:

(A) The number of ride requests received and scheduled trip-leg identification numbers issued.

(B) Call center statistics.

(C) Information on claims payments, including claim denial reason codes.

(D) Program integrity referrals.

(E) Information concerning grievances and appeals, including the status of any grievance or appeal that is either open or closed in the month of the report.

(b) If the broker has not assigned a transportation provider to a request for nonemergency medical transportation within forty-eight (48) hours of the time in which the transportation is to be provided, the broker shall do the following:

(1) Take steps to notify the:

(A) Medicaid recipient for which the request was made; and

(B) health facility, if the Medicaid recipient resides in a health facility;

that a transportation provider has not yet been assigned.

(2) Continue to make every effort in securing transportation for the Medicaid recipient and immediately notify the recipient described in subdivision (1)(A) and, if applicable, the health facility described in subdivision (1)(B), when transportation has been assigned.

(3) Document whether the notice required under subdivision (1) was communicated to the Medicaid recipient or a person on behalf of the Medicaid recipient, and the method of communication.

As added by P.L.116-2019, SEC.4. Amended by P.L.156-2020, SEC.56; P.L.1-2025, SEC.168.

IC 12-15-30.5-5 Broker requirements; confidentiality; remediation plan

Sec. 5. (a) A broker shall establish, implement, and maintain the following:

(1) One (1) toll free telephone number clearly identified for the handling of complaints concerning the nonemergency medical transportation services.

(2) A link on the home page of the broker's website titled "File a Complaint Here" that is accessible by the public and that allows for the submission of a complaint concerning the nonemergency medical transportation services.

(3) Instructions on the broker's website on how to file a complaint concerning nonemergency medical transportation services.

(4) A process to notify a person who files a complaint about:

(A) the steps the broker will take to investigate the complaint; and

(B) the results of the investigation.

(b) Except for disclosure to the office of the secretary, the broker shall keep confidential the identity of any individual who submits a complaint with the broker concerning nonemergency medical transportation services.

(c) If a complaint concerning nonemergency medical transportation services made to the broker is substantiated, the broker shall develop a remediation plan concerning the complaint and submit the remediation plan to the office of the secretary for the office of the secretary to post the remediation plan on the office of the secretary's website.

As added by P.L.116-2019, SEC.4. Amended by P.L.1-2025, SEC.169.

IC 12-15-30.5-6 Report on claims

Sec. 6. (a) Before October 1, 2019, the office of the secretary shall prepare a report containing the number of Medicaid fee-for-service nonemergency medical transportation claims paid by:

(1) vehicle type;

(2) Medicaid recipient category; and

(3) whether the recipient for which the claim was paid resided in:

(A) the community;

(B) a health facility;

(C) an intermediate care facility for individuals with intellectual disabilities;

(D) a hospital; or

(E) another location.

(b) Beginning June 1, 2016, through May 31, 2019, the claims data reported in subsection (a) must be organized by month.

(c) The office of the secretary shall submit the report prepared under subsection (a) to the commission.

As added by P.L.116-2019, SEC.4.

IC 12-15-30.5-7 Commission; membership; term; staffing

Sec. 7. (a) The nonemergency medical transportation commission is established for the purpose of overseeing the provision of nonemergency medical transportation services to ensure that Medicaid fee-for-service recipients are receiving satisfactory service and to ensure that brokers pay the claims of transportation providers in a timely manner.

(b) The commission consists of the following members:

(1) 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.

(2) 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.

(3) One (1) representative of the office of the secretary.

(4) One (1) individual representing a broker.

(5) One (1) individual representing a transportation provider that has contracted with a broker.

(6) One (1) individual representing the Indiana Hospital Association.

(7) One (1) individual representing the Indiana Health Care Association.

(8) One (1) individual representing the Indiana Association of Rehabilitation Facilities.

(9) One (1) individual representing the Arc of Indiana.

(10) One (1) physician licensed under IC 25-22.5.

(11) One (1) individual representing dialysis providers.

(12) One (1) Medicaid fee-for-service recipient.

(13) One (1) individual representing the Indiana Association of Area Agencies on Aging.

(14) One (1) individual representing the Indiana Emergency Medical Services Association.

(c) The members of the commission described in subsection (b)(1) and (b)(2) shall serve:

(1) as nonvoting advisory members; and

(2) for a four (4) year term.

(d) The members of the commission described in subsection (b)(3) through (b)(14) shall be appointed by the governor for terms of four (4) years. The term of a member of the commission expires July 1. However, 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. The governor shall designate one (1) member described in this subsection as chairperson of the commission.

(e) The initial appointments beginning July 1, 2019, must be:

(1) made by the governor not later than October 1, 2019; and

(2) notwithstanding subsection (d), staggered as follows:

(A) Two (2) years for the members appointed under subsection (b)(4), (b)(6), (b)(8), (b)(10), (b)(12), and (b)(14).

(B) Three (3) years for the members appointed under subsection (b)(5), (b)(7), (b)(9), (b)(11), and (b)(13).

This subsection expires July 1, 2024.

(f) The office shall provide staff support and technical assistance to the commission, including the collection of and dissemination of data and reports required by this chapter, in order for the commission to carry out its duties under this chapter.

As added by P.L.116-2019, SEC.4.

IC 12-15-30.5-8 Commission member per diem and travel

Sec. 8. (a) Each member of the commission who is not a state employee is entitled to the minimum salary per diem provided by IC 4-10-11-2.1(b). Such a member is also entitled to reimbursement for traveling expenses and other expenses actually incurred in connection with the member's duties, as provided in the state travel policies and procedures established by the Indiana department of administration and approved by the budget agency.

(b) Each member of the commission who is a state employee but who is not a member of the general assembly is entitled to reimbursement for traveling expenses and other expenses actually incurred in connection with the member's duties, as provided in the state travel policies and procedures established by the Indiana department of administration and approved by the budget agency.

(c) Each member of the commission who is a member of the general assembly is entitled to receive the same per diem, mileage, and travel allowances paid to legislative members of interim study committees established by the legislative council. Per diem, mileage, and travel allowances paid under this subsection shall be paid from appropriations made to the legislative council or the legislative services agency.

As added by P.L.116-2019, SEC.4.

IC 12-15-30.5-9 Meetings

Sec. 9. The commission shall meet at least two (2) times per year at a public meeting to do the following:

(1) Review a report submitted under this chapter.

(2) Provide feedback and make recommendations to the office of the secretary concerning the provision of nonemergency medical transportation services.

(3) Approve any monies to be awarded to a broker as part of a withhold provision outlined in the contract between the office of the secretary and the broker.

As added by P.L.116-2019, SEC.4.

IC 12-15-30.5-10 Reporting requirement

Sec. 10. On or before July 1, 2027, and July 1 biennially thereafter, the commission shall submit a report to the executive director of the legislative services agency, in an electronic format under IC 5-14-6, for review by the interim committee on government in accordance with IC 1-1-15.5-4 and IC 2-5-1.3-13(g). The report shall describe:

(1) official action taken; and

(2) actionable items considered;

by the commission during the preceding two (2) years.

As added by P.L.161-2025, SEC.19.

IC 12-15-31 Chapter 31. Repealed

[Pre-1992 Revision Citations:
12-15-31-1 formerly 12-1-7-16.3(a) part
12-15-31-2 formerly 12-1-7-16.3(a) part
12-15-31-3 formerly 12-1-7-16.3(a) part
12-15-31-4 formerly 12-1-7-16.3(b).]

Repealed by P.L.291-2001, SEC.211.

IC 12-15-31.1 Chapter 31.1. Adjustment of Pharmacy Dispensing Fees

12-15-31.1-1 Dispensing fee surveys
12-15-31.1-2 Evaluation of other dispensing fees
12-15-31.1-3 Dispensing fee criteria
12-15-31.1-4 Adjustment of dispensing fees

IC 12-15-31.1-1 Dispensing fee surveys

Sec. 1. At least once every two (2) years, the office shall conduct a survey of pharmacy providers to assess the appropriate level of dispensing fees to be paid to providers for prescribed drugs.

As added by P.L.15-2002, SEC.1.

IC 12-15-31.1-2 Evaluation of other dispensing fees

Sec. 2. A survey under section 1 of this chapter must include an evaluation of dispensing fees in other states and the policies of the federal Centers for Medicare and Medicaid Services (formerly the Health Care Financing Administration).

As added by P.L.15-2002, SEC.1.

IC 12-15-31.1-3 Dispensing fee criteria

Sec. 3. A dispensing fee shall be evaluated based upon the following information concerning the costs of pharmacy operation:

(1) Operational data.

(2) Professional services data.

(3) Overhead data.

(4) Profit data.

As added by P.L.15-2002, SEC.1.

IC 12-15-31.1-4 Adjustment of dispensing fees

Sec. 4. If an adjustment in dispensing fees is made following a survey conducted under section 1 of this chapter, the secretary shall commence the rulemaking process under IC 4-22-2 to make the adjustment not later than November 1 of the year in which the survey was conducted.

As added by P.L.15-2002, SEC.1.

IC 12-15-32 Chapter 32. Community Residential Facilities for the Developmentally Disabled

12-15-32-1	"Facility"
12-15-32-2	Reimbursement; voiding of administrative rule
12-15-32-3	Repealed
12-15-32-4	Reimbursement rate criteria; necessary factors
12-15-32-4.5	Reimbursement for staff hours of employees
12-15-32-5	Special interim rates
12-15-32-6	Facility residents; personal allowance; range of amounts
12-15-32-6.5	Payment calculation for federal SSI recipient; exemption from income eligibility consideration
12-15-32-7	Rules; functioning level of resident; personal allowance
12-15-32-8	Personal allowance; income eligibility consideration; exemption
12-15-32-9	Personal allowance; individuals employed as part of habilitation plan or working in sheltered workshop or day activity center
12-15-32-10	Placement in facility; diagnostic evaluations
12-15-32-11	Assessment upon total annual revenue of certain nonstate facilities; Medicaid assessment account; unavailability of federal matching funds

IC 12-15-32-1 "Facility"

Sec. 1. As used in this chapter, "facility" means a facility licensed under IC 12-28-5 and certified under Title XIX of the Social Security Act (42 U.S.C. 1396 et seq.) as an intermediate care facility for individuals with intellectual disabilities.

[Pre-1992 Revision Citation: 12-1-7.3-1 part.]

As added by P.L.2-1992, SEC.9. Amended by P.L.35-2016, SEC.42.

IC 12-15-32-2 Reimbursement; voiding of administrative rule

Sec. 2. (a) The office shall reimburse community residential facilities for the developmentally disabled for the cost of the Medicaid services that are provided by the facility to individuals who are eligible for Medicaid.

(b) 405 IAC 1-12-27 is void.

[Pre-1992 Revision Citation: 12-1-7.3-2(a).]

As added by P.L.2-1992, SEC.9. Amended by P.L.213-2015, SEC.129; P.L.12-2016, SEC.10.

IC 12-15-32-3 Repealed

[Pre-1992 Revision Citation: 12-1-7.3-2(b) part.]

As added by P.L.2-1992, SEC.9. Repealed by P.L.78-1994, SEC.4.

IC 12-15-32-4 Reimbursement rate criteria; necessary factors

Sec. 4. The criteria for reimbursement under this chapter must include the following:

(1) The method of determining initial rates of reimbursement.

(2) The method of determining the maximum rate of reimbursement.

(3) The frequency of rate reviews.

(4) The method of depreciating the buildings comprising the facilities.

(5) The establishment of a maximum depreciation expense.

(6) The inclusion of first aid supplies as a part of the room charge.

(7) The establishment of maximum costs of equipment purchases or repairs that may be allowed as depreciation expenses.

(8) The establishment of limitations on allowable interest expenses.

(9) The establishment of a limit on the duration of financing.

[Pre-1992 Revision Citation: 12-1-7.3-2(b) part.]

As added by P.L.2-1992, SEC.9. Amended by P.L.78-1994, SEC.3.

IC 12-15-32-4.5 Reimbursement for staff hours of employees

Sec. 4.5. (a) This section applies to a community residential facility for the developmentally disabled licensed as a child rearing residence that:

(1) is a home exclusively for children;

(2) has a behavior management program staffed by:

(A) a behavior management consultant; or

(B) personnel;

to develop and monitor behavioral training, developmental training, and support in specific areas for all residents who function on a similar level; and

(3) does not have more than six (6) beds.

(b) A community residential facility for the developmentally disabled is entitled to Medicaid reimbursement within available appropriations for staff hours of employees:

(1) hired to work at least two thousand eighty (2,080) paid staff hours per year per employee; and

(2) when the reimbursement requested is for not more than twelve (12) staff hours per resident per day.

As added by P.L.255-1996, SEC.7.

IC 12-15-32-5 Special interim rates

Sec. 5. The office may establish a special interim rate for each community residential facility to ensure that the reasonable special costs involved in the initial year of operation of a facility are reimbursed.

[Pre-1992 Revision Citation: 12-1-7.3-3.]

As added by P.L.2-1992, SEC.9.

IC 12-15-32-6 Facility residents; personal allowance; range of amounts

Sec. 6. The office shall allow a resident of a facility who is receiving Medicaid to retain a personal allowance of fifty-two dollars ($52) each month.

[Pre-1992 Revision Citation: 12-1-7.3-4(a).]

As added by P.L.2-1992, SEC.9. Amended by P.L.294-2001, SEC.5.

IC 12-15-32-6.5 Payment calculation for federal SSI recipient; exemption from income eligibility consideration

Sec. 6.5. (a) If a resident of a facility:

(1) is a recipient of assistance under the federal Supplemental Security Income (SSI) program; and

(2) receives an income that is less than the amount described in section 6 of this chapter;

the office shall pay to the individual an amount equal to the difference between the amount of the monthly personal allowance described in section 6 of this chapter and the amount of income, including assistance under the federal Supplemental Security Income (SSI) program received by the individual.

(b) Money paid to an individual under subsection (a) is exempt from income eligibility consideration.

As added by P.L.294-2001, SEC.6. Amended by P.L.26-2003, SEC.2.

IC 12-15-32-7 Rules; functioning level of resident; personal allowance

Sec. 7. The secretary may adopt rules under IC 4-22-2 to do the following:

(1) Establish criteria based on the functioning level of the residents.

(2) Determine the personal allowance to which each resident is entitled.

[Pre-1992 Revision Citation: 12-1-7.3-4(b).]

As added by P.L.2-1992, SEC.9.

IC 12-15-32-8 Personal allowance; income eligibility consideration;

exemption

Sec. 8. A personal allowance is exempt from income eligibility consideration by the office.

[Pre-1992 Revision Citation: 12-1-7.3-4(c).]

As added by P.L.2-1992, SEC.9.

IC 12-15-32-9 Personal allowance; individuals employed as part of habilitation plan or working in sheltered workshop or day activity center

Sec. 9. The personal allowance for one (1) month for an individual described in section 6 of this chapter whose employment is part of the individual's habilitation plan or who is working in a sheltered workshop or day activity center is the amount that a person would be entitled to retain under section 6 of this chapter plus an amount equal to one-half (1/2) of the remainder of:

(1) gross earned income for that month; minus

(2) the sum of:

(A) sixteen dollars ($16); plus

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

(C) transportation expenses for that month.

[Pre-1992 Revision Citation: 12-1-7.3-4.5.]

As added by P.L.2-1992, SEC.9.

IC 12-15-32-10 Placement in facility; diagnostic evaluations

Sec. 10. (a) An applicant for Medicaid who desires to be placed in a community residential facility must first receive a diagnostic evaluation to be provided by the division of disability and rehabilitative services.

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

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

[Pre-1992 Revision Citation: 12-1-7.3-5.]

As added by P.L.2-1992, SEC.9. Amended by P.L.4-1993, SEC.118; P.L.5-1993, SEC.131; P.L.141-2006, SEC.55.

IC 12-15-32-11 Assessment upon total annual revenue of certain nonstate facilities; Medicaid assessment account; unavailability of federal matching funds

Sec. 11. (a) The office may assess community residential facilities for the developmentally disabled (as defined in IC 12-7-2-61) and intermediate care facilities for individuals with intellectual disabilities (ICF/IID) (as defined in IC 16-29-4-2) that are not operated by the state in an amount not to exceed ten percent (10%) of the total annual revenue of the facility for the facility's preceding fiscal year.

(b) The assessments shall be paid to the office of Medicaid policy and planning in equal monthly amounts on or before the tenth day of each calendar month. The office may withhold Medicaid payments to a provider described in subsection (a) that fails to pay an assessment within thirty (30) days after the due date. The amount withheld may not exceed the amount of the assessments due.

(c) Revenue from the assessments shall be credited to a special account within the state general fund to be called the Medicaid assessment account. Money in the account may be used only for services for which federal financial participation under Medicaid is available

to match state funds. An amount equivalent to the federal financial participation estimated to be received for services financed from assessments under subsection (a) shall be used to finance Medicaid services provided by facilities described in subsection (a).

(d) If federal financial participation to match the assessments in subsection (a) becomes unavailable under federal law, the authority to impose the assessments terminates on the date that the federal statutory, regulatory, or interpretive change takes effect.

As added by P.L.27-1992, SEC.26. Amended by P.L.2-1993, SEC.102; P.L.291-2001, SEC.216; P.L.6-2002, SEC.6; P.L.35-2016, SEC.43.

IC 12-15-33 Chapter 33. Medicaid Advisory Commission

12-15-33-1 "Commission"
12-15-33-2 Creation of commission
12-15-33-3 Membership; appointment
12-15-33-4 Expiration of term; designation of successor
12-15-33-5 Term of office
12-15-33-6 Ex officio members
12-15-33-7 Staff support; secretary of the commission
12-15-33-8 Repealed
12-15-33-9 Meetings
12-15-33-9.5 Expired
12-15-33-10 Repealed
12-15-33-11 Reimbursement of member expenses
12-15-33-12 Reporting requirement

IC 12-15-33-1 "Commission"

Sec. 1. As used in this chapter, "commission" refers to the Medicaid advisory commission created by this chapter.

[1992 Revision Citation: New.]

As added by P.L.2-1992, SEC.9. Amended by P.L.42-2024, SEC.85.

IC 12-15-33-2 Creation of commission

Sec. 2. The Medicaid advisory commission is created to act in an advisory capacity to the office in matters related to policy development and in the effective administration of the Medicaid program.

[Pre-1992 Revision Citation: 12-1-13-1(a).]

As added by P.L.2-1992, SEC.9. Amended by P.L.273-1999, SEC.175; P.L.42-2024, SEC.86; P.L.26-2025, SEC.5.

IC 12-15-33-3 Membership; appointment

Sec. 3. The commission shall be appointed as follows:

(1) Sixteen (16) members shall be appointed by the administrator of the office as follows:

(A) Six (6) members representing Medicaid providers, with no more than one (1) representative of each Medicaid type.

(B) Two (2) members representing managed care entities.

(C) Two (2) members representing:

(i) state or local consumer advocacy groups; or

(ii) other community based organizations;

that represent the interests of, or provide direct service to, Medicaid beneficiaries.

(D) Six (6) members of the Medicaid beneficiary advisory commission established by IC 12-15-33.3-2.

(2) Two (2) members of the senate appointed by the president pro tempore of the senate.

(3) Two (2) members of the senate appointed by the president pro tempore of the senate after consultation with the minority leader of the senate.

(4) Two (2) members of the house of representatives appointed by the speaker of the house.

(5) Two (2) members of the house of representatives appointed by the speaker of the house after consultation with the minority leader of the house.

[Pre-1992 Revision Citation: 12-1-13-1(b).]

As added by P.L.2-1992, SEC.9. Amended by P.L.157-1995, SEC.1; P.L.158-1995, SEC.1; P.L.42-1995, SEC.24; P.L.109-1996, SEC.2; P.L.273-1999, SEC.176; P.L.35-2016, SEC.44;

P.L.114-2018, SEC.2; P.L.140-2019, SEC.1; P.L.42-2024, SEC.87; P.L.26-2025, SEC.6.

IC 12-15-33-4 Expiration of term; designation of successor

Sec. 4. (a) Subject to subsection (b), an appointment to the commission expires in accordance with section 5 of this chapter, but a member serves until the member's successor is designated.

(b) A member of the commission serves at the pleasure of the appointing authority who appointed the member to the commission.

(c) A vacancy on the commission shall be filled by the appropriate appointing authority. An individual appointed to fill a vacancy serves for the unexpired term of the individual's predecessor.

[Pre-1992 Revision Citation: 12-1-13-1(d) part.]

As added by P.L.2-1992, SEC.9. Amended by P.L.42-2024, SEC.88; P.L.26-2025, SEC.7.

IC 12-15-33-5 Term of office

Sec. 5. (a) This subsection does not apply to a member of the general assembly appointed to the commission under section 3 of this chapter. Except as provided in subsection (c), an appointment to the commission is for a four (4) year term that expires as follows:

(1) For a member appointed under section 3(1)(A) or 3(1)(B) of this chapter, December 31, 2027, and every fourth year thereafter.

(2) For a member appointed under section 3(1)(C) or 3(1)(D) of this chapter, December 31, 2029, and every fourth year thereafter.

(b) This subsection applies only to a member of the general assembly appointed to the commission under section 3 of this chapter. The member serves a term of two (2) years that expires June 30 of each odd-numbered year.

(c) A member described in subsection (a)(2) who is appointed to the commission in 2025 serves until the member's term expires on December 31, 2029.

[Pre-1992 Revision Citation: 12-1-13-1(d) part.]

As added by P.L.2-1992, SEC.9. Amended by P.L.42-2024, SEC.89; P.L.26-2025, SEC.8.

IC 12-15-33-6 Ex officio members

Sec. 6. The following shall serve as ex officio members of the commission:

(1) The state health commissioner or the commissioner's designee.

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

(3) The administrator of the office.

(4) The director of the department of child services or the director's designee.

[Pre-1992 Revision Citation: 12-1-13-1(d) part.]

As added by P.L.2-1992, SEC.9. Amended by P.L.215-2001, SEC.45; P.L.42-2024, SEC.90; P.L.26-2025, SEC.9.

IC 12-15-33-7 Staff support; secretary of the commission

Sec. 7. The office shall provide staff support to the commission. The administrator of the office shall serve as secretary of the commission.

[Pre-1992 Revision Citation: 12-1-13-1(d) part.]

As added by P.L.2-1992, SEC.9. Amended by P.L.42-2024, SEC.91.

IC 12-15-33-8 Repealed

[Pre-1992 Revision Citation: 12-1-13-1(e).]

As added by P.L.2-1992, SEC.9. Amended by P.L.140-2019, SEC.2; P.L.42-2024, SEC.92. Repealed by P.L.26-2025, SEC.10.

IC 12-15-33-9 Meetings

Sec. 9. The commission shall do the following:

(1) Meet at least four (4) times each year, one (1) time in each calendar quarter.

(2) Hold special meetings that the commission or the secretary requests.

[Pre-1992 Revision Citation: 12-1-13-1(f).]

As added by P.L.2-1992, SEC.9. Amended by P.L.42-2024, SEC.93.

IC 12-15-33-9.5 Expired

As added by P.L.140-2019, SEC.3. Amended by P.L.227-2019, SEC.1. Expired 7-1-2021 by P.L.140-2019, SEC.3.

IC 12-15-33-10 Repealed

[Pre-1992 Revision Citation: 12-1-13-1(g).]

As added by P.L.2-1992, SEC.9. Amended by P.L.140-2019, SEC.4. Repealed by P.L.42-2024, SEC.94.

IC 12-15-33-11 Reimbursement of member expenses

Sec. 11. (a) Each member of the commission who is not a state employee is entitled to the minimum salary per diem provided by IC 4-10-11-2.1(b). The member is also entitled to reimbursement for mileage, traveling expenses as provided under IC 4-13-1-4, and other expenses actually incurred in connection with the member's duties as provided in the state policies and procedures established by the Indiana department of administration and approved by the budget agency.

(b) Each member of the commission who is a state employee is entitled to reimbursement for traveling expenses as provided under IC 4-13-1-4 and other expenses actually incurred in connection with the member's duties as provided in the state policies and procedures established by the Indiana department of administration and approved by the budget agency.

(c) Each member of the commission who is a member of the general assembly is entitled to receive the same per diem, mileage, and travel allowances paid to legislative members of interim study committees established by the legislative council. Per diem, mileage, and travel allowances paid under this subsection shall be paid from appropriations made to the legislative council or the legislative services agency.

(d) Expenses paid under subsections (a) and (b) shall be paid from appropriations made to the family and social services administration.

As added by P.L.42-2024, SEC.95.

IC 12-15-33-12 Reporting requirement

Sec. 12. On or before July 1, 2027, and July 1 biennially thereafter, the commission shall submit a report to the executive director of the legislative services agency, in an electronic format under IC 5-14-6, for review by the interim committee on government in accordance with IC 1-1-15.5-4 and IC 2-5-1.3-13(g). The report shall describe:

(1) official action taken; and

(2) actionable items considered;

by the commission during the preceding two (2) years.

As added by P.L.161-2025, SEC.20.

IC 12-15-33.3 Chapter 33.3. Medicaid Beneficiary Advisory Commission

12-15-33.3-1 "Commission"
12-15-33.3-2 Creation of commission
12-15-33.3-3 Members; appointments
12-15-33.3-4 Appointment term; vacancy
12-15-33.3-5 Office staffing commission
12-15-33.3-6 Meetings
12-15-33.3-7 Per diem

IC 12-15-33.3-1 "Commission"

Sec. 1. As used in this chapter, "commission" refers to the Medicaid beneficiary advisory commission created by section 2 of this chapter.

As added by P.L.26-2025, SEC.11.

IC 12-15-33.3-2 Creation of commission

Sec. 2. The Medicaid beneficiary advisory commission is created under the executive branch of government to act in an advisory capacity to the office in matters related to policy development and in the effective administration of the Medicaid program.

As added by P.L.26-2025, SEC.11.

IC 12-15-33.3-3 Members; appointments

Sec. 3. (a) The commission is composed of individuals who:

(1) are:

(A) current and former Medicaid beneficiaries; and

(B) family members and caregivers of current and former Medicaid beneficiaries; and

(2) are appointed as follows:

(A) Four (4) members appointed by the administrator of the office.

(B) One (1) member who is not a member of the general assembly, appointed by the president pro tempore of the senate.

(C) One (1) member who is not a member of the general assembly, appointed by the minority leader of the senate.

(D) One (1) member who is not a member of the general assembly, appointed by the speaker of the house.

(E) One (1) member who is not a member of the general assembly, appointed by the minority leader of the house.

(b) The administrator of the office shall appoint the chair of the commission from among the members of the commission and serves at the pleasure of the administrator.

As added by P.L.26-2025, SEC.11.

IC 12-15-33.3-4 Appointment term; vacancy

Sec. 4. (a) Except as provided in subsection (b), and subject to subsection (c), an appointment to the commission is for a four (4) year term that expires as follows:

(1) For a member appointed under section 3(a)(2)(A) of this chapter, December 31, 2027, and every fourth year thereafter.

(2) For a member appointed under section 3(a)(2)(B) through 3(a)(2)(E) of this chapter, December 31, 2029, and every fourth year thereafter.

(b) A member described in subsection (a)(2) who is appointed to the commission in 2025 serves until the member's term expires on December 31, 2029.

(c) A member of the commission:

(1) serves at the pleasure of the appointing authority who appointed the member to the commission; and

(2) serves until the member's successor is designated.

(d) A vacancy on the commission shall be filled by the appointing authority of the member whose position on the commission is vacant. An individual appointed to fill a vacancy serves for the unexpired term of the individual's predecessor.
As added by P.L.26-2025, SEC.11.

IC 12-15-33.3-5 Office staffing commission

Sec. 5. The office shall provide staff support to the commission.
As added by P.L.26-2025, SEC.11.

IC 12-15-33.3-6 Meetings

Sec. 6. The commission shall:

(1) meet at least four (4) times each year, with one (1) meeting held in each calendar quarter; and

(2) hold special meetings at the request of the commission or the secretary.

As added by P.L.26-2025, SEC.11.

IC 12-15-33.3-7 Per diem

Sec. 7. (a) Each member of the commission who is not a state employee is entitled to the minimum salary per diem provided by IC 4-10-11-2.1(b). The member is also entitled to reimbursement for mileage, traveling expenses as provided under IC 4-13-1-4, and other expenses actually incurred in connection with the member's duties as provided in the state policies and procedures established by the Indiana department of administration and approved by the budget agency.

(b) Each member of the commission who is a state employee is entitled to reimbursement for traveling expenses as provided under IC 4-13-1-4 and other expenses actually incurred in connection with the member's duties as provided in the state policies and procedures established by the Indiana department of administration and approved by the budget agency.

(c) Expenses paid under subsections (a) and (b) shall be paid from appropriations made to the family and social services administration.
As added by P.L.26-2025, SEC.11.

IC 12-15-33.5 Chapter 33.5. Medicaid Clinical Advisory Committee

12-15-33.5-1 "Committee" defined
12-15-33.5-2 Establishment
12-15-33.5-3 Membership; meetings; consultations; ad hoc clinical advisory committee

IC 12-15-33.5-1 "Committee" defined

Sec. 1. As used in this chapter, "committee" refers to the Medicaid clinical advisory committee established under this chapter.

As added by P.L.42-1995, SEC.25.

IC 12-15-33.5-2 Establishment

Sec. 2. The office shall establish a clinical advisory committee to provide clinical insights and applications of clinical policy issues related to programs administered by the office, including issues related to:

(1) current standards of care;
(2) quality of care;
(3) accessibility of care;
(4) appropriateness of care; and
(5) cost-effectiveness of care.

As added by P.L.42-1995, SEC.25.

IC 12-15-33.5-3 Membership; meetings; consultations; ad hoc clinical advisory committee

Sec. 3. (a) The committee consists of at least seven (7) members and not more than thirteen (13) members.

(b) The office's medical consultant shall serve as the chairperson of the committee.

(c) The committee shall include at least seven (7) physicians who are:

(1) licensed under IC 25-22.5; and
(2) actively engaged in the practice of medicine.

(d) The office shall select the remaining committee members from the medical provider community to represent the services most critical to the Medicaid recipient population.

(e) The committee shall meet:

(1) one (1) time every two (2) months; or
(2) as determined necessary by the chairperson.

(f) The committee may consult as needed with other persons who have expertise in any clinical policy issue being considered by the committee.

(g) If the committee established under subsection (a) considers a change in clinical policy related to care and services provided under:

(1) IC 25-10 (chiropractic services);
(2) IC 25-14 (dental services);
(3) IC 25-24 and IC 25-26 (eye care services); or
(4) IC 25-29 (foot care services);

the office shall establish an ad hoc clinical advisory committee comprised of three (3) licensed non-physician practitioners directly affected by the proposed clinical policy change.

(h) The chairperson of a committee under subsection (g) shall be the office's medical consultant.

(i) When an ad hoc clinical advisory committee is established under subsection (g)(3), one (1) member of the committee shall be a physician licensed under IC 25-22.5 who provides services similar to those provided by an optometrist licensed under IC 25-24 or IC 25-26.

(j) A committee established under subsection (g) shall provide clinical insights and applications of clinical policy issues relating to:

(1) current standards of care;

(2) quality of care;
(3) accessibility of care;
(4) appropriateness of care; and
(5) cost-effectiveness of care.

As added by P.L.42-1995, SEC.25.

IC 12-15-34 Chapter 34. Home Health Care Services; Office of Medicaid Policy and Planning

12-15-34-1	"Home health agency"
12-15-34-2	"Home health services"
12-15-34-3	Items and services furnished either by home health agency or by others under arrangements with home health agency; exception
12-15-34-4	Items and services included under IC 12-15-34-2 definition of home health services
12-15-34-5	Office and secretary; actions, directions, and rules; providing of services and ensuring uniform equitable treatment of applicants and recipients
12-15-34-6	Contracts for services; authorization
12-15-34-7	Contracts; maximum term
12-15-34-8	Preparation of qualifications and specifications for bidders
12-15-34-9	Subcontracts; authorization; term
12-15-34-10	Subcontracts; approval
12-15-34-11	Subcontracts; information furnished to office
12-15-34-12	Contract or subcontract; availability to legislative council
12-15-34-13	Plan for purchase of services under IC 4-23-17-9.3
12-15-34-14	Utilization review procedures
12-15-34-14.5	Reduce reimbursement for home health services prohibited
12-15-34-14.7	Review of home health services for children with complex medical needs
12-15-34-15	Expired

IC 12-15-34-1 "Home health agency"

Sec. 1. As used in this chapter, "home health agency" means a public or private organization, whether owned or operated by one (1) or more persons, that furnishes or offers to furnish home health services.

[Pre-1992 Revision Citation: 12-1-7.5-1(a) part.]

As added by P.L.2-1992, SEC.9.

IC 12-15-34-2 "Home health services"

Sec. 2. (a) As used in this chapter, "home health services" means any of the following items or services furnished to an individual by a home health agency or by others under arrangements with a home health agency on a visiting basis, and except as provided in subsection (b), in a place of temporary or permanent residence used as the individual's home:

(1) Part-time or intermittent nursing care provided by or under the supervision of a registered professional nurse.

(2) Physical, occupational, or speech therapy or other therapeutic services.

(3) Medical social services.

(4) Home health aid services.

(5) Medical supplies other than drugs and biologicals.

(6) The use of medical appliances.

(7) Homemaking services provided by the home health agency to help the individual stay in the individual's own home.

(b) The term includes items and services of a kind described in subsection (a)(1) through (a)(6) that:

(1) are provided on an outpatient basis under arrangements made by a home health agency at:

(A) a hospital;

(B) a health facility;

(C) a rehabilitation center; or

(D) other appropriate locations outside of the home, as determined by the office; and

(2) either:

(A) involve the use of equipment of a nature that cannot readily be made available

to the individual in the individual's home; or

(B) that are furnished at the hospital, health facility, or rehabilitation center while the individual is there to receive items or services.

(c) The term does not include transportation of the individual in connection with receiving items or services described in subsection (b)(1) and (b)(2).

[Pre-1992 Revision Citation: 12-1-7.5-1(b) part.]

As added by P.L.2-1992, SEC.9. Amended by P.L.2-1995, SEC.49; P.L.114-2018, SEC.3.

IC 12-15-34-3 Items and services furnished either by home health agency or by others under arrangements with home health agency; exception

Sec. 3. Home health services includes items and services furnished to an individual by either of the following:

(1) A home health agency.

(2) Others under arrangements with a home health agency on a visiting basis and, except for section 4(5) of this chapter, in a place of temporary or permanent residence used as the individual's home.

[Pre-1992 Revision Citation: 12-1-7.5-1(b) part.]

As added by P.L.2-1992, SEC.9.

IC 12-15-34-4 Items and services included under IC 12-15-34-2 definition of home health services

Sec. 4. The items and services under section 2 of this chapter include the following:

(1) Part-time or intermittent nursing care provided by or under the supervision of a registered professional nurse.

(2) Physical, occupational, or speech therapy or other therapeutic services.

(3) Medical social services and home health aid services.

(4) Medical supplies other than drugs and biologicals and the use of medical appliances.

(5) Any of the items and services under subdivisions (1), (2), (3), and (4) that:

(A) are provided on an outpatient basis under arrangements made by a home health agency at a hospital, health care facility, or rehabilitation center; and

(B) involves the use of equipment of a nature that the items and services cannot readily be made available to the individual in the individual's home or that are furnished at the facility while the individual is there to receive any item or service, but not including transportation of the individual in connection with the item or service.

(6) Homemaking services provided by the agency to help the individual's stay in the individual's own home.

[Pre-1992 Revision Citation: 12-1-7.5-1(b) part.]

As added by P.L.2-1992, SEC.9.

IC 12-15-34-5 Office and secretary; actions, directions, and rules; providing of services and ensuring uniform equitable treatment of applicants and recipients

Sec. 5. The office and the secretary shall:

(1) take action;

(2) give directions; and

(3) adopt rules under IC 4-22-2;

necessary to carry out this chapter and the federal Social Security Act concerning the providing of services and to ensure uniform equitable treatment of all applicants for and recipients of Medicaid supportive services in the recipients' own homes.

[Pre-1992 Revision Citation: 12-1-7.5-2.]

As added by P.L.2-1992, SEC.9.

IC 12-15-34-6 Contracts for services; authorization

Sec. 6. The office may contract with any of the following to purchase the necessary services to implement this chapter:

(1) A state, public, or private agency.

(2) A business firm.

(3) A corporation.

[Pre-1992 Revision Citation: 12-1-7.5-3 part.]

As added by P.L.2-1992, SEC.9.

IC 12-15-34-7 Contracts; maximum term

Sec. 7. A contract made with the following may be for a term not to exceed three (3) years:

(1) A public or private agency.

(2) A business firm.

(3) A foundation.

(4) A corporation.

[Pre-1992 Revision Citation: 12-1-7.5-3 part.]

As added by P.L.2-1992, SEC.9.

IC 12-15-34-8 Preparation of qualifications and specifications for bidders

Sec. 8. The office shall assist the Indiana department of administration in the preparation of qualifications and specifications for bidders contracting with the state to administer the fiscal provisions of or to provide services under this chapter.

[Pre-1992 Revision Citation: 12-1-7.5-3 part.]

As added by P.L.2-1992, SEC.9.

IC 12-15-34-9 Subcontracts; authorization; term

Sec. 9. A contractor with the state under this chapter may subcontract a part of the contractor's prime contract. However, a subcontract may not extend beyond the term of the prime contract.

[Pre-1992 Revision Citation: 12-1-7.5-3 part.]

As added by P.L.2-1992, SEC.9.

IC 12-15-34-10 Subcontracts; approval

Sec. 10. A subcontract let by a prime contractor must be approved by the office and the Indiana department of administration.

[Pre-1992 Revision Citation: 12-1-7.5-3 part.]

As added by P.L.2-1992, SEC.9.

IC 12-15-34-11 Subcontracts; information furnished to office

Sec. 11. The contractor or the subcontractor shall furnish the following information to the office:

(1) The amount of the subcontract.

(2) The qualifications of the subcontractor for guaranteeing performance.

(3) Other data required by the state.

[Pre-1992 Revision Citation: 12-1-7.5-3 part.]

As added by P.L.2-1992, SEC.9.

IC 12-15-34-12 Contract or subcontract; availability to legislative council

Sec. 12. Upon request, a contract or subcontract shall be made available to the legislative council or the council's representative for inspection and examination.

[Pre-1992 Revision Citation: 12-1-7.5-3 part.]
As added by P.L.2-1992, SEC.9.

IC 12-15-34-13 Plan for purchase of services under IC 4-23-17-9.3

Sec. 13. The office shall include in the division's state plan for the purchase of services under IC 4-23-17-9.3 (repealed) a comprehensive program for the provision of home health services to an individual who is eligible for Medicaid.

[Pre-1992 Revision Citation: 12-1-7.5-4.]
As added by P.L.2-1992, SEC.9. Amended by P.L.1-2009, SEC.103.

IC 12-15-34-14 Utilization review procedures

Sec. 14. The office shall develop adequate utilization review procedures for home health agencies to conform to federal guidelines.

[Pre-1992 Revision Citation: 12-1-7.5-5.]
As added by P.L.2-1992, SEC.9.

IC 12-15-34-14.5 Reduce reimbursement for home health services prohibited

Sec. 14.5. (a) This section is effective beginning July 1, 2017.

(b) The office of the secretary may not reduce reimbursement for home health services.

(c) 405 IAC 1-4.2-4(l) and any successor rule concerning reducing home health services reimbursement are void and may not be renewed or otherwise implemented.
As added by P.L.217-2017, SEC.79.

IC 12-15-34-14.7 Review of home health services for children with complex medical needs

Sec. 14.7. (a) As used in this section, "office" refers to the office of the secretary of family and social services.

(b) The office shall perform a comprehensive review of existing home health services for children with complex medical needs. The office shall assess the home health services and policies for a person-centered approach that is aligned with state and federal regulations.

(c) The office shall engage stakeholders in the assessment described in subsection (b), including:

(1) consumers and family members of consumers; and

(2) home health care providers;

to solicit feedback about the issues that consumers and parents of children with complex medical needs are having with securing and maintaining home health services.
As added by P.L.113-2023, SEC.1.

IC 12-15-34-15 Expired

As added by P.L.224-2017, SEC.5. Expired 12-31-2018 by P.L.224-2017, SEC.5.

IC 12-15-35 Chapter 35. Drug Utilization Review

12-15-35-1 "Appropriate and medically necessary" defined
12-15-35-2 "Board" defined
12-15-35-3 "Compendia" defined
12-15-35-4 "Counseling" defined
12-15-35-4.5 "Covered outpatient drug" defined
12-15-35-5 "Criteria" defined
12-15-35-6 "Drug-disease contraindication" defined
12-15-35-7 "Drug-drug interaction" defined
12-15-35-8 "Drug utilization review" or "DUR" defined
12-15-35-9 "Intervention" defined
12-15-35-10 "Overutilization or underutilization" defined
12-15-35-11 "Pharmacist" defined
12-15-35-12 "Physician" defined
12-15-35-13 "Prospective DUR" defined
12-15-35-14 "Retrospective DUR" defined
12-15-35-15 "Standards" defined
12-15-35-16 "SURS" defined
12-15-35-17 "Therapeutic appropriateness" defined
12-15-35-17.5 "Therapeutic classification" or "therapeutic category" defined
12-15-35-18 "Therapeutic duplication" defined
12-15-35-18.5 Application of chapter
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12-15-35-19 Drug utilization review board; establishment
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12-15-35-45 Outpatient drug formulary; requirements

12-15-35-46 Review of proposed formulary
12-15-35-47 Review of changes to formulary
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12-15-35-49 Information provided by office
12-15-35-50 Maximum allowable cost schedule for drugs; pharmacy participation in Medicaid program
12-15-35-51 Advisory committee; duties; report

IC 12-15-35-1 "Appropriate and medically necessary" defined

Sec. 1. As used in this chapter, "appropriate and medically necessary" means drug prescribing, drug dispensing, and patient medication usage in conformity with the criteria and standards developed under this chapter.

As added by P.L.75-1992, SEC.19.

IC 12-15-35-2 "Board" defined

Sec. 2. As used in this chapter, "board" refers to the drug utilization review board created under this chapter.

As added by P.L.75-1992, SEC.19.

IC 12-15-35-3 "Compendia" defined

Sec. 3. As used in this chapter, "compendia" means those resources widely accepted by the medical profession in the efficacious use of drugs, including the following sources:

(1) The American Hospital Formulary Services Drug Information.
(2) The U.S. Pharmacopeia-Drug Information.
(3) The American Medical Association Drug Evaluations.
(4) The peer-reviewed medical literature.

As added by P.L.75-1992, SEC.19.

IC 12-15-35-4 "Counseling" defined

Sec. 4. As used in this chapter, "counseling" means the activities conducted by a pharmacist to inform Medicaid recipients about the proper use of drugs as required by the board under this chapter.

As added by P.L.75-1992, SEC.19.

IC 12-15-35-4.5 "Covered outpatient drug" defined

Sec. 4.5. As used in this chapter, "covered outpatient drug" has the meaning set forth in 42 U.S.C. 1396r-8(k)(2).

As added by P.L.107-2002, SEC.12.

IC 12-15-35-5 "Criteria" defined

Sec. 5. As used in this chapter, "criteria" means the predetermined and explicitly accepted elements that are used to measure drug use on an ongoing basis to determine if the use is appropriate, medically necessary, and not likely to result in adverse medical outcomes.

As added by P.L.75-1992, SEC.19.

IC 12-15-35-6 "Drug-disease contraindication" defined

Sec. 6. As used in this chapter, "drug-disease contraindication" means an occurrence in which the therapeutic effect of a drug is adversely altered by the presence of another disease condition.

As added by P.L.75-1992, SEC.19.

IC 12-15-35-7 "Drug-drug interaction" defined

Sec. 7. As used in this chapter, "drug-drug interaction" means an occurrence in which at least two (2) drugs taken by a recipient leads to clinically significant toxicity that:

(1) is characteristic of one (1) or any of the drugs present; or

(2) leads to the interference with the effectiveness of one (1) or any of the drugs.

As added by P.L.75-1992, SEC.19.

IC 12-15-35-8 "Drug utilization review" or "DUR" defined

Sec. 8. As used in this chapter, "drug utilization review" or "DUR" means the program designed to measure and assess on a retrospective and a prospective basis the proper use of outpatient drugs in the Medicaid program.

As added by P.L.75-1992, SEC.19.

IC 12-15-35-9 "Intervention" defined

Sec. 9. As used in this chapter, "intervention" means an action taken by the board with a prescriber or pharmacist to inform about or to influence prescribing or dispensing practices or utilization of drugs.

As added by P.L.75-1992, SEC.19.

IC 12-15-35-10 "Overutilization or underutilization" defined

Sec. 10. As used in this chapter, "overutilization or underutilization" means the use of a drug in such quantities where the desired therapeutic goal is not achieved.

As added by P.L.75-1992, SEC.19.

IC 12-15-35-11 "Pharmacist" defined

Sec. 11. As used in this chapter, "pharmacist" means an individual who is licensed as a pharmacist in Indiana under IC 25-26.

As added by P.L.75-1992, SEC.19.

IC 12-15-35-12 "Physician" defined

Sec. 12. As used in this chapter, "physician" means an individual who is licensed to practice medicine in Indiana under IC 25-22.5.

As added by P.L.75-1992, SEC.19.

IC 12-15-35-13 "Prospective DUR" defined

Sec. 13. As used in this chapter, "prospective DUR" means the part of the drug utilization review program that:

(1) is to occur before the drug is dispensed;

(2) is designed to screen for potential drug therapy problems based on explicit and predetermined criteria and standards that are developed on an ongoing basis with professional input; and

(3) is to provide for the counseling of recipients about the proper use of drugs.

As added by P.L.75-1992, SEC.19.

IC 12-15-35-14 "Retrospective DUR" defined

Sec. 14. As used in this chapter, "retrospective DUR" means the part of the drug utilization review program that assesses or measures drug use based on an historical review of drug use data against predetermined and explicit criteria and standards that are developed on an ongoing basis with professional input.

As added by P.L.75-1992, SEC.19.

IC 12-15-35-15 "Standards" defined

Sec. 15. As used in this chapter, "standards" means the acceptable range of deviation from the criteria that reflects local medical practice and that is tested on the Medicaid recipient database.

As added by P.L.75-1992, SEC.19.

IC 12-15-35-16 "SURS" defined

Sec. 16. As used in this chapter, "SURS" refers to the surveillance utilization review system of the Medicaid program.

As added by P.L.75-1992, SEC.19.

IC 12-15-35-17 "Therapeutic appropriateness" defined

Sec. 17. As used in this chapter, "therapeutic appropriateness" means drug prescribing based on rational drug therapy that is consistent with the criteria and standards developed under this chapter.

As added by P.L.75-1992, SEC.19.

IC 12-15-35-17.5 "Therapeutic classification" or "therapeutic category" defined

Sec. 17.5. As used in this chapter, "therapeutic classification" or "therapeutic category" means a group of pharmacologic agents primarily characterized by a significant similarity of the biochemical or physiological mechanism by which these agents result in the intended clinical outcome.

As added by P.L.107-2002, SEC.13.

IC 12-15-35-18 "Therapeutic duplication" defined

Sec. 18. As used in this chapter, "therapeutic duplication" means the prescribing and dispensing of:

(1) the same drug; or

(2) at least two (2) drugs from the same therapeutic class;

where overlapping periods of drug administration are involved and where such prescribing or dispensing is not medically indicated.

As added by P.L.75-1992, SEC.19.

IC 12-15-35-18.5 Application of chapter

Sec. 18.5. This chapter applies to any contractor or vendor of the state responsible for providing or managing any part of the Medicaid outpatient drug program.

As added by P.L.76-1994, SEC.2.

IC 12-15-35-18.7 Formulary requirements

Sec. 18.7. A formulary established by a managed care organization is subject to sections 46 and 47 of this chapter.

As added by P.L.231-1999, SEC.2. Amended by P.L.152-2017, SEC.25.

IC 12-15-35-19 Drug utilization review board; establishment

Sec. 19. The drug utilization review board is established.

As added by P.L.75-1992, SEC.19.

IC 12-15-35-20 Membership of board

Sec. 20. The board is composed of the following:

(1) Four (4) individuals licensed and actively engaged in the practice of medicine or osteopathic medicine in Indiana under IC 25-22.5.

(2) Four (4) individuals licensed under IC 25-26 and actively engaged in the practice of pharmacy in Indiana.

(3) One (1) individual with expertise in therapeutic pharmacology.

(4) A representative of the office who shall serve as an ex-officio nonvoting member of the board.

(5) One (1) individual who:

(A) is employed by a health maintenance organization that has a pharmacy benefit; and

(B) has expertise in formulary development and pharmacy benefit administration.

The individual appointed under this subdivision may not be employed by a health maintenance organization that is a managed care organization.

(6) One (1) individual with expertise in health economics.

As added by P.L.75-1992, SEC.19. Amended by P.L.231-1999, SEC.3; P.L.152-2017, SEC.26; P.L.114-2018, SEC.4.

IC 12-15-35-20.1 Conflicts of interest

Sec. 20.1. (a) Each board member and each therapeutics committee member shall fully disclose any potential conflicts of interest, financial or otherwise, relating to an issue that comes before the board or committee for recommendation or other action.

(b) A board member or therapeutics committee member may not vote on a recommendation or other action if the member or the member's employer has a conflict of interest, financial or otherwise, in the outcome of the vote.

(c) A board member or therapeutics committee member who may not vote on a recommendation or other action under subsection (b) may still participate in any discussions regarding the recommendation or other action.

As added by P.L.231-1999, SEC.4. Amended by P.L.107-2002, SEC.14.

IC 12-15-35-20.5 Therapeutics committee established; members; limitations; terms; votes; meetings

Sec. 20.5. (a) The therapeutics committee is established as a subcommittee of the board.

(b) The chairperson of the board elected under section 25 of this chapter shall, with the approval of a majority of a quorum of the board, appoint the members of the therapeutics committee.

(c) The therapeutics committee is composed of the following members:

(1) Five (5) physicians licensed under IC 25-22.5, including:

(A) one (1) physician with expertise in the area of family practice;

(B) one (1) physician with expertise in the area of pediatrics;

(C) one (1) physician with expertise in the area of geriatrics;

(D) one (1) physician with expertise in psychiatric medicine; and

(E) one (1) physician with expertise in the area of internal medicine and who specializes in the treatment of diabetes.

(2) Two (2) pharmacists who are licensed under IC 25-26 and who have a doctor of pharmacy degree or an equivalent degree.

(3) One (1) member from the mental health Medicaid quality advisory committee established by section 51 of this chapter.

(d) Not more than three (3) of the individuals appointed by the chairperson under subsection (b) to the therapeutics committee may also be members of the board.

(e) At least three (3) of the members described in subsection (c)(1) and appointed under subsection (b) must have at least three (3) years of recent experience in prescription drug formulary management, including therapeutic category review.

(f) A member of the therapeutics committee may not:

(1) be employed by; or

(2) contract with;

the state or a pharmaceutical manufacturer or labeler. However, this subsection does not apply to a physician or a pharmacist whose only contract with the state is a Medicaid provider agreement under IC 12-15-11 or a provider agreement under the children's health insurance program under IC 12-17.6.

(g) The term of a member of the therapeutics committee is three (3) years. A member may be reappointed to the committee upon the completion of the member's term.

(h) The expenses of the therapeutics committee shall be paid by the office.

(i) Each member of the therapeutics committee is entitled to the minimum salary per diem

provided by IC 4-10-11-2.1(b). The member is also entitled to reimbursement for traveling expenses as provided under IC 4-13-1-4 and other expenses actually incurred in connection with the member's duties as provided in the state policies and procedures established by the Indiana department of administration and approved by the budget agency.

(j) The affirmative votes of a majority of a quorum of the therapeutics committee are required for the committee to take action on any measure. A quorum of the therapeutics committee consists of four (4) members.

(k) The therapeutics committee shall meet:

(1) upon the call of the chairperson of the therapeutics committee; and

(2) at least quarterly.

(l) The chairperson and the vice chairperson of the therapeutics committee:

(1) each serve for a term of one (1) year; and

(2) must be elected from the therapeutics committee's membership at the therapeutics committee's first meeting each calendar year.

(m) A meeting held by the therapeutics committee must be open to the public in accordance with IC 5-14-1.5. However, the therapeutics committee may meet in executive session only for the purpose of reviewing confidential or proprietary information.

As added by P.L.107-2002, SEC.15. Amended by P.L.213-2025, SEC.113.

IC 12-15-35-21 Board; appointment; term

Sec. 21. (a) The members of the board shall be appointed by the governor and serve a term of three (3) years.

(b) The governor shall fill a vacancy on the board by appointing a new member to serve the remainder of the unexpired term.

(c) The governor may remove a member for cause.

As added by P.L.75-1992, SEC.19.

IC 12-15-35-22 Qualifications of board members

Sec. 22. Board members must have expertise in one (1) or more of the following:

(1) Clinically appropriate prescribing of outpatient drugs.

(2) Clinically appropriate dispensing and monitoring of outpatient drugs.

(3) Drug utilization review, evaluation, and intervention.

(4) Medical quality assurance.

As added by P.L.75-1992, SEC.19.

IC 12-15-35-23 Physician appointments; geographic balance

Sec. 23. In making the physician appointments, the governor shall provide for geographic balance.

As added by P.L.75-1992, SEC.19.

IC 12-15-35-24 Reappointment of members

Sec. 24. An individual appointed to the board may be reappointed upon the completion of the individual's term.

As added by P.L.75-1992, SEC.19.

IC 12-15-35-25 Chairman; compensation; expenses

Sec. 25. (a) The board shall annually elect a chairman from the members of the board.

(b) The chairman may be re-elected to serve consecutive terms as chairman.

(c) A member of the board who is not a state employee is entitled to the minimum salary per diem as provided by IC 4-10-11-2.1(b). Each member of the board is entitled to reimbursement for traveling expenses and other expenses actually incurred in connection with the member's duties as provided in the state travel policies and procedures established by the Indiana department of administration and the budget agency.

(d) Each member of the board who is a state employee is entitled to reimbursement for traveling expenses actually incurred in connection with the member's duties, as provided in the state travel policies and procedures established by the Indiana department of administration and approved by the budget agency.
As added by P.L.75-1992, SEC.19.

IC 12-15-35-26 Additional staff

Sec. 26. (a) The secretary shall provide additional staff to the board.

(b) The secretary shall provide staff for the therapeutics committee.

As added by P.L.75-1992, SEC.19. Amended by P.L.291-2001, SEC.162; P.L.107-2002, SEC.16.

IC 12-15-35-27 Retrospective and prospective DUR program responsibility

Sec. 27. The board is responsible for the oversight of the retrospective and prospective DUR program.
As added by P.L.75-1992, SEC.19.

IC 12-15-35-28 Duties of the board; preferred drug list; report

Sec. 28. (a) The board has the following duties:

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

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

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

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

(5) The development of a working agreement for the board to clarify the areas of responsibility with related boards or agencies, including the following:

(A) The Indiana board of pharmacy.

(B) The medical licensing board of Indiana.

(C) The SURS staff.

(6) The establishment of a grievance and appeals process for physicians or pharmacists under this chapter.

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

(A) Identifying and reducing the frequency of patterns of fraud, abuse, gross overuse, or inappropriate or medically unnecessary care among physicians, pharmacists, and recipients.

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

(C) Therapeutic appropriateness.

(D) Overutilization or underutilization.

(E) Appropriate use of generic drugs.

(F) Therapeutic duplication.
(G) Drug-disease contraindications.
(H) Drug-drug interactions.
(I) Incorrect drug dosage and duration of drug treatment.
(J) Drug allergy interactions.
(K) Clinical abuse and misuse.

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

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

(10) The research, development, and approval of a preferred drug list for:
(A) Medicaid's fee for service program;
(B) a risk based managed care program, if the office provides a prescription drug benefit and subject to IC 12-15-5; and
(C) the children's health insurance program under IC 12-17.6;
in consultation with the therapeutics committee.

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

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

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

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

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

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

(1) Use literature abstracting technology.

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

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

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

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

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

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

automatically required for a single source drug that is newly approved by the federal Food and Drug Administration, and that is:

(1) in a therapeutic classification:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(A) approved; and

(B) disapproved.

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

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

As added by P.L.75-1992, SEC.19. Amended by P.L.76-1994, SEC.3; P.L.107-2002, SEC.17; P.L.184-2003, SEC.7; P.L.193-2003, SEC.2; P.L.28-2004, SEC.104; P.L.97-2004, SEC.51; P.L.2-2005, SEC.50; P.L.101-2005, SEC.3; P.L.3-2012, SEC.3; P.L.205-2013, SEC.205; P.L.53-2014, SEC.105; P.L.210-2015, SEC.50; P.L.152-2017, SEC.27; P.L.130-2018, SEC.48; P.L.213-2025, SEC.114.

IC 12-15-35-28.5 Therapeutics committee duties

Sec. 28.5. The therapeutics committee established under section 20.5 of this chapter shall do the following:

(1) Advise and make recommendations to the board in the board's development and maintenance of a preferred drug list under section 28 of this chapter.

(2) Submit to the board a proposed preferred drug list that has been approved by a majority of a quorum of the therapeutics committee.

(3) Advise and make recommendations to the board in the board's review and

maintenance of a preferred drug list.
As added by P.L.107-2002, SEC.18.

IC 12-15-35-28.7 Submitting initial preferred drug list; limitations on restrictions; advance notice to providers; implementation; prior authorization limitation; rules

Sec. 28.7. (a) The board shall submit the initial approved preferred drug list to the office not later than August 1, 2002.

(b) Except as permitted under subsection (g), the office may not further restrict the status of a drug in the Medicaid program or the children's health insurance program until the board reviews a therapeutic classification and the office implements the therapeutic classification on the preferred drug list.

(c) The office shall provide advance notice to providers of the contents of the preferred drug list submitted by the board under subsection (a).

(d) Notwithstanding IC 12-15-13-6, the office shall implement any change in the preferred drug list not later than thirty (30) days after the date the board submits the amended list to the office.

(e) Except as provided by section 28(g)(3) of this chapter, the office may not implement a preferred drug list or an amendment to the preferred drug list that has not been approved by the board.

(f) The office may not require prior authorization for a drug that is excluded from the preferred drug list unless the board has made the determinations required under section 35 of this chapter.

(g) The office may adopt rules under IC 4-22-2 necessary to carry out this chapter.
As added by P.L.107-2002, SEC.19. Amended by P.L.184-2003, SEC.8.

IC 12-15-35-29 Quorum; majority vote on DUR criteria and standards for prescribing

Sec. 29. (a) A quorum consists of six (6) voting members of the board.

(b) DUR criteria and standards for appropriate prescribing may only be implemented with the approval of a majority of the quorum of the board. The majority vote must include at least three (3) of the four (4) physician members of the board and may allow the board to accept deviations from the standards on a case-by-case basis.
As added by P.L.75-1992, SEC.19. Amended by P.L.231-1999, SEC.5.

IC 12-15-35-30 Local practices; monitoring

Sec. 30. The criteria and standards developed under section 28(a)(3) of this chapter for appropriate prescribing that are implemented must reflect the local practices of physicians to monitor the following:

(1) Therapeutic appropriateness.
(2) Overutilization or underutilization.
(3) Therapeutic duplication.
(4) Drug-disease contraindications.
(5) Drug-drug interactions.
(6) Incorrect drug dosage or duration of drug treatment.
(7) Clinical abuse and misuse.

As added by P.L.75-1992, SEC.19. Amended by P.L.3-2008, SEC.95.

IC 12-15-35-31 Intervention; approval; requisites

Sec. 31. (a) An intervention developed under section 28(a)(4) of this chapter that involves a physician must be approved by at least three (3) of the four (4) physician members of the board before implementation.

(b) An intervention that involves a pharmacist must be approved by at least three (3) of

the four (4) pharmacist members of the board before implementation.

(c) Interventions include the following:

(1) Information disseminated to physicians and pharmacists to ensure that physicians and pharmacists are aware of the board's duties and powers.

(2) Written, oral, or electronic reminders of recipient-specific or drug-specific information that are designed to ensure recipient, physician, and pharmacist confidentiality, and suggested changes in the prescribing or dispensing practices designed to improve the quality of care.

(3) Use of face-to-face discussions between experts in drug therapy and the prescriber or pharmacist who has been targeted for educational intervention.

(4) Intensified reviews or monitoring of selected prescribers or pharmacists.

(5) The creation of an educational program using data provided through DUR to provide for active and ongoing educational outreach programs to improve prescribing and dispensing practices.

(6) The timely evaluation of interventions to determine if the interventions have improved the quality of care.

(7) The review of case profiles before the conducting of an intervention.

As added by P.L.75-1992, SEC.19. Amended by P.L.3-2008, SEC.96.

IC 12-15-35-32 Repealed

As added by P.L.75-1992, SEC.19. Repealed by P.L.76-1994, SEC.7.

IC 12-15-35-32.1 Annual report contents

Sec. 32.1. The annual report under section 28 of this chapter shall include information on the following:

(1) A description of the nature and scope of the prospective drug review program.

(2) A description of how pharmacies performing prospective DUR without computers are expected to comply with the statutory requirement for written criteria.

(3) Detailed information on the specific criteria and standards in use and any changes in criteria.

(4) A description of the nature and scope of the retrospective DUR program.

(5) A summary of the educational interventions used and an assessment of the effect of these educational interventions on the quality of care.

(6) An estimate of the cost savings generated as a result of the DUR program including savings to the Medicaid drug program attributable to the prospective and retrospective DUR.

(7) An overview of the fiscal impact of the DUR program on other areas of the Medicaid program.

(8) A quantifiable assessment of how DUR has improved quality of care.

(9) A summary of the total number of prescriptions reviewed by drug therapeutic class.

As added by P.L.76-1994, SEC.4.

IC 12-15-35-33 Repealed

As added by P.L.75-1992, SEC.19. Repealed by P.L.1-1993, SEC.132.

IC 12-15-35-34 Confidential identifying information; release of cumulative nonidentifying information

Sec. 34. (a) Information that identifies an individual collected under this chapter is confidential and may not be disclosed by the board.

(b) The board may have access to identifying information for purposes of carrying out intervention activities. The identifying information may not be released to anyone other than a member of the board.

(c) The board may release cumulative non-identifying information for purposes of

legitimate research.
As added by P.L.75-1992, SEC.19.

IC 12-15-35-35 Prior approval program for outpatient drugs; standards

Sec. 35. (a) Except as provided in IC 12-15-35.5-9, before the board develops a program to place a single source drug on prior approval, restrict the drug in its use, or establish a drug monitoring process or program to measure or restrict utilization of single source drugs other than in the SURS program, the board must meet the following conditions:

(1) Make a determination, after considering evidence and credible information provided to the board by the office and the public, that placing a single source drug on prior approval or restricting the drug's use will not:

(A) impede the quality of patient care in the Medicaid program; or

(B) increase costs in other parts of the Medicaid program, including hospital costs and physician costs.

(2) Meet to review a formulary or a restriction on a single source drug after the office provides at least fifteen (15) days notification to the public that the board will review the formulary or restriction on a single source drug at a particular board meeting. The notification shall contain the following information:

(A) A statement of the date, time, and place at which the board meeting will be convened.

(B) A general description of the subject matter of the board meeting.

(C) An explanation of how a copy of the formulary to be discussed at the meeting may be obtained.

The board shall meet to review the formulary or the restriction on a single source drug at least fifteen (15) days but not more than sixty (60) days after the notification.

(3) Ensure that:

(A) there is access to at least two (2) alternative drugs within each therapeutic classification, if available, on the formulary; and

(B) a process is in place through which a Medicaid recipient has access to medically necessary drugs.

(4) Reconsider the drug's removal from its restricted status or from prior approval not later than six (6) months after the single source drug is placed on prior approval or restricted in its use.

(5) Ensure that the program provides either telephone or FAX approval or denial Monday through Friday, twenty-four (24) hours a day. The office must provide the approval or denial within twenty-four (24) hours after receipt of a prior approval request. The program must provide for the dispensing of at least a seventy-two (72) hour supply of the drug in an emergency situation or on weekends.

(6) Ensure that any prior approval program or restriction on the use of a single source drug is not applied to prevent acceptable medical use for appropriate off-label indications.

(b) The board shall advise the office on the implementation of any program to restrict the use of brand name multisource drugs.

(c) The board shall consider:

(1) health economic data;

(2) cost data; and

(3) the use of formularies in the non-Medicaid markets;

in developing its recommendations to the office.

As added by P.L.75-1992, SEC.19. Amended by P.L.76-1994, SEC.5; P.L.231-1999, SEC.6; P.L.6-2002, SEC.3; P.L.107-2002, SEC.20; P.L.1-2003, SEC.58; P.L.37-2016, SEC.1.

IC 12-15-35-36 Advisory committees

Sec. 36. The board may establish advisory committees to assist the board in carrying out

the board's duties under this chapter.
As added by P.L.75-1992, SEC.19.

IC 12-15-35-37 Medicaid state plan; inclusion of retrospective and prospective DUR program

Sec. 37. The board shall, in cooperation with the secretary, include in the Medicaid state plan the creation and implementation of a retrospective and prospective DUR program for Medicaid outpatient drugs to ensure that the prescriptions are appropriate, medically necessary, and not likely to result in adverse medical outcomes.
As added by P.L.75-1992, SEC.19.

IC 12-15-35-38 DUR program guidelines and procedures

Sec. 38. The retrospective and prospective DUR program shall be operated under the guidelines and procedures established by the board under section 29 of this chapter.
As added by P.L.75-1992, SEC.19.

IC 12-15-35-39 Retrospective DUR requisites

Sec. 39. Retrospective DUR must:

(1) be based on the guidelines established by the board; and

(2) use the mechanized drug claims processing and information retrieval system to analyze claims data to do the following:

(A) Identify patterns of fraud, abuse, gross overuse, and inappropriate or medically unnecessary care.

(B) Assess data on drug use against explicit predetermined standards that are based on the compendia and other sources to monitor the following:

(i) Therapeutic appropriateness.

(ii) Overutilization or underutilization.

(iii) Therapeutic duplication.

(iv) Drug-disease contraindications.

(v) Drug-drug interactions.

(vi) Incorrect drug dosage or duration of drug treatment.

(vii) Clinical abuse and misuse.

As added by P.L.75-1992, SEC.19.

IC 12-15-35-40 Prospective DUR requisites

Sec. 40. Prospective DUR must be based on the guidelines established by the board and must provide that prior to the prescription being filled or delivered a review will be conducted by the pharmacist at the point of sale to screen for potential drug therapy problems resulting from the following:

(1) Therapeutic duplication.

(2) Drug-drug interactions.

(3) Incorrect dosage and duration of treatment.

(4) Drug-allergy interactions.

(5) Clinical abuse and misuse.

As added by P.L.75-1992, SEC.19.

IC 12-15-35-41 Board activities under IC 34-30-15

Sec. 41. The activities of the board in carrying out this chapter are covered under IC 34-30-15.
As added by P.L.75-1992, SEC.19. Amended by P.L.1-1998, SEC.103.

IC 12-15-35-42 Meetings

Sec. 42. (a) The board may meet in an executive session for purposes of reviewing DUR

data or to conduct or to discuss activity as provided for in IC 5-14-1.5-6.1.

(b) The board shall also conduct regular public meetings to gather input from the public on the operation of the DUR program.

(c) The board shall meet at least once each calendar quarter.

As added by P.L.75-1992, SEC.19. Amended by P.L.291-2001, SEC.163; P.L.114-2018, SEC.5.

IC 12-15-35-43 Confidentiality; pharmacist data and information

Sec. 43. Confidential data or information obtained by pharmacists as part of prospective DUR are confidential but may be released to prescribers or others according to procedures established by the board.

As added by P.L.75-1992, SEC.19.

IC 12-15-35-43.5 Prohibiting the release of proprietary or confidential information obtained under certain circumstances

Sec. 43.5. (a) The board, the therapeutics committee, or the office may not release proprietary or confidential information obtained as part of the development, implementation, or maintenance of a preferred drug list under this chapter.

(b) Information described in subsection (a) is confidential for purposes of IC 5-14-3-4(a)(1).

As added by P.L.107-2002, SEC.21. Amended by P.L.184-2003, SEC.9.

IC 12-15-35-44 Confidentiality; violations; penalty

Sec. 44. A person who does not comply with the confidentiality provisions under section 34 of this chapter commits a Class A misdemeanor.

As added by P.L.75-1992, SEC.19. Amended by P.L.1-1993, SEC.133.

IC 12-15-35-45 Outpatient drug formulary; requirements

Sec. 45. (a) The chairman of the board, subject to the approval of the board members, may appoint an advisory committee to make recommendations to the board on the development of a Medicaid outpatient drug formulary.

(b) If the office decides to establish a Medicaid outpatient drug formulary, the formulary shall be developed by the board.

(c) A formulary, preferred drug list, or prescription drug benefit used by a managed care organization is subject to IC 12-15-5-5, IC 12-15-35.5, and sections 46 and 47 of this chapter.

As added by P.L.76-1994, SEC.6. Amended by P.L.231-1999, SEC.7; P.L.101-2005, SEC.4; P.L.152-2017, SEC.28.

IC 12-15-35-46 Review of proposed formulary

Sec. 46. (a) This section applies to a managed care organization that enters into an initial contract with the office to be a managed care organization after May 13, 1999.

(b) Before a managed care organization described in subsection (a) implements a formulary, the managed care organization shall submit the formulary to the office at least thirty-five (35) days before the date that the managed care organization implements the formulary for Medicaid recipients.

(c) The office shall forward the formulary to the board for the board's review and recommendation.

(d) The office shall provide at least thirty (30) days notification to the public that the board will review a managed care organization's proposed formulary at a particular board meeting. The notification shall contain the following information:

(1) A statement of the date, time, and place at which the board meeting will be convened.

(2) A general description of the subject matter of the board meeting.

(3) An explanation of how a copy of the formulary to be discussed may be obtained.

The board shall meet to review the formulary at least thirty (30) days but not more than sixty (60) days after the notification.

(e) In reviewing the formulary, the board shall do the following:

(1) Make a determination, after considering evidence and credible information provided to the board by the office and the public, that the use of the formulary will not:

(A) impede the quality of patient care in the Medicaid program; or

(B) increase costs in other parts of the Medicaid program, including hospital costs and physician costs.

(2) Make a determination that:

(A) there is access to at least two (2) alternative drugs within each therapeutic classification, if available, on the formulary;

(B) a process is in place through which a Medicaid member has access to medically necessary drugs; and

(C) the managed care organization otherwise meets the requirements of IC 27-13-38.

(f) The board shall consider:

(1) health economic data;

(2) cost data; and

(3) the use of formularies in the non-Medicaid markets;

in developing its recommendation to the office.

(g) Within thirty (30) days after the board meeting, the board shall make a recommendation to the office regarding whether the proposed formulary should be approved, disapproved, or modified.

(h) The office shall rely significantly on the clinical expertise of the board. If the office does not agree with the recommendations of the board, the office shall, at a public meeting, discuss the disagreement with the board and present any additional information to the board for the board's consideration. The board's consideration of additional information must be conducted at a public meeting.

(i) Based on the final recommendations of the board, the office shall approve, disapprove, or require modifications to the managed care organization's proposed formulary. The office shall notify the managed care organization of the office's decision within fifteen (15) days of receiving the board's final recommendation.

(j) The managed care organization must comply with the office's decision within sixty (60) days after receiving notice of the office's decision.

(k) Notwithstanding the other provisions of this section, the office may temporarily approve a managed care organization's proposed formulary pending a final recommendation from the board.

As added by P.L.231-1999, SEC.8. Amended by P.L.152-2017, SEC.29.

IC 12-15-35-47 Review of changes to formulary

Sec. 47. (a) This section applies to the following changes to a formulary used by a managed care organization for Medicaid recipients:

(1) Removing one (1) or more drugs from the formulary.

(2) Placing new restrictions on one (1) or more drugs on the formulary.

(b) Before a managed care organization makes a change described in subsection (a), the managed care organization shall submit the proposed change to the office.

(c) The office shall forward the proposed change to the board for the board's review and recommendation.

(d) The office shall provide at least thirty (30) days notification to the public that the board will:

(1) review the proposed change; and

(2) consider evidence and credible information provided to the board;

at the board's regular board meeting before making a recommendation to the office regarding whether the proposed change should be approved or disapproved.

(e) Based on the final recommendation of the board, the office may approve or disapprove the proposed change. If a proposed change is not disapproved within ninety (90) days after the date the managed care organization submits the proposed change to the office, the managed care organization may implement the change to the formulary.

(f) A managed care organization:

(1) may add a drug to the managed care organization's formulary without the approval of the office; and

(2) shall notify the office of any addition to the managed care organization's formulary within thirty (30) days after making the addition.

As added by P.L.231-1999, SEC.9. Amended by P.L.152-2017, SEC.30.

IC 12-15-35-48 Board review of managed care organization prescription drug program

Sec. 48. (a) The board shall review the prescription drug program of a managed care organization that participates in a risk based managed care program at least one (1) time per year. The board's review of a prescription drug program must include the following:

(1) An analysis of the single source drugs requiring prior authorization, including the number of drugs requiring prior authorization in comparison to other managed care organizations' prescription drug programs that participate in the state's Medicaid program.

(2) A determination and analysis of the number and the type of drugs subject to a restriction.

(3) A review of the rationale for:

(A) the prior authorization of a drug described in subdivision (1); and

(B) a restriction on a drug.

(4) A review of the number of requests a managed care organization received for prior authorization, including the number of times prior authorization was approved and the number of times prior authorization was disapproved.

(5) A review of:

(A) patient and provider satisfaction survey reports; and

(B) pharmacy-related grievance data for a twelve (12) month period.

(b) A managed care organization described in subsection (a) shall provide the board with the information necessary for the board to conduct its review under subsection (a).

As added by P.L.107-2002, SEC.22. Amended by P.L.205-2013, SEC.206; P.L.53-2014, SEC.106; P.L.152-2017, SEC.31; P.L.130-2018, SEC.49.

IC 12-15-35-49 Information provided by office

Sec. 49. (a) The office shall provide the board with information necessary for the board to carry out its duties under this chapter.

(b) The office shall provide the information required under subsection (a):

(1) when requested by the board; and

(2) in a timely manner.

As added by P.L.291-2001, SEC.164.

IC 12-15-35-50 Maximum allowable cost schedule for drugs; pharmacy participation in Medicaid program

Sec. 50. (a) IC 12-15-13-6 does not apply to this section.

(b) The office shall maintain a website and post on the website any changes concerning the office's maximum allowable cost schedule for drugs.

(c) A change in the office's maximum allowable cost schedule for drugs may not take

effect less than thirty (30) days after the change is posted on the office's website.

(d) The office is not required to mail a notice to providers concerning a change in the office's maximum allowable cost schedule for drugs.

(e) A pharmacy may determine not to participate in the Medicaid program because of a change to the office's maximum allowable cost schedule for drugs if the pharmacy notifies the office not less than thirty (30) days after the changes take effect.

As added by P.L.187-2007, SEC.8. Amended by P.L.1-2025, SEC.170.

IC 12-15-35-51 Advisory committee; duties; report

Sec. 51. (a) As used in this section, "advisory committee" refers to the mental health Medicaid quality advisory committee established by subsection (b).

(b) The mental health Medicaid quality advisory committee is established. The advisory committee consists of the following members:

(1) The director of the office or the director's designee, who shall serve as chairperson of the advisory committee.

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

(3) A representative of a statewide mental health advocacy organization.

(4) A representative of a statewide mental health provider organization.

(5) A representative from a managed care organization that participates in the state's Medicaid program.

(6) A member with expertise in psychiatric research representing an academic institution.

(7) A pharmacist licensed under IC 25-26.

(8) The commissioner of the department of correction or the commissioner's designee.

The governor shall make the appointments for a term of four (4) years under subdivisions (3) through (7) and fill any vacancy on the advisory committee.

(c) The office shall staff the advisory committee. The expenses of the advisory committee shall be paid by the office.

(d) Each member of the advisory committee who is not a state employee is entitled to the minimum salary per diem provided by IC 4-10-11-2.1(b). The member is also entitled to reimbursement for traveling expenses as provided under IC 4-13-1-4 and other expenses actually incurred in connection with the member's duties as provided in the state policies and procedures established by the Indiana department of administration and approved by the budget agency.

(e) Each member of the advisory committee who is a state employee is entitled to reimbursement for traveling expenses as provided under IC 4-13-1-4 and other expenses actually incurred in connection with the member's duties as provided in the state policies and procedures established by the Indiana department of administration and approved by the budget agency.

(f) The affirmative votes of a majority of the voting members appointed to the advisory committee are required by the advisory committee to take action on any measure.

(g) The advisory committee shall advise the office and make recommendations concerning the clinical use of mental health and addiction medications and consider the following:

(1) Peer reviewed medical literature.

(2) Observational studies.

(3) Health economic studies.

(4) Input from physicians and patients.

(5) Any other information determined by the advisory committee to be appropriate.

(h) The office shall report recommendations made by the advisory committee to the drug utilization review board established by section 19 of this chapter.

(i) The advisory committee shall select one (1) member of the advisory committee to

serve as representation on the therapeutics committee established by section 20.5 of this chapter.

As added by P.L.36-2009, SEC.2. Amended by P.L.185-2013, SEC.1; P.L.205-2013, SEC.207; P.L.2-2014, SEC.65; P.L.53-2014, SEC.107; P.L.130-2018, SEC.50; P.L.213-2025, SEC.115.

IC 12-15-35.5 Chapter 35.5. Prescription Drugs

12-15-35.5-1 Applicability
12-15-35.5-2 "Cross-indicated drug" defined
12-15-35.5-2.5 Repealed
12-15-35.5-2.6 "Waste"
12-15-35.5-3 Establishment of prior authorization requirements
12-15-35.5-4 Prior authorization requirement parameters
12-15-35.5-5 Prior authorization procedures
12-15-35.5-6 Publication of prior authorization decision
12-15-35.5-7 Limitations on drug refills
12-15-35.5-7.5 Reimbursement for methadone when prescribed for pain; requirements
12-15-35.5-8 Restriction of mental health drugs for individuals less than 18 years of age
12-15-35.5-9 Reimbursement for drugs indicated only for addiction treatment
12-15-35.5-10 Determination of eligibility of certain outpatient prescription drugs for rebates

IC 12-15-35.5-1 Applicability

Sec. 1. This chapter applies to:

(1) the Medicaid program under this article; and

(2) the children's health insurance program under IC 12-17.6.

As added by P.L.6-2002, SEC.4. Amended by P.L.101-2005, SEC.5.

IC 12-15-35.5-2 "Cross-indicated drug" defined

Sec. 2. As used in this chapter, "cross-indicated drug" means a drug that is used for a purpose generally held to be reasonable, appropriate, and within the community standards of practice even though the use is not included in the federal Food and Drug Administration's approved labeled indications for the drug.

As added by P.L.6-2002, SEC.4.

IC 12-15-35.5-2.5 Repealed

As added by P.L.107-2002, SEC.23. Amended by P.L.184-2003, SEC.10. Repealed by P.L.213-2025, SEC.116.

IC 12-15-35.5-2.6 "Waste"

Sec. 2.6. As used in this chapter, "waste" means inappropriate:

(1) overprescribing;

(2) underprescribing;

(3) overutilization;

(4) underutilization;

(5) recipient noncompliance with the prescribed regimen; or

(6) clinically unjustified utilization;

of a prescription drug.

As added by P.L.11-2010, SEC.2.

IC 12-15-35.5-3 Establishment of prior authorization requirements

Sec. 3. The office may establish prior authorization requirements for drugs covered under a program described in section 1 of this chapter.

As added by P.L.6-2002, SEC.4. Amended by P.L.101-2005, SEC.6; P.L.1-2009, SEC.104; P.L.229-2011, SEC.143; P.L.154-2015, SEC.3; P.L.213-2025, SEC.117.

IC 12-15-35.5-4 Prior authorization requirement parameters

Sec. 4. Prior authorization requirements developed under this chapter must:

(1) comply with all applicable state and federal laws, including the provisions of 405 IAC 5-3 and 42 U.S.C. 1396r-8(d)(5); and

(2) provide that the prior authorization number assigned to an approved request be included on the prescription or drug order:

(A) issued by the prescribing practitioner; or

(B) if the prescription is transmitted orally, relayed to the dispensing pharmacist by the prescribing practitioner.

As added by P.L.6-2002, SEC.4. Amended by P.L.107-2002, SEC.24.

IC 12-15-35.5-5 Prior authorization procedures

Sec. 5. Before requiring prior authorization for a single source drug, the office shall seek the advice of the drug utilization review board, established by IC 12-15-35-19, at a public meeting of the board.

As added by P.L.6-2002, SEC.4.

IC 12-15-35.5-6 Publication of prior authorization decision

Sec. 6. (a) The office shall publish the decision to require prior authorization for a single source drug in a provider bulletin.

(b) IC 12-15-13-6 applies to a provider bulletin described in subsection (a).

As added by P.L.6-2002, SEC.4.

IC 12-15-35.5-7 Limitations on drug refills

Sec. 7. (a) Subject to subsection (b), the office may place limits on quantities dispensed or the frequency of refills for any covered drug as required by law or for the purpose of:

(1) preventing fraud, abuse, or waste;

(2) preventing overutilization, inappropriate utilization, or inappropriate prescription practices that are contrary to:

(A) clinical quality and patient safety; and

(B) accepted clinical practice for the diagnosis and treatment of mental illness and the considerations specified in subsection (h); or

(3) implementing a disease management program.

(b) Before implementing a limit described in subsection (a), the office shall:

(1) consider quality of care and the best interests of Medicaid recipients;

(2) seek the advice of the drug utilization review board, established by IC 12-15-35-19, at a public meeting of the board; and

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

As added by P.L.6-2002, SEC.4. Amended by P.L.184-2003, SEC.11; P.L.101-2005, SEC.7; P.L.8-2007, SEC.1; P.L.36-2009, SEC.3; P.L.229-2011, SEC.145; P.L.7-2015, SEC.35; P.L.210-2015, SEC.51; P.L.213-2025, SEC.118.

IC 12-15-35.5-7.5 Reimbursement for methadone when prescribed for pain; requirements

Sec. 7.5. (a) The office may reimburse under Medicaid for methadone if the drug was prescribed for the treatment of pain or pain management only as follows:

(1) If the daily dosage is not more than sixty (60) milligrams.

(2) If the daily dosage is more than sixty (60) milligrams, only if:

(A) prior authorization is obtained; and

(B) a determination of medical necessity has been shown by the provider.

(b) A managed care organization may reimburse under Medicaid for methadone if the drug is prescribed for the treatment of pain or pain management only as follows:

(1) If the daily dosage is not more than sixty (60) milligrams.

(2) If the daily dosage is more than sixty (60) milligrams, only if:

(A) prior authorization is obtained; and

(B) a determination of medical necessity has been shown.

As added by P.L.209-2015, SEC.12.

IC 12-15-35.5-8 Restriction of mental health drugs for individuals less than 18 years of age

Sec. 8. In addition to the limits described in section 7 of this chapter, the office may restrict a mental health drug described in section 3 of this chapter that is prescribed for an individual who is less than eighteen (18) years of age if federal financial participation is not available for reimbursement for the prescription under IC 12-15-5-2.

As added by P.L.11-2010, SEC.3.

IC 12-15-35.5-9 Reimbursement for drugs indicated only for addiction treatment

Sec. 9. The office may not reimburse under Medicaid for Subutex, Suboxone, or a similar trade name or generic of the drug if the drug is only indicated for addiction treatment and was prescribed for the treatment of pain or pain management.

As added by P.L.37-2016, SEC.2. Amended by P.L.10-2019, SEC.60.

IC 12-15-35.5-10 Determination of eligibility of certain outpatient prescription drugs for rebates

Sec. 10. (a) As used in this section, "340B covered entity" means an entity authorized to participate in the federal 340B Drug Pricing Program under Section 340B(a)(4) of the federal Public Health Service Act (42 U.S.C. 256b(a)(4)) and includes any pharmacy under contract with the entity to dispense drugs on behalf of the entity.

(b) The office of the secretary shall determine whether outpatient prescription drugs prescribed to Medicaid recipients from a 340B covered entity are eligible for rebates under the 340B drug pricing program or whether those prescriptions shall be subject to rebates under the Medicaid drug rebate program under Section 1927 of the federal Social Security Act.

(c) The office of the secretary may adopt rules under IC 4-22-2 and any written policies or procedures as necessary to implement this section.

As added by P.L.213-2025, SEC.119.

IC 12-15-36 Chapter 36. Payments for Special Services

12-15-36-1 Application of chapter
12-15-36-2 "Chronically medically dependent" defined
12-15-36-3 "Special skilled services" defined
12-15-36-4 Payment rate; establishment under federal law
12-15-36-5 Payment standards; costs included
12-15-36-6 Implementation of chapter
12-15-36-7 Approval of more than 100 beds; necessity of agreement

IC 12-15-36-1 Application of chapter

Sec. 1. This chapter applies to a health facility licensed under IC 16-28 that has been approved by the office to have more than eight (8) beds but less than forty (40) beds approved for special skilled services.

As added by P.L.76-1992, SEC.3. Amended by P.L.2-1993, SEC.103.

IC 12-15-36-2 "Chronically medically dependent" defined

Sec. 2. As used in this chapter, "chronically medically dependent" means a medical condition of a person who is infected by the human immunodeficiency virus (HIV) and has been certified by a physician as, because of the HIV infection, requiring a skilled or intermediate level of care.

As added by P.L.76-1992, SEC.3.

IC 12-15-36-3 "Special skilled services" defined

Sec. 3. As used in this chapter, "special skilled services" refers to medical and health services that are provided to a patient who is:

(1) chronically medically dependent; and

(2) in need of a level of care that is less intensive than the care provided in a hospital licensed under IC 16-21.

As added by P.L.76-1992, SEC.3. Amended by P.L.2-1993, SEC.104.

IC 12-15-36-4 Payment rate; establishment under federal law

Sec. 4. The office shall, under 42 U.S.C. 1396 et seq., establish a payment rate to a health facility for special skilled services.

As added by P.L.76-1992, SEC.3.

IC 12-15-36-5 Payment standards; costs included

Sec. 5. Payment for special skilled services provided in a health facility must meet the following conditions:

(1) Be determined in accordance with a prospective payment rate that is reasonable and adequate to meet the costs that must be incurred by efficiently and economically operated facilities to provide care and services in conformity with applicable state and federal laws, rules, regulations, and quality and safety standards.

(2) Include the increased costs for respiratory therapy, intensive case management, social services, physician and nursing care, linens, and dietary supplements.

As added by P.L.76-1992, SEC.3.

IC 12-15-36-6 Implementation of chapter

Sec. 6. The office shall adopt rules under IC 4-22-2 to implement this chapter.

As added by P.L.76-1992, SEC.3.

IC 12-15-36-7 Approval of more than 100 beds; necessity of agreement

Sec. 7. The office of Medicaid policy and planning may not approve more than one hundred (100) beds for special skilled services under this chapter without the agreement of

the commissioner of the Indiana department of health and the administrator of the office of Medicaid policy and planning.
As added by P.L.76-1992, SEC.3. Amended by P.L.56-2023, SEC.101.

IC 12-15-37 Chapter 37. Medicaid Demonstration Projects

12-15-37-1 Review of Medicaid recipient populations
12-15-37-2 Waivers from Department of Health and Human Services; eligible projects
12-15-37-3 Affidavit
12-15-37-4 Time limit for implementation
12-15-37-5 Rules for implementation
12-15-37-6 Waiver restrictions
12-15-37-7 Stroke prevention and treatment programs

IC 12-15-37-1 Review of Medicaid recipient populations

Sec. 1. The Indiana department of health, with guidance and input from the office, shall review Medicaid recipient populations to determine which populations might benefit from transfer to an insurance product. Populations to review include participants in:

(1) the IMPACT program; and

(2) certain geographic populations, including rural populations;

to determine the fiscal and other effects of a demonstration project established for the benefit of these recipients.

As added by P.L.93-1995, SEC.4. Amended by P.L.56-2023, SEC.102.

IC 12-15-37-2 Waivers from Department of Health and Human Services; eligible projects

Sec. 2. After completing the review under section 1 of this chapter, the office, under the guidance of the Indiana department of health, may seek waivers from the United States Department of Health and Human Services to establish one (1) or more of the following demonstration projects, the goal of each of which is to provide a more cost effective means of providing health care coverage for certain Medicaid eligible individuals:

(1) Enrolling the designated recipients in prepaid health care delivery plans.

(2) Establishing medical savings accounts for designated recipients.

(3) Purchasing a private insurance product for designated recipients.

(4) Notwithstanding IC 12-15-5, redesigning the package of Medicaid benefits and services offered to designated recipients. Any package offered to designated recipients under this subdivision must include those services that may be provided within the scope of a provider's license if the service is covered under IC 12-15-12.

(5) Integrating the designated recipients into an already established risk pool.

As added by P.L.93-1995, SEC.4. Amended by P.L.56-2023, SEC.103.

IC 12-15-37-3 Affidavit

Sec. 3. The Indiana department of health and the office may not implement any of the demonstration projects under section 2 of this chapter until the office, under the guidance of the Indiana department of health, files an affidavit with the governor that attests that the federal waivers applied for under section 2 of this chapter are in effect. The Indiana department of health and the office shall file the affidavit under this section not later than five (5) days after the Indiana department of health or the office are notified that the waiver is approved.

As added by P.L.93-1995, SEC.4. Amended by P.L.56-2023, SEC.104.

IC 12-15-37-4 Time limit for implementation

Sec. 4. If a waiver is received from the United States Department of Health and Human Services and the governor receives the affidavit filed under section 3 of this chapter, the Indiana department of health, with guidance and input from the office, shall implement the demonstration project for which the waiver was granted not more than ninety (90) days after the governor receives the affidavit.

As added by P.L.93-1995, SEC.4. Amended by P.L.56-2023, SEC.105.

IC 12-15-37-5 Rules for implementation

Sec. 5. The Indiana department of health, with guidance and input from the office, shall adopt rules under IC 4-22-2 to implement a demonstration project for which a waiver is granted under this chapter.

As added by P.L.93-1995, SEC.4. Amended by P.L.56-2023, SEC.106.

IC 12-15-37-6 Waiver restrictions

Sec. 6. If the Indiana department of health and the office seek a waiver under this chapter to establish a managed care program or other demonstration project, the Indiana department of health and the office shall not seek a waiver of:

(1) federally qualified health centers and rural health clinic services as mandatory Medicaid services under:

(A) 42 U.S.C. 1396a(10)(A);

(B) 42 U.S.C. 1396d(a)(2)(B); and

(C) 42 U.S.C. 1396d(a)(2)(C); or

(2) reasonable cost reimbursement for federally qualified health centers and rural health clinics under 42 U.S.C. 1396a(a)(13)(C).

As added by P.L.93-1995, SEC.4. Amended by P.L.14-2000, SEC.30; P.L.56-2023, SEC.107.

IC 12-15-37-7 Stroke prevention and treatment programs

Sec. 7. The office and the Indiana department of health may collaborate with the American Heart Association to reduce the cost of stroke treatment and improve the outcome of stroke patients in the state. The collaboration may include the following:

(1) The development and implementation of a comprehensive statewide public education program on stroke prevention that is targeted at high-risk populations and at geographical areas that have a high incidence of stroke.

(2) The recommendation and dissemination of guidelines on the treatment of stroke patients, including emergency stroke care.

(3) The development of a program that would ensure that the public and health care providers are informed concerning the most effective stroke prevention strategies.

(4) The dissemination of information concerning public and private grant opportunities available for hospitals and providers of emergency medical services for the purposes of improving stroke patient care.

As added by P.L.224-2003, SEC.82. Amended by P.L.56-2023, SEC.108.

IC 12-15-38 Chapter 38. Examination of Funds

12-15-38-1	Restrictions on examination of availability of Medicaid funds for ineligible individuals
12-15-38-2	Use of Medicaid funds for development of health care plan and delivery system
12-15-38-3	Authority to apply for waiver
12-15-38-4	Reports
12-15-38-5	Interagency agreement permitted for Indiana department of health to act in accordance with federal requirements

IC 12-15-38-1 Restrictions on examination of availability of Medicaid funds for ineligible individuals

Sec. 1. (a) The Indiana department of health, with guidance and input from the office, shall examine and study the availability of funds that require a waiver and funds that do not require a waiver from the United States Secretary of Health and Human Services that may be:

(1) used to fund a demonstration project to provide health care to individuals who do not qualify for coverage under IC 12-15-2 on July 1, 1995; and

(2) eligible for federal financial participation, other matching funds from the federal government, or grants from the federal government.

(b) The examination of funds under this section is restricted to funding sources not used in the Medicaid program on June 30, 1995, and may not include funds authorized for planning and starting nonprofit community based primary health care centers.

As added by P.L.93-1995, SEC.5. Amended by P.L.2-1996, SEC.245; P.L.56-2023, SEC.109.

IC 12-15-38-2 Use of Medicaid funds for development of health care plan and delivery system

Sec. 2. If the Indiana department of health, with guidance and input from the office, identifies funds under section 1 of this chapter, the Indiana department of health may develop a health care plan and delivery system that uses the funds under the Medicaid program to provide health insurance for individuals who would not qualify for coverage under IC 12-15-2. The plan may include providing insurance through the private health insurance system.

As added by P.L.93-1995, SEC.5. Amended by P.L.56-2023, SEC.110.

IC 12-15-38-3 Authority to apply for waiver

Sec. 3. If the Indiana department of health and the office develop a plan that requires a waiver from federal Medicaid law, the office may apply for the necessary waiver from the appropriate authority to implement the program under section 2 of this chapter.

As added by P.L.93-1995, SEC.5. Amended by P.L.56-2023, SEC.111.

IC 12-15-38-4 Reports

Sec. 4. Before July 1, 1996, the Indiana department of health and the office shall submit a report to the general assembly summarizing the study conducted under section 1 of this chapter and any health care plans developed under section 2 of this chapter.

As added by P.L.93-1995, SEC.5. Amended by P.L.56-2023, SEC.112.

IC 12-15-38-5 Interagency agreement permitted for Indiana department of health to act in accordance with federal requirements

Sec. 5. The Indiana department of health and the office shall enter into an interagency agreement to allow the Indiana department of health to carry out the department's responsibilities under this chapter in accordance with federal requirements.

As added by P.L.93-1995, SEC.5. Amended by P.L.56-2023, SEC.113.

IC 12-15-39 Chapter 39. Intermediate Care Facilities for Individuals With Intellectual Disabilities Medicaid Waiver Expansion

12-15-39-1 "Conversion"
12-15-39-2 Duties of division
12-15-39-3 Use of savings from conversion to expand waiver services

IC 12-15-39-1 "Conversion"

Sec. 1. As used in this section, "conversion" means:

(1) the permanent closure of a Medicaid funded intermediate care facility for individuals with intellectual disabilities bed, including intermediate care facilities for individuals with intellectual disabilities licensed under IC 16-28-2, facilities licensed under IC 12-28-5 and certified under Title XIX of the Social Security Act (42 U.S.C. 1396 et seq.) as an intermediate care facility for individuals with intellectual disabilities, and state institutions; and

(2) the use of the state funds that paid the state share of Medicaid funding for the beds described in subdivision (1) to fund the expansion of the number of individuals receiving waiver services under an intermediate care facility for individuals with intellectual disabilities Medicaid waiver.

As added by P.L.112-1997, SEC.4. Amended by P.L.35-2016, SEC.45.

IC 12-15-39-2 Duties of division

Sec. 2. The division shall do the following:

(1) Assist providers who provide for the voluntary conversion of Medicaid funded intermediate care facility for individuals with intellectual disabilities beds.

(2) Assist in securing appropriate placements for individuals who reside in the intermediate care facility for individuals with intellectual disabilities beds that are converted. However, an individual may not be moved from an intermediate care facility for individuals with intellectual disabilities bed until an appropriate alternative placement is available.

As added by P.L.112-1997, SEC.4. Amended by P.L.35-2016, SEC.46.

IC 12-15-39-3 Use of savings from conversion to expand waiver services

Sec. 3. Any savings that may result from a conversion under this chapter of an intermediate care facility for individuals with intellectual disabilities licensed under IC 16-28-2 or a state institution must be used to expand waiver services under an intermediate care facility for individuals with intellectual disabilities Medicaid waiver to individuals throughout Indiana.

As added by P.L.112-1997, SEC.4. Amended by P.L.35-2016, SEC.47.

IC 12-15-39.6 Chapter 39.6. Long Term Care Program

12-15-39.6-0.5 Asset disregard; date for discontinuing long term care program
12-15-39.6-1 "Long term care" defined
12-15-39.6-2 "Long term care facility" defined
12-15-39.6-3 "Long term care insurance" defined
12-15-39.6-4 "Health maintenance organization" defined
12-15-39.6-5 "Qualified long term care policy" defined
12-15-39.6-6 Establishment and administration of program
12-15-39.6-7 Information on long term care insurance; availability; assistance
12-15-39.6-8 Eligibility
12-15-39.6-9 Policy provisions
12-15-39.6-10 Asset disregard adjustment
12-15-39.6-11 Application of asset disregard to determination of individual's assets
12-15-39.6-12 Discontinuation of program
12-15-39.6-13 Reciprocal agreements to extend asset disregard
12-15-39.6-14 Rules
12-15-39.6-15 Asset disregard for long term care policyholders

IC 12-15-39.6-0.5 Asset disregard; date for discontinuing long term care program

Sec. 0.5. (a) Notwithstanding IC 12-15-39.8, the asset disregard under section 10 of this chapter applies to any qualified long term care policy to which this chapter applies.

(b) This chapter does not apply to a qualified long term care policy issued after the long term care program established by this chapter is discontinued.

(c) Subject to section 12 of this chapter, the long term care program established by this chapter is discontinued on the date set forth under IC 12-15-1.3-22(b)(2)(B)(ii) in the statement published in the Indiana Register by the office of Medicaid policy and planning.

As added by P.L.196-2021, SEC.4.

IC 12-15-39.6-1 "Long term care" defined

Sec. 1. As used in this chapter, "long term care" means the provision of the following services in a setting other than an acute care wing of a hospital to enable individuals whose functional capacities are chronically impaired to be maintained at their maximum level of health and well-being:

(1) Physician's services.

(2) Nursing services.

(3) Diagnostic services.

(4) Therapeutic services, including physical therapy, speech therapy, and occupational therapy.

(5) Rehabilitative services.

(6) Maintenance services.

(7) Personal care services, including companion services and assistance in bathing, dressing, and other skills of daily living.

(8) Transportation services.

(9) Day care services.

(10) Home health care services.

(11) Respite care services.

(12) Services provided in a facility licensed under IC 16-28.

(13) Services provided by chiropractors, podiatrists, and optometrists.

As added by P.L.24-1997, SEC.53.

IC 12-15-39.6-2 "Long term care facility" defined

Sec. 2. As used in this chapter, "long term care facility" means a facility licensed under IC 16-28.

As added by P.L.24-1997, SEC.53.

IC 12-15-39.6-3 "Long term care insurance" defined

Sec. 3. (a) As used in this chapter, "long term care insurance" means insurance coverage for at least twelve (12) consecutive months for each covered person on an expense incurred, indemnity, or prepaid basis for one (1) or more necessary long term care services provided in a setting other than an acute care wing of a hospital.

(b) The term does not include payment:

(1) of coinsurance, deductibles, or premiums for other insurance policies;

(2) for services covered by other insurance policies; or

(3) for services covered by Parts A and B of the Medicare program (42 U.S.C. 1395 et seq.).

As added by P.L.24-1997, SEC.53.

IC 12-15-39.6-4 "Health maintenance organization" defined

Sec. 4. As used in this chapter, "health maintenance organization" has the meaning set forth in IC 27-13-1-19.

As added by P.L.24-1997, SEC.53.

IC 12-15-39.6-5 "Qualified long term care policy" defined

Sec. 5. As used in this chapter, "qualified long term care policy" means an insurance policy that:

(1) provides long term care insurance;

(2) meets:

(A) the definition set forth in IC 27-8-12-5; and

(B) the standards established under IC 27-8-12-7.1; and

(3) is issued by an insurer or other person who complies with section 9(a) of this chapter.

As added by P.L.24-1997, SEC.53.

IC 12-15-39.6-6 Establishment and administration of program

Sec. 6. (a) The Indiana long term care program is established to do the following:

(1) Provide incentives for individuals to insure against the costs of providing for their long term care needs.

(2) Provide a mechanism for individuals to qualify for coverage of the costs of their long term care needs under the Medicaid program without first being required to substantially exhaust all their resources.

(3) Assist in developing methods for increasing access to and the affordability of a long term care policy.

(4) Provide counseling services to individuals in planning for their long term care needs.

(5) Alleviate the financial burden on the state's medical assistance program by encouraging the pursuit of private initiatives.

(b) The office of Medicaid policy and planning and the department of insurance shall administer the program. The department of insurance may contract with a local office of aging services, an area agency on aging, or other nonprofit organization to provide counseling services under the program. The department of insurance shall develop and coordinate a plan to provide counseling services under the program.

As added by P.L.24-1997, SEC.53.

IC 12-15-39.6-7 Information on long term care insurance; availability; assistance

Sec. 7. (a) The department of insurance or the agency with which the department of

insurance has contracted under section 6(b) of this chapter shall make available to any individual interested in participating in a long term care program information concerning the following:

(1) The Indiana long term care program established under this chapter.

(2) The Indiana long term care insurance partnership program established under IC 12-15-39.8.

(3) Long term care insurance policies, including:

(A) qualified long term care policies that meet the definition set forth in section 5 of this chapter; and

(B) qualified long term care insurance policies that meet the definition set forth in IC 12-15-39.8-3.

(4) Medicare supplement insurance policies.

(5) Parts A and B of the Medicare program (42 U.S.C. 1395 et seq.).

(6) Health maintenance organizations under IC 27-13 that are contracted with the Medicare program.

(7) The Medicaid program.

(b) If an individual elects to pursue any of the options under subsection (a), the department of insurance shall assist the individual in doing so.

As added by P.L.24-1997, SEC.53. Amended by P.L.196-2021, SEC.5.

IC 12-15-39.6-8 Eligibility

Sec. 8. An individual who is either:

(1) the beneficiary of a qualified long term care policy approved by the department of insurance; or

(2) enrolled in a health maintenance organization that both provides long term care services and meets the requirements under sections 4 and 5 of this chapter;

is eligible for assistance under the Medicaid program using the asset disregard under section 10 of this chapter.

As added by P.L.24-1997, SEC.53.

IC 12-15-39.6-9 Policy provisions

Sec. 9. (a) An insurer or other person who issues a qualified long term care policy under this chapter must at a minimum offer to each policyholder or prospective policyholder a policy that provides both:

(1) long term care facility coverage; and

(2) home and community care coverage.

(b) An insurer or other person who complies with subsection (a) may also elect to offer a qualified long term care policy that provides only long term care facility coverage.

As added by P.L.24-1997, SEC.53.

IC 12-15-39.6-10 Asset disregard adjustment

Sec. 10. (a) As used in this section, "asset disregard" means one (1) of the following:

(1) A one dollar ($1) increase in the amount of assets an individual who:

(A) purchases a qualified long term care policy; and

(B) meets the requirements under section 8 of this chapter;

may retain under IC 12-15-3 for each one dollar ($1) of benefit paid out under the individual's long term care policy for long term care services.

(2) The total assets an individual owns and may retain under IC 12-15-3 and still qualify for benefits under IC 12-15 at the time the individual applies for benefits if the individual:

(A) is the beneficiary of a qualified long term care policy that provides maximum benefits at time of purchase of at least one hundred forty thousand dollars ($140,000) and includes a provision under which the daily benefit increases by at least five

percent (5%) per year, compounded at least annually;

(B) meets the requirements under section 8 of this chapter; and

(C) has exhausted the benefits of the qualified long term care policy.

(b) When the office determines whether an individual is eligible for Medicaid under IC 12-15-3, the office shall:

(1) make an asset disregard adjustment for any individual who purchases a qualified long term care policy; and

(2) if the assets owned by the individual's spouse are included in the individual's eligibility determination, include the assets of the individual's spouse in the asset disregard adjustment.

The asset disregard must be available after benefits of the long term care policy have been applied to the cost of long term care as required under this chapter.

(c) The qualified long term care policy an individual must purchase to be eligible for the asset disregard under subsection (a)(2) must have maximum benefits at time of purchase equal to at least one hundred forty thousand dollars ($140,000) plus five percent (5%) interest compounded annually beginning January 1, 1999.

As added by P.L.24-1997, SEC.53. Amended by P.L.2-1998, SEC.39; P.L.146-2015, SEC.1.

IC 12-15-39.6-11 Application of asset disregard to determination of individual's assets

Sec. 11. A public program administered by the state that:

(1) provides long term care services; and

(2) bases eligibility upon the amount of the individual's assets;

must apply the asset disregard under section 10 of this chapter in determining the amount of the individual's assets.

As added by P.L.24-1997, SEC.53.

IC 12-15-39.6-12 Discontinuation of program

Sec. 12. If the Indiana long term care program is discontinued, an individual who purchased a qualified long term care policy prior to the date the program is discontinued is eligible to receive an asset disregard as defined under section 10 of this chapter.

As added by P.L.24-1997, SEC.53.

IC 12-15-39.6-13 Reciprocal agreements to extend asset disregard

Sec. 13. The office of Medicaid policy and planning may enter into reciprocal agreements with other states to extend the asset disregard under section 10 of this chapter to Indiana residents who had purchased qualified long term care policies in other states.

As added by P.L.24-1997, SEC.53.

IC 12-15-39.6-14 Rules

Sec. 14. The secretary of family and social services may adopt rules under IC 4-22-2 necessary to implement this chapter.

As added by P.L.24-1997, SEC.53.

IC 12-15-39.6-15 Asset disregard for long term care policyholders

Sec. 15. An individual who:

(1) owns, as of January 1, 1998, a qualified long term care policy; and

(2) has not exhausted the benefits of the qualified long term care policy described in subdivision (1);

is entitled to receive an asset disregard as provided in section 10 of this chapter.

As added by P.L.16-2009, SEC.19.

IC 12-15-39.8 Chapter 39.8. Long Term Care Insurance Partnership Program

12-15-39.8-1 Applicability of chapter
12-15-39.8-2 "Program"
12-15-39.8-3 "Qualified long term care insurance policy"
12-15-39.8-4 Establishment and administration of program
12-15-39.8-5 Applying asset disregard
12-15-39.8-6 Training program for insurance producers
12-15-39.8-7 Reporting requirements
12-15-39.8-8 Rules

IC 12-15-39.8-1 Applicability of chapter

Sec. 1. This chapter applies to qualified long term care insurance policies that are entered into, issued, or renewed after June 30, 2022.

As added by P.L.196-2021, SEC.6.

IC 12-15-39.8-2 "Program"

Sec. 2. As used in this chapter, "program" means the Indiana long term care insurance partnership program established by section 4(a) of this chapter.

As added by P.L.196-2021, SEC.6.

IC 12-15-39.8-3 "Qualified long term care insurance policy"

Sec. 3. As used in this chapter, "qualified long term care insurance policy" means an insurance policy that meets the following requirements:

(1) The policy covers an individual who was a resident of the state when the coverage first became effective under the policy.

(2) The policy was not issued before the effective date of the state plan amendment applied for under IC 12-15-1.3-22.

(3) The policy meets the definition of a qualified long term care insurance contract under 26 U.S.C. 7702B.

(4) The policy meets the model regulations and requirements of the model act of the National Association of Insurance Commissioners provided in 42 U.S.C. 1396p(b)(5).

(5) The policy includes inflation protection as follows:

(A) If the policy is sold to an individual who was less than sixty-one (61) years of age as of the date of purchase, the policy must provide compound inflation protection.

(B) If the policy is sold to an individual who was at least sixty-one (61) years of age but less than seventy-six (76) years of age as of the date of purchase, the policy must provide some level of inflation protection.

(C) If the policy is sold to an individual who is at least seventy-six (76) years of age, the policy may, but is not required to, provide some level of inflation protection.

(6) The department of insurance certifies that the policy meets the requirements of subdivisions (3), (4), and (5).

As added by P.L.196-2021, SEC.6.

IC 12-15-39.8-4 Establishment and administration of program

Sec. 4. (a) The Indiana long term care insurance partnership program is established.

(b) The office of Medicaid policy and planning and the department of insurance shall administer the program in accordance with Section 6021 of the federal Deficit Reduction Act of 2005.

As added by P.L.196-2021, SEC.6.

IC 12-15-39.8-5 Applying asset disregard

Sec. 5. Under the program, the office of Medicaid policy and planning must exclude and disregard an amount equal to the amount of benefits an individual receives under a qualified long term care insurance policy when determining the following:

(1) The individual's resources for purposes of determining eligibility for Medicaid under IC 12-15-3.

(2) The amount to be recovered from the individual's estate under IC 12-15-9 if the individual is eligible for Medicaid.

As added by P.L.196-2021, SEC.6.

IC 12-15-39.8-6 Training program for insurance producers

Sec. 6. (a) The department of insurance shall develop a training program for insurance producers who sell qualified long term care insurance policies that includes a certified prelicensing course and continuing education courses. The courses must cover, at a minimum, the following topics:

(1) State and federal regulations and requirements and the relationship between qualified long term care insurance policies and other public and private coverage of long term care services, including Medicaid.

(2) Available long term care services and providers.

(3) Changes or improvements in long term care services or providers.

(4) Alternatives to the purchase of private long term care insurance.

(5) The effect of inflation on benefits and the importance of inflation protection.

(6) Consumer suitability standards and guidelines.

(b) An insurance producer must:

(1) complete the certified prelicensing course established under subsection (a) before the insurance producer may sell, solicit, or negotiate a qualified long term care insurance policy; and

(2) attend a continuing education course established under subsection (a) at least once every twenty-four (24) months to continue to sell, solicit, or negotiate a qualified long term care insurance policy.

As added by P.L.196-2021, SEC.6.

IC 12-15-39.8-7 Reporting requirements

Sec. 7. An insurer that issues a qualified long term care insurance policy shall provide regular reports to:

(1) the Secretary of the United States Department of Health and Human Services, as required by federal regulations; and

(2) the office of Medicaid policy and planning and the department of insurance, as required by those entities.

As added by P.L.196-2021, SEC.6.

IC 12-15-39.8-8 Rules

Sec. 8. The secretary of family and social services and the department of insurance may adopt rules under IC 4-22-2 necessary to implement this chapter.

As added by P.L.196-2021, SEC.6.

IC 12-15-40 Chapter 40. Payment for Hospice Services

12-15-40-1 Applicability of chapter
12-15-40-2 "Hospice" defined
12-15-40-3 "Hospice program" defined
12-15-40-4 "Hospice program patient" defined
12-15-40-5 "Hospice services" defined
12-15-40-6 Payment rate
12-15-40-7 Conditions of payment
12-15-40-8 Adoption of rules

IC 12-15-40-1 Applicability of chapter

Sec. 1. This chapter applies to a hospice program that has been approved by the office to provide hospice services to hospice program patients.

As added by P.L.24-1997, SEC.54.

IC 12-15-40-2 "Hospice" defined

Sec. 2. (a) As used in this chapter, "hospice" means a person or health care provider who owns or operates a hospice program or facility, or both, that uses an interdisciplinary team directed by a licensed physician to provide a program of planned and continuous care for hospice program patients and their families.

(b) The term includes a program that:

(1) provides a continuum of medical or nursing care and other hospice services to hospice program patients that complies with:

(A) the:

(i) conditions of participation for inpatient units under 42 U.S.C. 1395 et seq.; and

(ii) accreditation standards as provided in the Medicare program under 42 U.S.C. 1395x(dd)(2); and

(B) standards adopted under this article; and

(2) provides hospice services to hospice program patients and complies with standards adopted under this article.

As added by P.L.24-1997, SEC.54.

IC 12-15-40-3 "Hospice program" defined

Sec. 3. (a) As used in this chapter, "hospice program" means a specialized form of interdisciplinary health care that is designed to alleviate the physical, emotional, social, and spiritual discomforts of an individual who is experiencing the last phase of a terminal illness or disease.

(b) The term does not include services provided by a hospital, a health facility, an ambulatory outpatient surgical center, or a home health agency unless the entity has a distinct hospice program.

As added by P.L.24-1997, SEC.54.

IC 12-15-40-4 "Hospice program patient" defined

Sec. 4. As used in this chapter, "hospice program patient" means a terminally ill patient who:

(1) has been diagnosed by a licensed physician as having a terminal illness;

(2) is expected to die from the terminal illness within six (6) months; and

(3) receives hospice services from a hospice program.

As added by P.L.24-1997, SEC.54.

IC 12-15-40-5 "Hospice services" defined

Sec. 5. As used in this chapter, "hospice services" means:

(1) palliative care for the physical, psychological, social, spiritual, and other special

needs of a hospice program patient during the final stages of a hospice program patient's terminal illness; and

(2) care for the psychological, social, spiritual, and other needs of the hospice program patient's family before and after the hospice program patient's death.

As added by P.L.24-1997, SEC.54.

IC 12-15-40-6 Payment rate

Sec. 6. The office shall, under 42 U.S.C. 1396 et seq., establish a payment rate to a hospice program for hospice services provided to hospice program patients who are eligible for medical assistance under this article.

As added by P.L.24-1997, SEC.54.

IC 12-15-40-7 Conditions of payment

Sec. 7. Payment to a hospice program must meet the following conditions:

(1) Be determined in accordance with a prospective payment rate that is reasonable and adequate to meet the costs that must be incurred by efficiently and economically operated hospice programs to provide services in conformity with applicable state and federal laws, rules, and regulations, including the federal Social Security Act, and quality and safety standards.

(2) Include the increased costs for medical care, including physician and nursing care, intensive case management, social services, and pharmaceutical and allied health costs.

As added by P.L.24-1997, SEC.54.

IC 12-15-40-8 Adoption of rules

Sec. 8. The office shall adopt rules under IC 4-22-2 to implement this chapter.

As added by P.L.24-1997, SEC.54.

IC 12-15-41 Chapter 41. Medicaid Buy-In Program for Working Individuals With Disabilities

12-15-41-1 "Buy-in program"
12-15-41-2 "Countable resources"
12-15-41-3 Establishment
12-15-41-4 Exemptions from eligibility requirements
12-15-41-5 Continued eligibility requirements after change in circumstances
12-15-41-6 Continued eligibility if unable to maintain employment
12-15-41-7 Sliding scale of premiums
12-15-41-8 Premiums
12-15-41-9 Annual review of premiums; adjustment of premiums
12-15-41-10 Administrative procedures regarding premiums
12-15-41-11 Annual redetermination of disability
12-15-41-12 Home health care services; cost sharing
12-15-41-13 Criteria for determining effectiveness of buy-in program and continued Medicaid coverage
12-15-41-14 Funding for program
12-15-41-15 Adoption of rules

IC 12-15-41-1 "Buy-in program"

Sec. 1. As used in this chapter, "buy-in program" refers to the Medicaid buy-in program for working individuals with disabilities established by section 3 of this chapter.

As added by P.L.287-2001, SEC.9.

IC 12-15-41-2 "Countable resources"

Sec. 2. As used in this chapter, "countable resources" means all cash, other liquid assets, real property, and personal property owned by an applicant for or a recipient of Medicaid under this chapter, or the spouse of an applicant or a recipient, that could be converted to cash to be used for support or maintenance, except the following:

(1) All resources disregarded by the office under this article for the purpose of determining eligibility for Medicaid.

(2) Any resource eligible for exclusion under 42 U.S.C. 1396a(r)(2), including a retirement account established under 26 U.S.C. 220 and held by either the applicant or recipient or the applicant's or recipient's spouse.

(3) Subject to approval by the office, not more than twenty thousand dollars ($20,000) in independence and self-sufficiency accounts held by the applicant or recipient for the sole purpose of purchasing goods or services, including assistive technology and personal assistance, that:

(A) will increase the employability or independence of the applicant or recipient; and

(B) are not services to which the recipient is entitled under Medicaid or any other publicly funded program.

As added by P.L.287-2001, SEC.9. Amended by P.L.197-2011, SEC.42.

IC 12-15-41-3 Establishment

Sec. 3. The Medicaid buy-in program for working individuals with disabilities is established to provide, beginning July 1, 2002, Medicaid to individuals who are disabled and employed, as authorized under Section 201 of the federal Ticket to Work and Work Incentives Improvement Act of 1999 (P.L. 106-170, 42 U.S.C. 1396 et seq.).

As added by P.L.287-2001, SEC.9.

IC 12-15-41-4 Exemptions from eligibility requirements

Sec. 4. To participate in the buy-in program beginning July 1, 2002, an individual must meet the eligibility requirements under IC 12-15-2-6, except as follows:

(1) The individual has a severe medically determinable impairment without regard to

the individual's employment status.

(2) The individual must be at least sixteen (16) years of age but not more than sixty-four (64) years of age.

(3) The individual must be engaged in a substantial and reasonable work effort as determined by the office and as permitted by federal law.

(4) The individual does not have countable resources that exceed the resource limits for the federal Supplemental Security Income program (42 U.S.C. 1382).

(5) The individual's annual gross income does not exceed three hundred fifty percent (350%) of the federal income poverty level for an individual. In determining an individual's income under this subdivision, the office may not consider the following:

(A) The income of the individual's spouse.

(B) Income disregarded under the state Medicaid plan's financial methodology, including income disregarded under the federal Supplemental Security Income program (42 U.S.C. 1382) as impairment related work expenses (IRWE).

As added by P.L.287-2001, SEC.9.

IC 12-15-41-5 Continued eligibility requirements after change in circumstances

Sec. 5. An individual who is enrolled in the buy-in program and who no longer meets the eligibility requirements set forth in section 4 of this chapter due to an improvement in the individual's medical condition continues to be eligible for Medicaid coverage under the buy-in program if the individual meets the following requirements:

(1) The individual continues to have a severe medically determinable impairment, as determined by the office and as allowed by federal law.

(2) The individual is employed and earning a monthly wage that is not less than the federal minimum hourly wage times forty (40).

(3) The individual does not have income or countable resources in excess of the limits established under section 4 of this chapter.

(4) The individual is at least sixteen (16) years of age and less than sixty-five (65) years of age.

(5) The individual pays any premiums or other cost sharing required under this chapter.

(6) The individual meets all other eligibility requirements under this chapter.

As added by P.L.287-2001, SEC.9.

IC 12-15-41-6 Continued eligibility if unable to maintain employment

Sec. 6. (a) An individual who is enrolled in the buy-in program and who is unable to maintain employment for involuntary reasons, including temporary leave due to a health problem or involuntary termination, continues to be eligible for Medicaid coverage under the buy-in program if the individual meets the following requirements:

(1) Within sixty (60) days after the date on which the individual becomes unemployed, the individual, or an authorized representative of the individual, submits a written request to the office that the individual's Medicaid coverage be continued.

(2) The individual maintains a connection to the workforce during the individual's continued eligibility period by participating in at least one (1) of the following activities:

(A) Enrollment in a state or federal vocational rehabilitation program.

(B) Enrollment or registration with the office of workforce development.

(C) Participation in a transition from school to work program.

(D) Participation with an approved provider of employment services.

(E) Provision of documentation from the individual's employer that the individual is on temporary involuntary leave.

(3) The individual does not have income or countable resources in excess of the limits established under section 4 of this chapter.

(4) The individual is at least sixteen (16) years of age and less than sixty-five (65) years of age.

(5) The individual pays any premiums or other cost sharing required under this chapter.

(6) The individual meets all other eligibility requirements under this chapter.

(b) The office shall continue Medicaid coverage under the buy-in program for an individual described in subsection (a) for up to twelve (12) months from the date of the individual's involuntary loss of employment.

(c) If an individual is ineligible for continued coverage under the buy-in program because the individual:

(1) fails to meet the requirements of subsection (a); or

(2) has already met twelve (12) months of continuing eligibility under this section;

the individual must meet the eligibility requirements of IC 12-15-2-6 to continue to be eligible for Medicaid.

As added by P.L.287-2001, SEC.9.

IC 12-15-41-7 Sliding scale of premiums

Sec. 7. (a) The office shall develop a sliding scale of premiums for individuals participating in the buy-in program.

(b) The sliding scale of premiums required under subsection (a) must:

(1) be based on the annual gross income of the individual and, if married, the individual's spouse; and

(2) provide for a minimum monthly premium of twenty-five dollars ($25) and a maximum monthly premium of two hundred seventy-five dollars ($275).

(c) Subject to the minimum and maximum amounts described in subsection (b), the office may annually adjust the scale of premiums adopted under this section.

As added by P.L.287-2001, SEC.9.

IC 12-15-41-8 Premiums

Sec. 8. (a) An individual whose gross annual income, including the gross annual income of the individual's spouse, if married, is less than one hundred fifty percent (150%) of the federal income poverty level for the size of the individual's or couple's family may not be required to pay a premium to participate in the buy-in program.

(b) An individual whose gross annual income, including the gross annual income of the individual's spouse, if married, is at least one hundred fifty percent (150%) but not more than three hundred fifty percent (350%) of the federal income poverty level for the size of the individual's or couple's family, must pay a monthly premium in an amount equal to:

(1) the lesser of:

(A) the amount prescribed by the sliding scale developed by the office under section 7 of this chapter; or

(B) seven and one-half percent (7 1/2%) of the individual's or couple's gross annual income divided by twelve (12); minus

(2) the monthly amount of any premium paid by the individual, the individual's spouse, or the individual's parent for health insurance that covers the individual.

As added by P.L.287-2001, SEC.9.

IC 12-15-41-9 Annual review of premiums; adjustment of premiums

Sec. 9. (a) The office shall annually review the amount of the premium that an individual is required to pay under section 8 of this chapter.

(b) In addition to the annual review required under subsection (a), the office shall adjust the premium that an individual is required to pay under section 8 of this chapter if:

(1) a change in the individual's income or family size is verified; and

(2) the sliding scale adopted under section 7 of this chapter applied to the individual's changed circumstances prescribes a premium for the individual that is different from

the premium the individual is paying.

As added by P.L.287-2001, SEC.9. Amended by P.L.26-2003, SEC.3.

IC 12-15-41-10 Administrative procedures regarding premiums

Sec. 10. To the greatest extent possible, the office shall use the same administrative procedures regarding premiums for the buy-in program as are used for the children's health insurance program established under IC 12-17.6, including:

(1) the effect of nonpayment of a premium; and

(2) the collection of premiums.

As added by P.L.287-2001, SEC.9.

IC 12-15-41-11 Annual redetermination of disability

Sec. 11. (a) The office shall establish criteria to base the annual redetermination of disability required under 405 IAC 2-2-3(b) for an individual participating in the buy-in program on the individual's medical evidence, including evidence of physical or mental impairment.

(b) In conducting the annual redetermination described in subsection (a), the office may not determine that an individual participating in the buy-in program is no longer an individual with a disability based solely on the individual's:

(1) participation in employment;

(2) earned income; or

(3) income from self-employment.

As added by P.L.287-2001, SEC.9. Amended by P.L.99-2007, SEC.96.

IC 12-15-41-12 Home health care services; cost sharing

Sec. 12. Except as otherwise provided in this chapter, an individual participating in the buy-in program:

(1) shall receive the same benefits, including home health care services; and

(2) is subject to the same requirements, including cost sharing;

as an individual receiving Medicaid under IC 12-15-2-6.

As added by P.L.287-2001, SEC.9.

IC 12-15-41-13 Criteria for determining effectiveness of buy-in program and continued Medicaid coverage

Sec. 13. (a) The office shall establish criteria to determine the effectiveness of:

(1) the buy-in program; and

(2) continued Medicaid coverage through Section 1619 of the federal Social Security Act (42 U.S.C. 1382h).

(b) The criteria required under subsection (a) must include the following:

(1) The number of individuals with disabilities who are:

(A) enrolled in the buy-in program; or

(B) receiving Medicaid through Section 1619 of the federal Social Security Act (42 U.S.C. 1382h).

(2) State revenues resulting from premiums paid by participants in the buy-in program.

(3) State costs incurred as a result of implementing the buy-in program, including administrative costs and costs of providing services.

(c) In addition to the criteria required under subsection (b), the office may establish criteria to determine the following:

(1) Comparative costs of Medicaid funded services for participants in the buy-in program and work incentives created through Section 1619 of the federal Social Security Act (42 U.S.C. 1382h) before and after employment.

(2) The number of Supplemental Security Income and Social Security Disability Insurance recipients in Indiana who are no longer dependent on, or who have reduced

dependence on, public assistance or health care entitlement services, other than Medicaid or the children's health insurance program, due to participation in the buy-in program or work incentives created through Section 1619 of the federal Social Security Act (42 U.S.C. 1382h).

(3) The number of individuals with severe disabilities who are no longer dependent on, or who have reduced dependence on, public benefits or services, other than Medicaid or the children's health insurance program, due to income or support services received through participation in the buy-in program or work incentives created through Section 1619 of the federal Social Security Act (42 U.S.C. 1382h).

(4) The change in the number of buy-in program participants or participants in work incentives created through Section 1619 of the federal Social Security Act (42 U.S.C. 1382h) who have health care needs and related services covered though employer based benefit programs.

(d) In evaluating the effectiveness of the state's work incentive initiatives for individuals with disabilities, the office:

(1) shall collaborate with other state agencies on data collection; and

(2) may consult with an independent contractor to collect data on the criteria listed under subsection (b).

As added by P.L.287-2001, SEC.9. Amended by P.L.197-2011, SEC.43.

IC 12-15-41-14 Funding for program

Sec. 14. Funding for the buy-in program shall be from funds appropriated by the general assembly, premiums paid, and any federal matching funds available to the program.

As added by P.L.287-2001, SEC.9.

IC 12-15-41-15 Adoption of rules

Sec. 15. The office shall adopt rules under IC 4-22-2 to implement this chapter.

As added by P.L.287-2001, SEC.9. Amended by P.L.197-2011, SEC.44; P.L.93-2024, SEC.110.

IC 12-15-42 Chapter 42. Repealed

Repealed by P.L.197-2011, SEC.153.

IC 12-15-43 Chapter 43. PACE Program

12-15-43-1 Authority to implement PACE
12-15-43-2 Rules

IC 12-15-43-1 Authority to implement PACE

Sec. 1. The office may implement the Program of All-Inclusive Care for the Elderly (PACE) (42 U.S.C. 1396u-4) established under the federal Balanced Budget Act of 1997.
As added by P.L.20-2003, SEC.1.

IC 12-15-43-2 Rules

Sec. 2. The office may adopt rules under IC 4-22-2 necessary to implement this chapter.
As added by P.L.20-2003, SEC.1.

IC 12-15-44 Chapter 44. Repealed

Repealed by P.L.3-2008, SEC.269.

IC 12-15-44.1 Chapter 44.1. Repealed

Repealed by P.L.7-2015, SEC.36.

IC 12-15-44.2 Chapter 44.2. Healthy Indiana Plan Trust Fund; Premium Assistance Program

12-15-44.2-1 Repealed
12-15-44.2-2 Repealed
12-15-44.2-3 Repealed
12-15-44.2-4 Repealed
12-15-44.2-5 Repealed
12-15-44.2-6 Repealed
12-15-44.2-7 Repealed
12-15-44.2-8 Repealed
12-15-44.2-9 Repealed
12-15-44.2-10 Repealed
12-15-44.2-11 Repealed
12-15-44.2-12 Repealed
12-15-44.2-13 Repealed
12-15-44.2-14 Repealed
12-15-44.2-15 Expired
12-15-44.2-16 Repealed
12-15-44.2-17 Healthy Indiana plan trust fund
12-15-44.2-18 Repealed
12-15-44.2-19 Repealed
12-15-44.2-20 Premium assistance program
12-15-44.2-21 Repealed
12-15-44.2-22 Repealed

IC 12-15-44.2-1 Repealed

As added by P.L.3-2008, SEC.98. Amended by P.L.213-2015, SEC.130. Repealed by P.L.30-2016, SEC.5.

IC 12-15-44.2-2 Repealed

As added by P.L.3-2008, SEC.98. Repealed by P.L.30-2016, SEC.6.

IC 12-15-44.2-3 Repealed

As added by P.L.3-2008, SEC.98. Amended by P.L.213-2015, SEC.131. Repealed by P.L.30-2016, SEC.7.

IC 12-15-44.2-4 Repealed

As added by P.L.3-2008, SEC.98. Amended by P.L.160-2011, SEC.7; P.L.209-2015, SEC.13. Repealed by P.L.30-2016, SEC.8.

IC 12-15-44.2-5 Repealed

As added by P.L.3-2008, SEC.98. Repealed by P.L.30-2016, SEC.9.

IC 12-15-44.2-6 Repealed

As added by P.L.3-2008, SEC.98. Amended by P.L.160-2011, SEC.8. Repealed by P.L.30-2016, SEC.10.

IC 12-15-44.2-7 Repealed

As added by P.L.3-2008, SEC.98. Repealed by P.L.30-2016, SEC.11.

IC 12-15-44.2-8 Repealed

As added by P.L.3-2008, SEC.98. Repealed by P.L.30-2016, SEC.12.

IC 12-15-44.2-9 Repealed

As added by P.L.3-2008, SEC.98. Amended by P.L.160-2011, SEC.9; P.L.278-2013,

SEC.14; P.L.213-2015, SEC.132. Repealed by P.L.30-2016, SEC.13.

IC 12-15-44.2-10 Repealed
As added by P.L.3-2008, SEC.98. Amended by P.L.160-2011, SEC.10. Repealed by P.L.30-2016, SEC.14.

IC 12-15-44.2-11 Repealed
As added by P.L.3-2008, SEC.98. Amended by P.L.160-2011, SEC.11. Repealed by P.L.30-2016, SEC.15.

IC 12-15-44.2-12 Repealed
As added by P.L.3-2008, SEC.98. Repealed by P.L.30-2016, SEC.16.

IC 12-15-44.2-13 Repealed
As added by P.L.3-2008, SEC.98. Repealed by P.L.30-2016, SEC.17.

IC 12-15-44.2-14 Repealed
As added by P.L.3-2008, SEC.98. Amended by P.L.42-2011, SEC.30; P.L.213-2015, SEC.133. Repealed by P.L.30-2016, SEC.18.

IC 12-15-44.2-15 Expired
As added by P.L.3-2008, SEC.98. Amended by P.L.160-2011, SEC.12. Expired 12-31-2013 by P.L.160-2011, SEC.12.

IC 12-15-44.2-16 Repealed
As added by P.L.3-2008, SEC.98. Repealed by P.L.30-2016, SEC.19.

IC 12-15-44.2-17 Healthy Indiana plan trust fund

Sec. 17. (a) The healthy Indiana plan trust fund is established for the following purposes:

(1) Administering a plan created by the general assembly to provide health insurance coverage for low income residents of Indiana under this chapter and IC 12-15-44.5.

(2) Providing copayments, preventative care services, and premiums for individuals enrolled in the plan.

(3) Funding tobacco use prevention and cessation programs, childhood immunization programs, and other health care initiatives designed to promote the general health and well being of Indiana residents.

(4) Funding amounts necessary to match federal funds for purposes set forth in this section.

The fund is separate from the state general fund.

(b) The fund shall be administered by the office of the secretary of family and social services.

(c) The expenses of administering the fund shall be paid from money in the fund.

(d) The fund shall consist of the following:

(1) Cigarette tax revenues designated by the general assembly to be part of the fund.

(2) Other funds designated by the general assembly to be part of the fund.

(3) Federal funds available for the purposes of the fund.

(4) Gifts or donations to the fund.

(e) The treasurer of state shall invest the money in the fund not currently needed to meet the obligations of the fund in the same manner as other public money may be invested.

(f) Money must be appropriated before funds are available for use.

(g) Money in the fund does not revert to the state general fund at the end of any fiscal year.

(h) The fund is considered a trust fund for purposes of IC 4-9.1-1-7. Money may not be transferred, assigned, or otherwise removed from the fund by the state board of finance, the budget agency, or any other state agency unless the transfer, assignment, or removal is made in accordance with subsection (a)(4).

(i) As used in this subsection, "costs of the healthy Indiana plan 2.0" includes the costs of all expenses set forth in IC 16-21-10-13.3(b)(1)(A) through IC 16-21-10-13.3(b)(1)(F). Notwithstanding subsection (a), funds on deposit in the fund beginning on the date the office implements the healthy Indiana plan 2.0 (IC 12-15-44.5) and until the healthy Indiana plan 2.0 is terminated shall be used exclusively for the following:

(1) The state share of the costs of the healthy Indiana plan 2.0 that exceed other available funding sources in any given year.

(2) The state share of the expenses of the plan in effect under this chapter immediately before the implementation of the healthy Indiana plan 2.0 that were incurred in the regular course of the plan's operation.

(j) As used in this subsection, "costs of the healthy Indiana plan 2.0" include the costs of all expenses set forth in IC 16-21-10-13.3(b)(1)(A) through IC 16-21-10-13.3(b)(1)(F). Upon implementation of the healthy Indiana plan 2.0 (IC 12-15-44.5), the entirety of the annual cigarette tax amounts designated to the fund by the general assembly shall be used exclusively to fund the state share of the costs of the healthy Indiana plan 2.0. This subsection may not be construed to restrict the annual cigarette tax dollars annually appropriated by the general assembly for childhood immunization programs under subsection (a)(3).

As added by P.L.3-2008, SEC.98. Amended by P.L.213-2015, SEC.134; P.L.216-2025, SEC.9.

IC 12-15-44.2-18 Repealed

As added by P.L.3-2008, SEC.98. Repealed by P.L.30-2016, SEC.20.

IC 12-15-44.2-19 Repealed

As added by P.L.3-2008, SEC.98. Amended by P.L.1-2010, SEC.59; P.L.213-2015, SEC.135. Repealed by P.L.30-2016, SEC.21.

IC 12-15-44.2-20 Premium assistance program

Sec. 20. (a) The office may establish a health insurance coverage premium assistance program for individuals who meet the following:

(1) Have an annual household income of the following:

(A) Through December 31, 2013, not more than two hundred percent (200%) of the federal income poverty level.

(B) Beginning January 1, 2014, not more than one hundred thirty-three percent (133%) of the federal income poverty level, based on the adjusted gross income provisions set forth in Section 2001(a)(1) of the federal Patient Protection and Affordable Care Act.

(2) Are eligible for health insurance coverage through an employer but cannot afford the health insurance coverage premiums.

(b) A program established under this section must:

(1) contain eligibility requirements that are similar to the eligibility requirements of the plan;

(2) include a health care account as a component; and

(3) provide that an individual's payment:

(A) to a health care account; or

(B) for a health insurance coverage premium;

may not exceed five percent (5%) of the individual's annual income.

(c) The office may adopt rules under IC 4-22-2 necessary to implement and administer this section.

As added by P.L.3-2008, SEC.98. Amended by P.L.160-2011, SEC.13; P.L.30-2016, SEC.22.

IC 12-15-44.2-21 Repealed

As added by P.L.3-2008, SEC.98. Amended by P.L.160-2011, SEC.14. Repealed by P.L.30-2016, SEC.23.

IC 12-15-44.2-22 Repealed

As added by P.L.160-2011, SEC.15. Repealed by P.L.30-2016, SEC.24.

IC 12-15-44.5 Chapter 44.5. Healthy Indiana Plan 2.0

12-15-44.5-1	Repealed
12-15-44.5-2	"Plan"
12-15-44.5-2.3	"Preventative care services"
12-15-44.5-3	Establishment of plan; eligibility; oversight of marketing; promotion of plan; distribution of enrollment; standards for consumer protection; exemptions
12-15-44.5-3.5	Coverage; vision and dental; preventative care services
12-15-44.5-4	Scope of the plan; termination of plan; obligation of state; report to budget committee
12-15-44.5-4	Scope of the plan; termination of plan; obligation of state; report to budget committee
12-15-44.5-4.2	Amendment of Medicaid state plan; delay of amendment; operation of plan
12-15-44.5-4.5	Required health care account; payments
12-15-44.5-4.7	Application; pregnant woman exemption; payments; failure to make payments; state contribution; change in health plan; reimbursement
12-15-44.5-4.9	Eligibility period; renewal; unused share of health care account distribution
12-15-44.5-5	Managed care organization responsibilities; reimbursement; cultural competency standards
12-15-44.5-5.5	Workforce training and job search program referral
12-15-44.5-5.7	Nonemergency services received in an emergency room; copayment
12-15-44.5-6	Termination of plan; notice of termination; extension, or amendment of plan
12-15-44.5-7	Expired
12-15-44.5-8	Requirements for use of money appropriated to the fund; requirements for use of the incremental hospital assessment fee; payment for health care services; administrative costs; profit
12-15-44.5-9	Rules
12-15-44.5-10	Benefits for adult group; limit enrollment; limitations on negotiations of plan; changes to plan; written report

IC 12-15-44.5-1 Repealed

As added by P.L.213-2015, SEC.136. Repealed by P.L.216-2025, SEC.10.

IC 12-15-44.5-2 "Plan"

Sec. 2. As used in this chapter, "plan" refers to the healthy Indiana plan established by section 3 of this chapter.

As added by P.L.213-2015, SEC.136. Amended by P.L.30-2016, SEC.25.

IC 12-15-44.5-2.3 "Preventative care services"

Sec. 2.3. As used in this chapter, "preventative care services" means care that is provided to an individual to prevent disease, diagnose disease, or promote good health.

As added by P.L.30-2016, SEC.26.

IC 12-15-44.5-3 Establishment of plan; eligibility; oversight of marketing; promotion of plan; distribution of enrollment; standards for consumer protection; exemptions

Sec. 3. (a) The healthy Indiana plan is established.

(b) The office shall administer the plan.

(c) The adult group described in 42 CFR 435.119 may be eligible for the plan if the conditions in section 4 of this chapter are met and if the individual meets at least one (1) of the following:

(1) Is working at least twenty (20) hours per week on a monthly average.

(2) Is participating in and complying with the requirements of a work program for at least twenty (20) hours per week, as determined by the office.

(3) Is volunteering at least twenty (20) hours per week, as determined by the office.

(4) Undertakes a combination of the activities described in subdivision (1), (2), or (3)

for a combined total of at least twenty (20) hours per week, as determined by the office.

(5) Participates in and complies with the requirements of a workfare program, as determined by the office.

(6) Receives unemployment compensation and complies with federal and state work requirements under the unemployment compensation system.

(7) Participates in a substance use treatment and rehabilitation program.

(8) Is medically certified as physically or mentally unfit for employment.

(9) Is pregnant or is a parent or caretaker responsible for the care of a dependent child less than six (6) years of age.

(10) Is a parent, spouse, or caretaker personally providing the care for an individual with a serious medical condition or a disability.

(11) Is an individual who has been released from incarceration for less than ninety (90) days.

(12) Is an Indiana resident enrolled in and attending an accredited educational program full time.

An individual must meet the Medicaid residency requirements under IC 12-15-4-4 and this article to be eligible for the plan.

(d) The following individuals are not eligible for the plan:

(1) An individual who participates in the federal Medicare program (42 U.S.C. 1395 et seq.).

(2) An individual who is otherwise eligible and enrolled for medical assistance.

(e) The department of insurance and the office of the secretary shall provide oversight of the marketing practices of the plan.

(f) The office shall promote the plan and provide information to potential eligible individuals who live in medically underserved rural areas of Indiana.

(g) The office shall, to the extent possible, ensure that enrollment in the plan is distributed throughout Indiana in proportion to the number of individuals throughout Indiana who are eligible for participation in the plan.

(h) The office shall establish standards for consumer protection, including the following:

(1) Quality of care standards.

(2) A uniform process for participant grievances and appeals.

(3) Standardized reporting concerning provider performance, consumer experience, and cost.

(i) A health care provider that provides care to an individual who receives health coverage under the plan shall also participate in the Medicaid program under this article.

(j) The following do not apply to the plan:

(1) IC 12-15-12.

(2) IC 12-15-13.

(3) IC 12-15-14.

(4) IC 12-15-15.

(5) IC 12-15-21.

(6) IC 12-15-26.

(7) IC 12-15-31.1.

(8) IC 12-15-34.

(9) IC 12-15-35.

(10) IC 16-42-22-10.

As added by P.L.213-2015, SEC.136. Amended by P.L.30-2016, SEC.27; P.L.152-2017, SEC.32; P.L.241-2023, SEC.16; P.L.126-2025, SEC.9.

IC 12-15-44.5-3.5 Coverage; vision and dental; preventative care services

Sec. 3.5. (a) The plan must include the following in a manner and to the extent determined by the office:

(1) Mental health care services.

(2) Inpatient hospital services.
(3) Prescription drug coverage, including coverage of a long acting, nonaddictive medication assistance treatment drug if the drug is being prescribed for the treatment of substance abuse.
(4) Emergency room services.
(5) Physician office services.
(6) Diagnostic services.
(7) Outpatient services, including therapy services.
(8) Comprehensive disease management.
(9) Home health services, including case management.
(10) Urgent care center services.
(11) Preventative care services.
(12) Family planning services:
(A) including contraceptives and sexually transmitted disease testing, as described in federal Medicaid law (42 U.S.C. 1396 et seq.); and
(B) not including abortion or abortifacients.
(13) Hospice services.
(14) Substance abuse services.
(15) Donated breast milk that meets requirements developed by the office of Medicaid policy and planning.
(16) A service determined by the secretary to be required by federal law as a benchmark service under the federal Patient Protection and Affordable Care Act.

(b) The plan may not permit treatment limitations or financial requirements on the coverage of mental health care services or substance abuse services if similar limitations or requirements are not imposed on the coverage of services for other medical or surgical conditions.

(c) The plan may provide vision services and dental services only to individuals who regularly make the required monthly contributions for the plan as set forth in section 4.7(c) of this chapter.

(d) The benefit package offered in the plan:
(1) must be benchmarked to a commercial health plan described in 45 CFR 155.100(a)(1) or 45 CFR 155.100(a)(4); and
(2) may not include a benefit that is not present in at least one (1) of these commercial benchmark options.

(e) The office shall provide to an individual who participates in the plan a list of health care services that qualify as preventative care services for the age, gender, and preexisting conditions of the individual. The office shall consult with the federal Centers for Disease Control and Prevention for a list of recommended preventative care services.

(f) The plan shall, at no cost to the individual, provide payment of preventative care services described in 42 U.S.C. 300gg-13 for an individual who participates in the plan.

(g) The plan shall, at no cost to the individual, provide payments of not more than five hundred dollars ($500) per year for preventative care services not described in subsection (f). Any additional preventative care services covered under the plan and received by the individual during the year are subject to the deductible and payment requirements of the plan.

(h) The office shall apply to the United States Department of Health and Human Services for any amendment to the waiver necessary to implement the providing of the services or supplies described in subsection (a)(15). This subsection expires July 1, 2024.

As added by P.L.30-2016, SEC.28. Amended by P.L.180-2022(ss), SEC.16.

IC 12-15-44.5-4 Scope of the plan; termination of plan; obligation of state; report to budget committee

Note: This version of section effective until 7-1-2025. See also following version of this section, effective 7-1-2025.

Sec. 4. (a) The plan:

(1) is not an entitlement program; and

(2) serves as an alternative to health care coverage under Title XIX of the federal Social Security Act (42 U.S.C. 1396 et seq.).

(b) If either of the following occurs, the office shall terminate the plan in accordance with section 6(b) of this chapter:

(1) The:

(A) percentages of federal medical assistance available to the plan for coverage of plan participants described in Section 1902(a)(10)(A)(i)(VIII) of the federal Social Security Act are less than the percentages provided for in Section 2001(a)(3)(B) of the federal Patient Protection and Affordable Care Act; and

(B) office, after considering the modification and the reduction in available funding, does not alter:

(i) the formula established under IC 16-21-10-13.3(b)(1) to cover the amount of the reduction in federal medical assistance; or

(ii) if applicable, the fee formula used to fund the reimbursement for inpatient and outpatient hospital services under IC 16-21-10-8.5 to cover the amount of the reduction in federal medical assistance.

For purposes of this subdivision, "coverage of plan participants" includes reimbursement, payments, contributions, and amounts referred to in IC 16-21-10-13.3(b)(1)(A), IC 16-21-10-13.3(b)(1)(C), and IC 16-21-10-13.3(b)(1)(D), including reimbursement, payments, contributions, and amounts incurred before termination of the plan.

(2) The:

(A) methodology of calculating the incremental fee set forth in IC 16-21-10-13.3 is modified in any way that results in a reduction in available funding;

(B) office, after considering the modification and reduction in available funding, does not alter:

(i) the formula established under IC 16-21-10-13.3(b)(1) to cover the amount of the reduction in fees; or

(ii) if applicable, the fee formula used to fund the reimbursement for inpatient and outpatient hospital services under IC 16-21-10-8.5 to cover the amount of the reduction in fees; and

(C) office does not use alternative financial support to cover the amount of the reduction in fees.

(c) If the plan is terminated under subsection (b), the secretary may implement a plan for coverage of the affected population in a manner consistent with the healthy Indiana plan (IC 12-15-44.2 (before its repeal)) in effect on January 1, 2014:

(1) subject to prior approval of the United States Department of Health and Human Services; and

(2) using funding from the incremental fee set forth in IC 16-21-10-13.3.

(d) The office may not operate the plan in a manner that would obligate the state to financial participation beyond the level of state appropriations or funding otherwise authorized for the plan.

(e) The office of the secretary shall submit annually to the budget committee an actuarial analysis of the plan that reflects a determination that sufficient funding is reasonably estimated to be available to operate the plan.

As added by P.L.213-2015, SEC.136. Amended by P.L.30-2016, SEC.29; P.L.216-2025, SEC.11.

IC 12-15-44.5-4 Scope of the plan; termination of plan; obligation of state; report to budget committee

Note: This version of section effective 7-1-2025. See also preceding version of this

section, effective until 7-1-2025.

Sec. 4. (a) The plan:

(1) is not an entitlement program;

(2) serves as an alternative to health care coverage under Title XIX of the federal Social Security Act (42 U.S.C. 1396 et seq.);

(3) except as provided in section 4.2(a) of this chapter, must not grant eligibility under the state Medicaid plan for medical assistance under 42 U.S.C. 1396a; and

(4) must grant eligibility for the plan through an approved demonstration project under 42 U.S.C. 1315.

(b) If any of the following occurs, the office shall terminate the plan in accordance with section 6(b) of this chapter:

(1) The:

(A) percentages of federal medical assistance available to the plan for coverage of plan participants described in Section 1902(a)(10)(A)(i)(VIII) of the federal Social Security Act are less than the percentages provided for in Section 2001(a)(3)(B) of the federal Patient Protection and Affordable Care Act; and

(B) office, after considering the modification and the reduction in available funding, does not alter:

(i) the formula established under IC 16-21-10-13.3(b)(1) to cover the amount of the reduction in federal medical assistance; or

(ii) if applicable, the fee formula used to fund the reimbursement for inpatient and outpatient hospital services under IC 16-21-10-8.5 to cover the amount of the reduction in federal medical assistance.

For purposes of this subdivision, "coverage of plan participants" includes reimbursement, payments, contributions, and amounts referred to in IC 16-21-10-13.3(b)(1)(A), IC 16-21-10-13.3(b)(1)(C), and IC 16-21-10-13.3(b)(1)(D), including reimbursement, payments, contributions, and amounts incurred before termination of the plan.

(2) The:

(A) methodology of calculating the incremental fee set forth in IC 16-21-10-13.3 is modified in any way that results in a reduction in available funding;

(B) office, after considering the modification and reduction in available funding, does not alter:

(i) the formula established under IC 16-21-10-13.3(b)(1) to cover the amount of the reduction in fees; or

(ii) if applicable, the fee formula used to fund the reimbursement for inpatient and outpatient hospital services under IC 16-21-10-8.5 to cover the amount of the reduction in fees; and

(C) office does not use alternative financial support to cover the amount of the reduction in fees.

(3) The Medicaid waiver approving the plan is revoked, rescinded, vacated, or otherwise altered in a manner that the state cannot comply with the requirements of this chapter.

(c) If federal financial participation for recipients covered under the plan is less than ninety percent (90%), the office may terminate the plan in accordance with section 6(b) of this chapter.

(d) If the plan is terminated under subsection (b), the secretary may implement a plan for coverage of the affected population in a manner consistent with the healthy Indiana plan (IC 12-15-44.2 (before its repeal)) in effect on January 1, 2014:

(1) subject to prior approval of the United States Department of Health and Human Services; and

(2) using funding from the incremental fee set forth in IC 16-21-10-13.3.

(e) The office may not operate the plan in a manner that would obligate the state to

financial participation beyond the level of state appropriations or funding otherwise authorized for the plan.

(f) The office of the secretary shall submit annually to the budget committee an actuarial analysis of the plan that reflects a determination that sufficient funding is reasonably estimated to be available to operate the plan.

As added by P.L.213-2015, SEC.136. Amended by P.L.30-2016, SEC.29; P.L.216-2025, SEC.11; P.L.126-2025, SEC.10; P.L.216-2025, SEC.12.

IC 12-15-44.5-4.2 Amendment of Medicaid state plan; delay of amendment; operation of plan

Sec. 4.2. (a) Notwithstanding section 3 of this chapter, the office of the secretary shall amend the Medicaid state plan to not include individuals described in 42 CFR 435.119. The office of the secretary shall delay the effective date of the amendment to not later than upon the completion of negotiations with the United States Department of Health and Human Services for a 3.0 plan waiver and an approved implementation of the waiver.

(b) The office of the secretary shall continue to operate the plan, as in effect on January 1, 2025, until the effective date of a 3.0 plan waiver authorized by the United States Department of Health and Human Services or the expiration, termination, or vacatur of the waiver authorizing the plan.

As added by P.L.126-2025, SEC.11.

IC 12-15-44.5-4.5 Required health care account; payments

Sec. 4.5. (a) An individual who participates in the plan must have a health care account to which payments may be made for the individual's participation in the plan.

(b) An individual's health care account must be used to pay the individual's deductible for health care services under the plan.

(c) An individual's deductible must be at least two thousand five hundred dollars ($2,500) per year.

(d) An individual may make payments to the individual's health care account as follows:

(1) An employer withholding or causing to be withheld from an employee's wages or salary, after taxes are deducted from the wages or salary, the individual's contribution under this chapter and distributed equally throughout the calendar year.

(2) Submission of the individual's contribution under this chapter to the office to deposit in the individual's health care account in a manner prescribed by the office.

(3) Another method determined by the office.

As added by P.L.30-2016, SEC.30.

IC 12-15-44.5-4.7 Application; pregnant woman exemption; payments; failure to make payments; state contribution; change in health plan; reimbursement

Sec. 4.7. (a) To participate in the plan, an individual must apply for the plan on a form prescribed by the office. The office may develop and allow a joint application for a household.

(b) A pregnant woman is not subject to the cost sharing provisions of the plan. Subsections (c) through (g) do not apply to a pregnant woman participating in the plan.

(c) An applicant who is approved to participate in the plan does not begin benefits under the plan until a payment of at least:

(1) one-twelfth (1/12) of the annual income contribution amount; or

(2) ten dollars ($10);

is made to the individual's health care account established under section 4.5 of this chapter for the individual's participation in the plan. To continue to participate in the plan, an individual must contribute to the individual's health care account at least two percent (2%) of the individual's annual household income per year or an amount determined by the

secretary that is based on the individual's annual household income per year, but not less than one dollar ($1) per month. The amount determined by the secretary under this subsection must be approved by the United States Department of Health and Human Services and must be budget neutral to the state as determined by the state budget agency.

(d) If an applicant who is approved to participate in the plan fails to make the initial payment into the individual's health care account, at least the following must occur:

(1) If the individual has an annual income that is at or below one hundred percent (100%) of the federal poverty income level, the individual's benefits are reduced as specified in subsection (e)(1).

(2) If the individual has an annual income of more than one hundred percent (100%) of the federal poverty income level, the individual is not enrolled in the plan.

(e) If an enrolled individual's required monthly payment to the plan is not made within sixty (60) days after the required payment date, the following, at a minimum, occur:

(1) For an individual who has an annual income that is at or below one hundred percent (100%) of the federal income poverty level, the individual is:

(A) transferred to a plan that has a material reduction in benefits, including the elimination of benefits for vision and dental services; and

(B) required to make copayments for the provision of services that may not be paid from the individual's health care account.

(2) For an individual who has an annual income of more than one hundred percent (100%) of the federal poverty income level, the individual shall be terminated from the plan and may not reenroll in the plan for at least six (6) months.

(f) The state shall contribute to the individual's health care account the difference between the individual's payment required under this section and the plan deductible set forth in section 4.5(c) of this chapter.

(g) A member shall remain enrolled with the same managed care organization during the member's benefit period. A member may change managed care organizations as follows:

(1) Without cause:

(A) before making a contribution or before finalizing enrollment in accordance with subsection (d)(1); or

(B) during the annual plan renewal process.

(2) For cause, as determined by the office.

(h) The office may reimburse medical providers at the appropriate Medicaid fee schedule rate for certified medical claims incurred prior to the beginning of benefits under subsection (c) provided that the claims:

(1) were incurred not more than thirty (30) days prior to the individual's application; and

(2) are on behalf of an individual who:

(A) is approved to participate in the plan;

(B) is enrolled in the plan subject to the provisions in subsection (d); and

(C) was eligible for the plan at the time care and services were furnished.

As added by P.L.30-2016, SEC.31. Amended by P.L.152-2017, SEC.33; P.L.126-2025, SEC.12.

IC 12-15-44.5-4.9 Eligibility period; renewal; unused share of health care account distribution

Sec. 4.9. (a) An individual who is approved to participate in the plan is eligible for a twelve (12) month plan period if the individual continues to meet the plan requirements specified in this chapter.

(b) If an individual chooses to renew participation in the plan, the individual is subject to an annual renewal process at the end of the benefit period to determine continued eligibility for participating in the plan. If the individual does not complete the renewal process, the individual may not reenroll in the plan for at least six (6) months.

(c) This subsection applies to participants who consistently made the required payments in the individual's health care account. If the individual receives the qualified preventative services recommended to the individual during the year, the individual is eligible to have the individual's unused share of the individual's health care account at the end of the plan period, determined by the office, matched by the state and carried over to the subsequent plan period to reduce the individual's required payments. If the individual did not, during the plan period, receive all qualified preventative services recommended to the individual, only the nonstate contribution to the health care account may be used to reduce the individual's payments for the subsequent plan period.

(d) For individuals participating in the plan who, in the past, did not make consistent payments into the individual's health care account while participating in the plan, but:

(1) had a balance remaining in the individual's health care account; and

(2) received all of the required preventative care services;

the office may elect to offer a discount on the individual's required payments to the individual's health care account for the subsequent benefit year. The amount of the discount under this subsection must be related to the percentage of the health care account balance at the end of the plan year but not to exceed a fifty percent (50%) discount of the required contribution.

(e) If an individual is no longer eligible for the plan, does not renew participation in the plan at the end of the plan period, or is terminated from the plan for nonpayment of a required payment, the office shall, not more than one hundred twenty (120) days after the last date of the plan benefit period, refund to the individual the amount determined under subsection (f) of any funds remaining in the individual's health care account as follows:

(1) An individual who is no longer eligible for the plan or does not renew participation in the plan at the end of the plan period shall receive the amount determined under STEP FOUR of subsection (f).

(2) An individual who is terminated from the plan due to nonpayment of a required payment shall receive the amount determined under STEP SIX of subsection (f).

The office may charge a penalty for any voluntary withdrawals from the health care account by the individual before the end of the plan benefit year. The individual may receive the amount determined under STEP SIX of subsection (f).

(f) The office shall determine the amount payable to an individual described in subsection (e) as follows:

STEP ONE: Determine the total amount paid into the individual's health care account under this chapter.

STEP TWO: Determine the total amount paid into the individual's health care account from all sources.

STEP THREE: Divide STEP ONE by STEP TWO.

STEP FOUR: Multiply the ratio determined in STEP THREE by the total amount remaining in the individual's health care account.

STEP FIVE: Subtract any nonpayments of a required payment.

STEP SIX: Multiply the amount determined under STEP FIVE by at least seventy-five hundredths (0.75).

As added by P.L.30-2016, SEC.32. Amended by P.L.114-2018, SEC.6.

IC 12-15-44.5-5 Managed care organization responsibilities; reimbursement; cultural competency standards

Sec. 5. (a) A managed care organization that contracts with the office to provide health coverage, dental coverage, or vision coverage to an individual who participates in the plan:

(1) is responsible for the claim processing for the coverage;

(2) shall reimburse providers at a rate that is not less than the rate established by the secretary; and

(3) may not deny coverage to an eligible individual who has been approved by the

office to participate in the plan.

(b) A managed care organization that contracts with the office to provide health coverage under the plan must incorporate cultural competency standards established by the office. The standards must include standards for non-English speaking, minority, and disabled populations.

As added by P.L.213-2015, SEC.136. Amended by P.L.152-2017, SEC.34; P.L.201-2023, SEC.136.

IC 12-15-44.5-5.5 Workforce training and job search program referral

Sec. 5.5. The office shall refer any member of the plan who:

(1) is employed for less than twenty (20) hours per week; and

(2) is not a full-time student;

to a workforce training and job search program.

As added by P.L.30-2016, SEC.33.

IC 12-15-44.5-5.7 Nonemergency services received in an emergency room; copayment

Sec. 5.7. Subject to appeal to the office, an individual may be held responsible under the plan for receiving nonemergency services in an emergency room setting, including prohibiting the individual from using funds in the individual's health care account to pay for the nonemergency services and paying a copayment for the services of at least eight dollars ($8) for the nonemergency use of a hospital emergency department. However, an individual may not be prohibited from using funds in the individual's health care account to pay for nonemergency services provided in an emergency room setting for a medical condition that arises suddenly and unexpectedly and manifests itself by acute symptoms of such severity, including severe pain, that the absence of immediate medical attention could reasonably be expected by a prudent layperson who possesses an average knowledge of health and medicine to:

(1) place an individual's health in serious jeopardy;

(2) result in serious impairment to the individual's bodily functions; or

(3) result in serious dysfunction of a bodily organ or part of the individual.

As added by P.L.30-2016, SEC.34. Amended by P.L.114-2018, SEC.7.

IC 12-15-44.5-6 Termination of plan; notice of termination; extension, or amendment of plan

Sec. 6. (a) For a state fiscal year beginning July 1, 2018, and before July 1, 2024, the office, after review by the state budget committee, may determine that no incremental fees collected under IC 16-21-10-13.3 are required to be deposited into the phase out trust fund established under section 7 of this chapter. This subsection expires July 1, 2024.

(b) If the plan is to be terminated for any reason, the office shall, if required, provide notice of termination of the plan to the United States Department of Health and Human Services and begin the process of phasing out the plan.

(c) Before submitting:

(1) an extension of; or

(2) a material amendment to;

the plan to the United States Department of Health and Human Services, the office shall inform the Indiana Hospital Association of the extension or material amendment to the plan.

As added by P.L.213-2015, SEC.136. Amended by P.L.108-2019, SEC.198; P.L.93-2024, SEC.111; P.L.216-2025, SEC.13.

IC 12-15-44.5-7 Expired

As added by P.L.213-2015, SEC.136. Amended by P.L.93-2024, SEC.112. Expired 7-1-2024 by P.L.93-2024, SEC.112.

IC 12-15-44.5-8 Requirements for use of money appropriated to the fund; requirements for use of the incremental hospital assessment fee; payment for health care services; administrative costs; profit

Sec. 8. The following requirements apply to funds appropriated by the general assembly to the plan and the incremental fee used for purposes of IC 16-21-10-13.3:

(1) At least eighty-seven percent (87%) of the funds must be used to fund payment for health care services.

(2) An amount determined by the office of the secretary to fund:

(A) administrative costs of; and

(B) any profit made by;

a managed care organization under a contract with the office to provide health coverage under the plan. The amount determined under this subdivision may not exceed thirteen percent (13%) of the funds.

As added by P.L.213-2015, SEC.136. Amended by P.L.152-2017, SEC.35.

IC 12-15-44.5-9 Rules

Sec. 9. The office may adopt rules under IC 4-22-2 necessary to implement:

(1) this chapter; or

(2) a Section 1115 Medicaid demonstration waiver concerning the plan that is approved by the United States Department of Health and Human Services.

As added by P.L.213-2015, SEC.136. Amended by P.L.93-2024, SEC.113.

IC 12-15-44.5-10 Benefits for adult group; limit enrollment; limitations on negotiations of plan; changes to plan; written report

Sec. 10. (a) The secretary has the authority to provide benefits to individuals eligible under the adult group described in 42 CFR 435.119 only in accordance with this chapter.

(b) The secretary shall limit enrollment in the plan to the number of individuals that ensures that financial participation does not exceed the level of state appropriations or other funding for the plan.

(c) The secretary may negotiate and make changes to the plan, except that the secretary may not negotiate or change the plan in a way that would do the following:

(1) Reduce the following:

(A) Contribution amounts below the minimum levels set forth in section 4.7 of this chapter.

(B) Deductible amounts below the minimum amount established in section 4.5(c) of this chapter.

(C) The number of hours required to satisfy the work requirements specified in section 3(c)(1) of this chapter unless expressly required by federal law.

(2) Remove or reduce the penalties for nonpayment set forth in section 4.7 of this chapter.

(3) Revise the use of the health care account requirement set forth in section 4.5 of this chapter.

(4) Include noncommercial benefits or add additional plan benefits in a manner inconsistent with section 3.5 of this chapter.

(5) Allow services to begin:

(A) without the payment established or required by; or

(B) earlier than the time frames otherwise established by;

section 4.7 of this chapter.

(6) Reduce financial penalties for the inappropriate use of the emergency room below the minimum levels set forth in section 5.7 of this chapter.

(7) Permit members to change health plans without cause in a manner inconsistent with section 4.7(g) of this chapter.

(8) Operate the plan in a manner that would obligate the state to financial participation beyond the level of state appropriations or funding otherwise authorized for the plan.

(d) The secretary may make changes to the plan under this chapter if the changes are required by federal law or regulation and the office provides a written report of the changes to the state budget committee.

As added by P.L.213-2015, SEC.136. Amended by P.L.30-2016, SEC.35; P.L.126-2025, SEC.13.

IC 12-15-45 Chapter 45. Repealed

Repealed by P.L.6-2012, SEC.93; P.L.6-2012, SEC.94.

IC 12-15-46 Chapter 46. Repealed

Repealed by P.L.85-2017, SEC.60.

IC 12-15-47 Chapter 47. Long Acting Reversible Contraceptives

12-15-47-1 "Long acting reversible contraceptive"
12-15-47-2 Transfer of long acting reversible contraceptive; required conditions
12-15-47-3 Expired
12-15-47-4 Expired

IC 12-15-47-1 "Long acting reversible contraceptive"

Sec. 1. As used in this chapter, "long acting reversible contraceptive" includes intrauterine devices and birth control implants.

As added by P.L.177-2023, SEC.1.

IC 12-15-47-2 Transfer of long acting reversible contraceptive; required conditions

Sec. 2. A long acting reversible contraceptive that is prescribed to and obtained for a Medicaid recipient may be transferred to another Medicaid recipient if the long acting reversible contraceptive was not delivered to, implanted in, or used on the original Medicaid recipient to whom the long acting reversible contraceptive was prescribed. Before the long acting reversible contraceptive is transferred to another Medicaid recipient, the long acting reversible contraceptive must meet the following conditions:

(1) Be in the original, unopened package.

(2) Have been in the possession of the provider for at least twelve (12) weeks. However, the requirement under this subdivision may be waived by the written consent of the original Medicaid recipient to whom the long acting reversible contraceptive was prescribed.

(3) Not have left the possession of the provider who originally prescribed the long acting reversible contraceptive.

(4) Be medically appropriate and not contraindicated for the

Medicaid recipient to whom the long acting reversible contraceptive is being transferred.

As added by P.L.177-2023, SEC.1.

IC 12-15-47-3 Expired

As added by P.L.91-2024, SEC.1. Expired 6-30-2025 by P.L.91-2024, SEC.1.

IC 12-15-47-4 Expired

As added by P.L.91-2024, SEC.2. Expired 6-30-2025 by P.L.91-2024, SEC.2.

IC 12-15-47.3 Chapter 47.3. Repealed

Repealed by P.L.42-2024, SEC.96.

IC 12-16 ARTICLE 16. PAYMENT FOR HEALTH SERVICES OTHER THAN MEDICAID

Ch. 1. Medical Services for Inmates and Patients
Ch. 2. Repealed
Ch. 2.5. Hospital Care for the Indigent; Administration and General Provisions
Ch. 3. Repealed
Ch. 3.5. Hospital Care for the Indigent; Eligibility for Assistance
Ch. 4. Repealed
Ch. 4.5. Hospital Care for the Indigent; Application for Assistance
Ch. 5. Repealed
Ch. 5.5. Hospital Care for the Indigent; Eligibility Determinations; Investigations
Ch. 6. Repealed
Ch. 6.5. Hospital Care for the Indigent; Denial of Eligibility; Appeals; Judicial Review
Ch. 7. Repealed
Ch. 7.5. Hospital Care for the Indigent; Cost of Care and Payment
Ch. 8. Repealed
Ch. 8.5. Repealed
Ch. 9. Repealed
Ch. 9.5. Hospital Care for the Indigent; Rate of Payment
Ch. 10. Repealed
Ch. 10.5. Hospital Care for the Indigent; Rules
Ch. 11. Repealed
Ch. 11.5. Hospital Care for the Indigent; Recovery of Payments by Division
Ch. 12. Repealed
Ch. 12.5. Repealed
Ch. 13. Repealed
Ch. 13.5. Hospital Care for the Indigent; Immunity
Ch. 14. Hospital Care for the Indigent; Property Tax Levy and Funds
Ch. 14.1. Repealed
Ch. 15. Repealed
Ch. 15.5. Repealed
Ch. 16. Repealed
Ch. 16.5. Hospital Care for the Indigent; Review of Medical Criteria
Ch. 17. Repealed

IC 12-16-1 Chapter 1. Medical Services for Inmates and Patients

12-16-1-1 "Affected agency" defined
12-16-1-2 "Covered medical services" defined
12-16-1-3 Rules; adoption; requisites
12-16-1-4 Contract for services; same contractor requirement
12-16-1-5 Payment for covered medical services; requirements

IC 12-16-1-1 "Affected agency" defined

Sec. 1. As used in this chapter, "affected agency" means any of the following:

(1) The department of correction.

(2) The Indiana department of health.

(3) The division of mental health and addiction.

(4) The division of disability and rehabilitative services.

[Pre-1992 Revision Citation: 12-5-7-1 part.]

As added by P.L.2-1992, SEC.10. Amended by P.L.40-1994, SEC.22; P.L.215-2001, SEC.46; P.L.141-2006, SEC.56; P.L.56-2023, SEC.114.

IC 12-16-1-2 "Covered medical services" defined

Sec. 2. As used in this chapter, "covered medical services" refers to medical services that meet the following qualifications:

(1) Cost more than one hundred fifty dollars ($150).

(2) Are provided to a committed individual or patient of an institution under the jurisdiction of an affected agency.

(3) Are provided outside of an institution under the jurisdiction of an affected agency.

[Pre-1992 Revision Citation: 12-5-7-1 part; 12-5-7-2.]

As added by P.L.2-1992, SEC.10.

IC 12-16-1-3 Rules; adoption; requisites

Sec. 3. (a) The division shall, with the advice of the division's medical staff, representatives of affected agencies, and other individuals selected by the director of the division, adopt rules under IC 4-22-2 to do the following:

(1) Provide for prior review and approval of covered medical services, including special review and approval procedures for emergency covered medical services.

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

(3) Specify the amount of and method for reimbursement for services.

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

(b) To the extent possible, rules adopted under this section must be consistent with Title XIX of the federal Social Security Act and with IC 12-15-21-2 and IC 12-15-21-3.

[Pre-1992 Revision Citation: 12-5-7-4.]

As added by P.L.2-1992, SEC.10.

IC 12-16-1-4 Contract for services; same contractor requirement

Sec. 4. (a) The division shall contract with the same contractor with which the office contracts under IC 12-15-30 to provide administrative and fiscal services to implement this chapter.

(b) A contract for services is not subject to IC 5-22.

[Pre-1992 Revision Citation: 12-5-7-5.]

As added by P.L.2-1992, SEC.10. Amended by P.L.49-1997, SEC.45.

IC 12-16-1-5 Payment for covered medical services; requirements

Sec. 5. Payment for covered medical services approved by the fiscal agent shall be paid:

(1) from money for the Medicaid program if the requirements of IC 12-15 are met; or

(2) if a payment cannot be made under subdivision (1), from a state appropriation either made for an affected agency or for covered medical services for all affected agencies.

[Pre-1992 Revision Citation: 12-5-7-6.]

As added by P.L.2-1992, SEC.10.

IC 12-16-2 Chapter 2. Repealed

[Pre-1992 Revision Citations:

12-16-2-1	New
12-16-2-2	formerly 12-5-6-10 part
12-16-2-3	formerly 12-5-6-13
12-16-2-4	formerly 12-5-6-21
12-16-2-5	formerly 12-5-6-2.1(e).]

Repealed by P.L.283-2001, SEC.40.

IC 12-16-2.5 Chapter 2.5. Hospital Care for the Indigent; Administration and General Provisions

12-16-2.5-1	Administration of program
12-16-2.5-2	Repealed
12-16-2.5-3	Repealed
12-16-2.5-4	Disproportionate share of low income patients; calculating allowable disproportionate share additional payments
12-16-2.5-5	Program not applicable to inmates and patients of certain institutions
12-16-2.5-6	Repealed
12-16-2.5-6.3	Definitions
12-16-2.5-6.5	Repealed

IC 12-16-2.5-1 Administration of program

Sec. 1. The division shall administer the hospital care for the indigent program under this article.

As added by P.L.120-2002, SEC.18.

IC 12-16-2.5-2 Repealed

As added by P.L.120-2002, SEC.18. Amended by P.L.255-2003, SEC.24. Repealed by P.L.146-2008, SEC.819.

IC 12-16-2.5-3 Repealed

As added by P.L.120-2002, SEC.18. Repealed by P.L.145-2005, SEC.31.

IC 12-16-2.5-4 Disproportionate share of low income patients; calculating allowable disproportionate share additional payments

Sec. 4. To the extent permitted under federal statutes or regulations, patient days for patients under the hospital care for the indigent program shall be included in calculating allowable disproportionate share additional payments under 42 U.S.C. 1395 ww(d).

As added by P.L.120-2002, SEC.18.

IC 12-16-2.5-5 Program not applicable to inmates and patients of certain institutions

Sec. 5. The hospital care for the indigent program does not apply to inmates and patients of institutions of the department of correction, the Indiana department of health, the division of mental health and addiction, the division of aging, or the division of disability and rehabilitative services.

As added by P.L.120-2002, SEC.18. Amended by P.L.141-2006, SEC.57; P.L.56-2023, SEC.115.

IC 12-16-2.5-6 Repealed

As added by P.L.120-2002, SEC.18. Repealed by P.L.255-2003, SEC.55.

IC 12-16-2.5-6.3 Definitions

Sec. 6.3. For purposes of this article, the following definitions apply to the hospital care for the indigent program:

(1) "Assistance" means the satisfaction of a person's financial obligation under IC 12-16-7.5-1.2 for hospital items or services, physician services, or transportation services provided to the person.

(2) "Claim" means a statement filed with the division by a hospital, physician, or transportation provider that identifies the health care items or services the hospital, physician, or transportation provider rendered to a person for whom an application under IC 12-16-4.5 has been filed with the division.

(3) "Eligible" or "eligibility", when used in regard to a person for whom an application under IC 12-16-4.5 has been filed with the division, means the extent to which:

(A) the person, for purposes of the application, satisfies the income and resource standards established under IC 12-16-3.5; and

(B) the person's medical condition, for purposes of the application, satisfies one (1) or more of the medical conditions identified in IC 12-16-3.5-1(a)(1) through IC 12-16-3.5-1(a)(3) or IC 12-16-3.5-2(a)(1) through IC 12-16-3.5-2(a)(3).

As added by P.L.145-2005, SEC.3.

IC 12-16-2.5-6.5 Repealed

As added by P.L.145-2005, SEC.4. Amended by P.L.1-2006, SEC.188. Repealed by P.L.212-2007, SEC.31; P.L.218-2007, SEC.52.

IC 12-16-3 Chapter 3. Repealed

[Pre-1992 Revision Citations:
12-16-3-1 formerly 12-5-6-2.1(a)
12-16-3-2 formerly 12-5-6-2.1(b)
12-16-3-3 formerly 12-5-6-2.1(c)
12-16-3-4 formerly 12-5-6-3.]

Repealed by P.L.283-2001, SEC.40.

IC 12-16-3.5 Chapter 3.5. Hospital Care for the Indigent; Eligibility for Assistance

12-16-3.5-1 Resident eligibility; emergency care; conditions
12-16-3.5-2 Nonresident eligibility; emergency care; conditions; qualifications
12-16-3.5-3 Rules establishing income and resource eligibility standards; adoption; conditions
12-16-3.5-4 Statement of eligibility and benefit standards; requirement
12-16-3.5-5 Repealed

IC 12-16-3.5-1 Resident eligibility; emergency care; conditions

Sec. 1. (a) An Indiana resident who meets the income and resource standards established by the division under section 3 of this chapter is eligible for assistance to satisfy the resident's financial obligation for care provided to the resident in a hospital in Indiana that was necessitated after the onset of a medical condition that was manifested by symptoms of sufficient severity that the absence of immediate medical attention would probably result in any of the following:

(1) Placing the individual's life in jeopardy.

(2) Serious impairment to bodily functions.

(3) Serious dysfunction of a bodily organ or part.

(b) A qualified resident is also eligible for assistance to satisfy the resident's financial obligation for the care that is a direct consequence of the medical condition that necessitated the emergency care.

As added by P.L.120-2002, SEC.19. Amended by P.L.145-2005, SEC.5.

IC 12-16-3.5-2 Nonresident eligibility; emergency care; conditions; qualifications

Sec. 2. (a) An individual who is not an Indiana resident is eligible for assistance to satisfy the individual's financial obligation for the care provided to the individual in a hospital in Indiana that was necessitated after the onset of a medical condition that was manifested by symptoms of sufficient severity that the absence of immediate medical attention would probably result in any of the following:

(1) Placing the individual's life in jeopardy.

(2) Serious impairment to bodily functions.

(3) Serious dysfunction of any bodily organ or part.

(b) An individual is eligible for assistance under subsection (a) only if the following qualifications exist:

(1) The individual meets the income and resource standards established by the division under section 3 of this chapter.

(2) The onset of the medical condition that necessitated medical attention occurred in Indiana.

As added by P.L.120-2002, SEC.19. Amended by P.L.145-2005, SEC.6.

IC 12-16-3.5-3 Rules establishing income and resource eligibility standards; adoption; conditions

Sec. 3. (a) The division shall adopt rules under IC 4-22-2 to establish income and resource eligibility standards for patients whose care is to be paid under the hospital care for the indigent program.

(b) To the extent possible and subject to this article, rules adopted under this section must meet the following conditions:

(1) Be consistent with IC 12-15-21-2 and IC 12-15-21-3.

(2) Be adjusted at least one (1) time every two (2) years.

(c) The income and eligibility standards established under this section do not include any

spend down provisions available under IC 12-15-21-2 or IC 12-15-21-3.

(d) In addition to the conditions imposed under subsection (b), rules adopted under this section must exclude a Holocaust victim's settlement payment received by an eligible individual from the income and eligibility standards for patients whose care is to be paid for under the hospital care for the indigent program.

As added by P.L.120-2002, SEC.19. Amended by P.L.145-2005, SEC.7.

IC 12-16-3.5-4 Statement of eligibility and benefit standards; requirement

Sec. 4. A provider may provide a patient, and if the patient is not able to understand the statement, the patient's representative, with a statement of the eligibility and benefit standards adopted by the division if at least one (1) of the following occurs:

(1) The provider has reason to believe that the patient may be indigent.

(2) The patient requests a statement of the standards.

As added by P.L.120-2002, SEC.19. Amended by P.L.212-2007, SEC.12; P.L.218-2007, SEC.23.

IC 12-16-3.5-5 Repealed

As added by P.L.120-2002, SEC.19. Repealed by P.L.255-2003, SEC.55.

IC 12-16-4 Chapter 4. Repealed

[Pre-1992 Revision Citations:

12-16-4-1	formerly 12-5-6-4(a) part
12-16-4-2	formerly 12-5-6-4(a) part
12-16-4-3	formerly 12-5-6-4(b) part
12-16-4-4	formerly 12-5-6-4(b) part
12-16-4-5	formerly 12-5-6-4(c)
12-16-4-6	formerly 12-5-6-4(d)
12-16-4-7	formerly 12-5-6-4(e)
12-16-4-8	formerly 12-5-6-4(f).]

Repealed by P.L.283-2001, SEC.40.

IC 12-16-4.5 Chapter 4.5. Hospital Care for the Indigent; Application for Assistance

12-16-4.5-1 Repealed
12-16-4.5-2 Time period for provider filing application
12-16-4.5-3 Rules
12-16-4.5-4 Repealed
12-16-4.5-5 Assistance in preparing application
12-16-4.5-6 Civil or criminal liability arising from assistance in preparation of application; immunity
12-16-4.5-7 Signing of application; requirements
12-16-4.5-8 Filing application by patient or patient's representative
12-16-4.5-8.5 Provider claim filing deadline
12-16-4.5-9 Repealed

IC 12-16-4.5-1 Repealed

As added by P.L.120-2002, SEC.20. Amended by P.L.255-2003, SEC.25; P.L.145-2005, SEC.8; P.L.212-2007, SEC.13; P.L.218-2007, SEC.24. Repealed by P.L.146-2008, SEC.819.

IC 12-16-4.5-2 Time period for provider filing application

Sec. 2. A provider must file the application with the division not more than forty-five (45) days after the person has been released or discharged from the hospital, unless the person is medically unable and the next of kin or legal representative is unavailable.

As added by P.L.120-2002, SEC.20. Amended by P.L.255-2003, SEC.26; P.L.145-2005, SEC.9; P.L.212-2007, SEC.14; P.L.218-2007, SEC.25.

IC 12-16-4.5-3 Rules

Sec. 3. Subject to this article, the division shall adopt rules under IC 4-22-2 prescribing the following:

(1) The form of an application.

(2) The establishment of procedures for applications.

(3) The time for submitting and processing claims.

As added by P.L.120-2002, SEC.20. Amended by P.L.145-2005, SEC.10.

IC 12-16-4.5-4 Repealed

As added by P.L.120-2002, SEC.20. Repealed by P.L.146-2008, SEC.819.

IC 12-16-4.5-5 Assistance in preparing application

Sec. 5. A hospital or an attending physician may assist the patient in the preparation of an application for assistance under the hospital care for the indigent program.

As added by P.L.120-2002, SEC.20.

IC 12-16-4.5-6 Civil or criminal liability arising from assistance in preparation of application; immunity

Sec. 6. A person who in good faith provides assistance in the completion of an application under this chapter is immune from civil or criminal liability arising from the assistance.

As added by P.L.120-2002, SEC.20.

IC 12-16-4.5-7 Signing of application; requirements

Sec. 7. (a) A patient must sign an application if the patient is medically able to sign.

(b) If a patient is medically unable to sign an application, the patient's next of kin or a legal representative, if available, may sign the application.

(c) If no person under subsections (a) and (b) is able to sign the application to file a timely application, a provider's representative may sign the application instead of the patient.

As added by P.L.120-2002, SEC.20. Amended by P.L.212-2007, SEC.15; P.L.218-2007, SEC.26.

IC 12-16-4.5-8 Filing application by patient or patient's representative

Sec. 8. (a) A person or a person's representative may file an application directly with the division if the application is filed not more than forty-five (45) days after the person has been released or discharged from the hospital.

(b) Reimbursement for the costs incurred in providing care to an eligible person may only be made to the providers of the care.

As added by P.L.120-2002, SEC.20. Amended by P.L.255-2003, SEC.27; P.L.145-2005, SEC.11.

IC 12-16-4.5-8.5 Provider claim filing deadline

Sec. 8.5. A claim for services must be filed with the division not more than one hundred eighty (180) days after the person who received the care has been released or discharged from the hospital. For good cause as determined by the division, this one hundred eighty (180) day limit may be extended or waived for a claim.

As added by P.L.145-2005, SEC.12. Amended by P.L.212-2007, SEC.16; P.L.218-2007, SEC.27.

IC 12-16-4.5-9 Repealed

As added by P.L.120-2002, SEC.20. Repealed by P.L.255-2003, SEC.55.

IC 12-16-5 Chapter 5. Repealed

[Pre-1992 Revision Citations:
12-16-5-1 formerly 12-5-6-5(a) part
12-16-5-2 formerly 12-5-6-5(a) part
12-16-5-3 formerly 12-5-6-5(b)
12-10-5-4 formerly 12-5-6-5(c).]

Repealed by P.L.283-2001, SEC.40.

IC 12-16-5.5 Chapter 5.5. Hospital Care for the Indigent; Eligibility Determinations; Investigations

12-16-5.5-1 Repealed
12-16-5.5-1.2 Prompt review of claim; calculation of claim
12-16-5.5-2 Disclosure of information by provider; immunity
12-16-5.5-3 Denial of eligibility claim; notice; eligibility information
12-16-5.5-3.2 Denial of item or service claim; notice; item or service information
12-16-5.5-4 Notification to person and provider; requirements
12-16-5.5-5 Repealed

IC 12-16-5.5-1 Repealed

As added by P.L.120-2002, SEC.21. Amended by P.L.255-2003, SEC.28; P.L.145-2005, SEC.13; P.L.212-2007, SEC.17; P.L.218-2007, SEC.28. Repealed by P.L.146-2008, SEC.819.

IC 12-16-5.5-1.2 Prompt review of claim; calculation of claim

Sec. 1.2. (a) The division shall, upon receipt of a claim pertaining to a person:

(1) who was provided care by an eligible provider; and

(2) whose medical condition satisfies one (1) or more of the medical conditions identified in IC 12-16-3.5-1(a)(1) through IC 12-16-3.5-1(a)(3) or IC 12-16-3.5-2(a)(1) through IC 12-16-3.5-2(a)(3);

promptly review the claim to determine if the health care items or services identified in the claim were necessitated by the person's medical condition or, if applicable, if the items or services were a direct consequence of the person's medical condition.

(b) In conducting the review of a claim referenced in subsection (a), the division shall calculate the amount of the claim. For purposes of this section, IC 12-15-15-9, IC 12-15-15-9.5, IC 12-16-6.5, and IC 12-16-7.5, the amount of a claim shall be calculated in a manner described in IC 12-16-7.5-2.5(c).

As added by P.L.145-2005, SEC.14. Amended by P.L.212-2007, SEC.18; P.L.218-2007, SEC.29.

IC 12-16-5.5-2 Disclosure of information by provider; immunity

Sec. 2. (a) The provider of medical care to a patient shall provide information the provider has that would assist in the verification of indigency of a patient.

(b) A provider that provides information under subsection (a) is immune from civil and criminal liability for divulging the information.

As added by P.L.120-2002, SEC.21. Amended by P.L.212-2007, SEC.19; P.L.218-2007, SEC.30.

IC 12-16-5.5-3 Denial of eligibility claim; notice; eligibility information

Sec. 3. (a) Subject to subsection (b) and IC 12-16-6.5-1.5, if the division is unable after prompt and diligent efforts to verify information contained in the application that is reasonably necessary to determine eligibility, the division may deny assistance under the hospital care for the indigent program. The pending expiration of the period specified in IC 12-16-6.5-1.5 is not a valid reason for denying a person's eligibility for the hospital care for the indigent program.

(b) Before denying assistance under the hospital care for the indigent program, the division must provide the person and the provider who submitted a claim under IC 12-16-4.5-8.5 written notice of:

(1) the specific information or verification needed to determine eligibility;

(2) the specific efforts undertaken to obtain the information or verification; and

(3) the statute or rule requiring the information or verification identified under subdivision (1).

(c) The division must provide the provider who submitted a claim under IC 12-16-4.5-8.5 a period of time, not less than ten (10) days beyond the deadline established under IC 12-16-6.5-1.5, to submit to the division information concerning the person's eligibility. If the division does not make a determination of the person's eligibility within ten (10) days after receiving the information under this subsection, the person is eligible without the division's determination of the person's eligibility for the hospital care for the indigent care program under this article.

As added by P.L.120-2002, SEC.21. Amended by P.L.255-2003, SEC.29; P.L.145-2005, SEC.15; P.L.212-2007, SEC.20; P.L.218-2007, SEC.31.

IC 12-16-5.5-3.2 Denial of item or service claim; notice; item or service information

Sec. 3.2. (a) Subject to subsection (b) and IC 12-16-6.5-1.7, if the division is unable after prompt and diligent efforts to determine that a health care item or service identified in a claim:

(1) was necessitated by one (1) or more of the medical conditions listed in IC 12-16-3.5-1(a)(1) through IC 12-16-3.5-1(a)(3) or IC 12-16-3.5-2(a)(1) through IC 12-16-3.5-2(a)(3); or

(2) was a direct consequence of one (1) or more of the medical conditions listed in IC 12-16-3.5-1(a)(1) through IC 12-16-3.5-1(a)(3);

the division may deny assistance to the person under the hospital care for the indigent program for that item or service. The pending expiration of the period specified in IC 12-16-6.5-1.7 is not a valid reason for determining that an item or a service was not necessitated by one (1) or more of the medical conditions listed in IC 12-16-3.5-1(a)(1) through IC 12-16-3.5-1(a)(3) or IC 12-16-3.5-2(a)(1) through IC 12-16-3.5-2(a)(3), or was not a direct consequence of one (1) or more of the medical conditions listed in IC 12-16-3.5-1(a)(1) through IC 12-16-3.5-1(a)(3).

(b) Before denying assistance under the hospital care for the indigent program for an item or a service described in subsection (a), the division must provide the provider of the item or service written notice of:

(1) the specific item or service in question; and

(2) an explanation of the basis for the division's inability to determine that the health care item or service was:

(A) necessitated by one (1) or more of the medical conditions listed in IC 12-16-3.5-1(a)(1) through IC 12-16-3.5-1(a)(3) or IC 12-16-3.5-2(a)(1) through IC 12-16-3.5-2(a)(3); or

(B) a direct consequence of one (1) or more of the medical conditions listed in IC 12-16-3.5-1(a)(1) through IC 12-16-3.5-1(a)(3);

including, if applicable, an explanation of the basis for a conclusion by the division that an item or service, in fact, was not necessitated by, or, as applicable, not a direct consequence of, one (1) or more of such medical conditions.

(c) The division must grant the provider of the item or service a period of time, not less than ten (10) days beyond the deadline under IC 12-16-6.5-1.7, to submit to the division information or materials bearing on whether the item or service was necessitated by one (1) or more of the medical conditions listed in IC 12-16-3.5-1(a)(1) through IC 12-16-3.5-1(a)(3) or IC 12-16-3.5-2(a)(1) through IC 12-16-3.5-2(a)(3), or was a direct consequence of one (1) or more of the medical conditions listed in IC 12-16-3.5-1(a)(1) through IC 12-16-3.5-1(a)(3). If the division does not make its determination regarding the item or service within ten (10) days after receiving information or materials provided for in this section, the item or service is considered, without the division's determination, to have been necessitated by one (1) or more of the medical conditions listed in IC 12-16-3.5-1(a)(1) through IC 12-16-3.5-1(a)(3) or IC 12-16-3.5-2(a)(1) through IC 12-16-3.5-2(a)(3), or to have been a direct consequence of one (1) or more of the medical conditions listed in

IC 12-16-3.5-1(a)(1) through IC 12-16-3.5-1(a)(3).
As added by P.L.145-2005, SEC.16.

IC 12-16-5.5-4 Notification to person and provider; requirements

Sec. 4. The division shall notify in writing the person and the provider of the following:

(1) A decision concerning eligibility.

(2) The reasons for a denial of eligibility.

(3) That either party has the right to appeal the decision.

As added by P.L.120-2002, SEC.21. Amended by P.L.255-2003, SEC.30; P.L.212-2007, SEC.21; P.L.218-2007, SEC.32.

IC 12-16-5.5-5 Repealed

As added by P.L.120-2002, SEC.21. Repealed by P.L.255-2003, SEC.55.

IC 12-16-6 Chapter 6. Repealed

[Pre-1992 Revision Citations:

12-16-6-1	formerly 12-5-6-8(a) part
12-16-6-2	formerly 12-5-6-8(a) part
12-16-6-3	formerly 12-5-6-8(a) part
12-16-6-4	formerly 12-5-6-8(a) part
12-16-6-5	formerly 12-5-6-8(a) part
12-16-6-6	formerly 12-S-6-8(a) part
12-16-6-7	formerly 12-5-6-8(b).]

Repealed by P.L.283-2001, SEC.40.

IC 12-16-6.5 Chapter 6.5. Hospital Care for the Indigent; Denial of Eligibility; Appeals; Judicial Review

12-16-6.5-1	Ineligibility determination; appeal to division
12-16-6.5-1.2	Appeal; notice
12-16-6.5-1.5	Patient eligibility determination
12-16-6.5-1.7	Item or service eligibility determination
12-16-6.5-2	Repealed
12-16-6.5-3	Hearing
12-16-6.5-4	Notice of hearing
12-16-6.5-5	Determination of eligibility for assistance and health care items or services; entitled to assistance
12-16-6.5-6	Appeal
12-16-6.5-7	Rules; administrative appeal procedure; provisions
12-16-6.5-8	Repealed

IC 12-16-6.5-1 Ineligibility determination; appeal to division

Sec. 1. If the division determines that a person is not eligible for assistance for services, an affected person, or provider may appeal to the division not later than ninety (90) days after the mailing of notice of that determination to the affected person or provider to the last known address of the person or provider.

As added by P.L.120-2002, SEC.22. Amended by P.L.255-2003, SEC.31; P.L.145-2005, SEC.17; P.L.212-2007, SEC.22; P.L.218-2007, SEC.33.

IC 12-16-6.5-1.2 Appeal; notice

Sec. 1.2. (a) If the division determines that an item or service identified in a claim:

(1) was not necessitated by one (1) or more of the medical conditions listed in IC 12-16-3.5-1(a)(1) through IC 12-16-3.5-1(a)(3) or IC 12-16-3.5-2(a)(1) through IC 12-16-3.5-2(a)(3); or

(2) was not a direct consequence of one (1) or more of the medical conditions listed in IC 12-16-3.5-1(a)(1) through IC 12-16-3.5-1(a)(3);

the affected person or provider may appeal to the division not later than ninety (90) days after the mailing of the notice of that determination to the affected person or provider to the last known address of the person or provider.

(b) If the division determines that an item or service identified in a claim:

(1) was necessitated by one (1) or more of the medical conditions listed in IC 12-16-3.5-1(a)(1) through IC 12-16-3.5-1(a)(3) or IC 12-16-3.5-2(a)(1) through IC 12-16-3.5-2(a)(3); or

(2) was a direct consequence of one (1) or more of the medical conditions listed in IC 12-16-3.5-1(a)(1) through IC 12-16-3.5-1(a)(3);

but the affected provider disagrees with the amount of the claim calculated by the division under IC 12-16-5.5-1.2(b), the affected provider may appeal the calculation to the division not later than ninety (90) days after the mailing of the notice of that calculation to the affected provider to the last known address of the provider.

As added by P.L.145-2005, SEC.18. Amended by P.L.212-2007, SEC.23; P.L.218-2007, SEC.34.

IC 12-16-6.5-1.5 Patient eligibility determination

Sec. 1.5. Subject to IC 12-16-5.5-3(c), if the division fails to complete an investigation and determination of a person's eligibility for the hospital care for the indigent program not later than forty-five (45) days after receipt of the application filed under IC 12-16-4.5, the person is considered to be eligible without the division's determination of assistance under the program.

As added by P.L.145-2005, SEC.19.

IC 12-16-6.5-1.7 Item or service eligibility determination

Sec. 1.7. Subject to IC 12-16-5.5-3.2(c), if the division fails to complete an investigation and determination of one (1) or more health care items or services identified in a claim within forty-five (45) days after receipt of the claim filed under IC 12-16-4.5, the item or service is considered to have been:

(1) necessitated by one (1) or more of the medical conditions listed in IC 12-16-3.5-1(a)(1) through IC 12-16-3.5-1(a)(3) or IC 12-16-3.5-2(a)(1) through IC 12-16-3.5-2(a)(3); or

(2) a direct consequence of one (1) or more of the medical conditions listed in IC 12-16-3.5-1(a)(1) through IC 12-16-3.5-1(a)(3).

As added by P.L.145-2005, SEC.20.

IC 12-16-6.5-2 Repealed

As added by P.L.120-2002, SEC.22. Amended by P.L.255-2003, SEC.32. Repealed by P.L.145-2005, SEC.31.

IC 12-16-6.5-3 Hearing

Sec. 3. The division shall fix a time and place for a hearing before a hearing officer appointed by the director of the division.

As added by P.L.120-2002, SEC.22.

IC 12-16-6.5-4 Notice of hearing

Sec. 4. A notice of the hearing shall be served upon all persons interested in the matter, including any affected provider, at least twenty (20) days before the time fixed for the hearing.

As added by P.L.120-2002, SEC.22. Amended by P.L.255-2003, SEC.33; P.L.212-2007, SEC.24; P.L.218-2007, SEC.35.

IC 12-16-6.5-5 Determination of eligibility for assistance and health care items or services; entitled to assistance

Sec. 5. (a) If the division receives an application that was filed on behalf of a person under IC 12-16-4.5, the division shall determine:

(1) the eligibility of the person for assistance under the hospital care for the indigent program; and

(2) if the health care items or services provided to the person and identified in a claim filed with the division under IC 12-16-4.5 were:

(A) necessitated by at least one (1) medical condition listed in IC 12-16-3.5-1(a)(1) through IC 12-16-3.5-1(a)(3) or IC 12-16-3.5-2(a)(1) through IC 12-16-3.5-2(a)(3); or

(B) the direct consequence of at least one (1) of the medical conditions listed in IC 12-16-3.5-1(a)(1) through IC 12-16-3.5-1(a)(3).

(b) If:

(1) the person, initially or upon appeal, is found eligible for assistance; and

(2) at least one (1) of the items or services identified in the claim is determined initially or upon appeal:

(A) to have been necessitated by one (1) or more of the medical conditions listed in IC 12-16-3.5-1(a)(1) through IC 12-16-3.5-1(a)(3) or IC 12-16-3.5-2(a)(1) through IC 12-16-3.5-2(a)(3); or

(B) to be a direct consequence of one (1) or more of the medical conditions listed in IC 12-16-3.5-1(a)(1) through IC 12-16-3.5-1(a)(3);

the person is entitled to assistance for those items and services.

As added by P.L.120-2002, SEC.22. Amended by P.L.255-2003, SEC.34; P.L.145-2005, SEC.21.

IC 12-16-6.5-6 Appeal

Sec. 6. A person, hospital, physician, or transportation provider aggrieved by a determination of an appeal taken under section 1 or 1.2 of this chapter may appeal the determination under IC 4-21.5.

As added by P.L.120-2002, SEC.22. Amended by P.L.145-2005, SEC.22.

IC 12-16-6.5-7 Rules; administrative appeal procedure; provisions

Sec. 7. (a) The division shall adopt rules under IC 4-22-2 that provide for an administrative appeal procedure that is responsive to the needs of patients and providers.

(b) The procedure must provide for the following:

(1) The location of hearings.

(2) The presentation of evidence.

(3) The use of telecommunications.

As added by P.L.120-2002, SEC.22.

IC 12-16-6.5-8 Repealed

As added by P.L.120-2002, SEC.22. Repealed by P.L.255-2003, SEC.55.

IC 12-16-7 Chapter 7. Repealed

[Pre-1992 Revision Citations:

12-16-7-1	formerly 12-5-6-6(a) part
12-16-7-2	formerly 12-5-6-6(a) part
12-16-7-3	formerly 12-5-6-6(b) part
12-16-7-4	subsections (a), (b) formerly 12-5-6-6(b) part; subsection (c) formerly 12-5-6-6(e)
12-16-7-5	formerly 12-5-6-6(c)
12-16-7-6	formerly 12-5-6-6(d)
12-16-7-7	formerly 12-5-6-2.1(d)
12-16-7-8	formerly 12-5-6-2.1(f)
12-16-7-9	formerly 12-5-6-19
12-16-7-10	formerly 12-5-6-20.]

Repealed by P.L.283-2001, SEC.40.

IC 12-16-7.5 Chapter 7.5. Hospital Care for the Indigent; Cost of Care and Payment

12-16-7.5-1 Repealed
12-16-7.5-1.2 Eligible patient not financially obligated; payment
12-16-7.5-2 Repealed
12-16-7.5-2.5 Segregation of payable claims by fiscal year; division determination of amount of payment
12-16-7.5-3 Warrant on fund; payment
12-16-7.5-4 Repealed
12-16-7.5-4.5 Calculation and allocation of funds available for payments from the state hospital care for the indigent fund
12-16-7.5-5 Pro rata payments to physicians and transportation providers; limitation
12-16-7.5-6 Repealed
12-16-7.5-7 Responsibility for the payment of hospital care; limitations
12-16-7.5-8 No liability for cost of care provided to patient described in specified rules
12-16-7.5-9 Repealed
12-16-7.5-10 Repealed
12-16-7.5-11 Repealed
12-16-7.5-12 Agreement to accept payment as payment in full
12-16-7.5-13 Repealed

IC 12-16-7.5-1 Repealed

As added by P.L.120-2002, SEC.23. Amended by P.L.255-2003, SEC.35. Repealed by P.L.145-2005, SEC.31.

IC 12-16-7.5-1.2 Eligible patient not financially obligated; payment

Sec. 1.2. (a) A person determined to be eligible under the hospital care for the indigent program is not financially obligated for services provided to the person during the person's eligibility under the program, if the items or services were:

(1) identified in a claim filed with the division under IC 12-16-4.5; and

(2) determined:

(A) to have been necessitated by one (1) or more of the medical conditions listed in IC 12-16-3.5-1(a)(1) through IC 12-16-3.5-1(a)(3) or IC 12-16-3.5-2(a)(1) through IC 12-16-3.5-2(a)(3); or

(B) to be a direct consequence of one (1) or more of the medical conditions listed in IC 12-16-3.5-1(a)(1) through IC 12-16-3.5-1(a)(3).

(b) Hospitals may receive a payment from the office calculated and made under IC 12-15-15-9 and, if applicable, IC 12-15-15-9.5. Hospitals shall not file claims for payments under IC 12-15-15-9 and IC 12-15-15-9.5 for payments attributable to state fiscal years beginning after June 30, 2007.

(c) Based on a physician's services identified in a claim under subsection (a), the physician may receive a payment from the division calculated and made under section 5 of this chapter.

(d) Based on the transportation services identified in a claim under subsection (a), the transportation provider may receive a payment from the division calculated and made under section 5 of this chapter.

As added by P.L.145-2005, SEC.23. Amended by P.L.212-2007, SEC.25; P.L.218-2007, SEC.36.

IC 12-16-7.5-2 Repealed

As added by P.L.120-2002, SEC.23. Repealed by P.L.255-2003, SEC.55.

IC 12-16-7.5-2.5 Segregation of payable claims by fiscal year; division determination of amount of payment

Sec. 2.5. (a) Payable claims shall be segregated by state fiscal year.

(b) For purposes of this chapter, IC 12-15-15-9, IC 12-15-15-9.5, and IC 12-16-14, "payable claim" refers to the following:

(1) Subject to subdivision (2), a claim for payment for physician care, hospital care, or transportation services under this chapter:

(A) that includes, on forms prescribed by the division, all the information required for timely payment;

(B) that is for a period during which the person is determined to be financially and medically eligible for the hospital care for the indigent program; and

(C) for which the payment amounts for the care and services are determined by the division.

This subdivision applies for the state fiscal year ending June 30, 2004.

(2) For state fiscal years ending after June 30, 2004, and before July 1, 2007, a claim for payment for physician care, hospital care, or transportation services under this chapter:

(A) provided to a person under the hospital care for the indigent program under this article during the person's eligibility under the program;

(B) identified in a claim filed with the division; and

(C) determined to:

(i) have been necessitated by one (1) or more of the medical conditions listed in IC 12-16-3.5-1(a)(1) through IC 12-16-3.5-1(a)(3) or IC 12-16-3.5-2(a)(1) through IC 12-16-3.5-2(a)(3); or

(ii) be a direct consequence of one (1) or more of the medical conditions listed in IC 12-16-3.5-1(a)(1) through IC 12-16-3.5-1(a)(3).

(3) For state fiscal years beginning after June 30, 2007, a claim for payment for physician care or transportation services under this chapter:

(A) provided to a person under the hospital care for the indigent program under this article during the person's eligibility under the program;

(B) identified in a claim filed with the division; and

(C) determined to:

(i) be necessary after the onset of a medical condition that was manifested by symptoms of sufficient severity that the absence of immediate medical attention would probably result in any of the outcomes described in IC 12-16-3.5-1(a)(1) through IC 12-16-3.5-1(a)(3) or IC 12-16-3.5-2(a)(1) through IC 12-16-3.5-2(a)(3); or

(ii) be a direct consequence of the onset of a medical condition that was manifested by symptoms of sufficient severity that the absence of immediate medical attention would probably result in any of the outcomes listed in IC 12-16-3.5-1(a)(1) through IC 12-16-3.5-1(a)(3).

(c) For purposes of this chapter, IC 12-15-15-9, IC 12-15-15-9.5, and IC 12-16-14, "amount" when used in regard to a claim or payable claim means an amount calculated under STEP THREE of the following formula:

STEP ONE: Identify the items and services identified in a claim or payable claim.

STEP TWO: Using the applicable Medicaid fee for service reimbursement rates, calculate the reimbursement amounts for each of the items and services identified in STEP ONE.

STEP THREE: Calculate the sum of the amounts identified in STEP TWO.

(d) For purposes of this chapter, IC 12-15-15-9, IC 12-15-15-9.5, and IC 12-16-14, a provider that submits a claim to the division is considered to have submitted the claim during the state fiscal year during which the amount of the claim was determined under IC 12-16-5.5-1.2(b) or, if successfully appealed by a provider, the state fiscal year in which the appeal was decided.

(e) The division shall determine the amount of a claim under IC 12-16-5.5-1.2(b).

As added by P.L.255-2003, SEC.36. Amended by P.L.145-2005, SEC.24; P.L.1-2006, SEC.189; P.L.212-2007, SEC.26; P.L.218-2007, SEC.37.

IC 12-16-7.5-3 Warrant on fund; payment

Sec. 3. (a) A payment made to a physician or a transportation provider under this chapter must be on a warrant drawn on the state hospital care for the indigent fund established by IC 12-16-14.

(b) A payment made to a hospital under this chapter shall be made under IC 12-15-15-9 and IC 12-15-15-9.5.

As added by P.L.120-2002, SEC.23. Amended by P.L.255-2003, SEC.37.

IC 12-16-7.5-4 Repealed

As added by P.L.120-2002, SEC.23. Repealed by P.L.255-2003, SEC.55.

IC 12-16-7.5-4.5 Calculation and allocation of funds available for payments from the state hospital care for the indigent fund

Sec. 4.5. (a) Not later than October 31 following the end of each state fiscal year, the division shall:

(1) calculate for each county the total amount of payable claims submitted to the division during the state fiscal year attributed to:

(A) patients who were residents of the county; and

(B) patients:

(i) who were not residents of Indiana;

(ii) whose state of residence could not be determined by the division; and

(iii) who were residents of Indiana but whose county of residence in Indiana could not be determined by the division;

and whose medical condition that necessitated the care or service occurred in the county;

(2) notify each county of the amount of payable claims attributed to the county under the calculation made under subdivision (1); and

(3) with respect to payable claims attributed to a county under subdivision (1):

(A) calculate the total amount of payable claims submitted during the state fiscal year for:

(i) each hospital;

(ii) each physician; and

(iii) each transportation provider; and

(B) determine the amount of each payable claim for each hospital, physician, and transportation provider listed in clause (A).

(b) For the state fiscal years beginning after June 30, 2005, but before July 1, 2007, and before November 1 following the end of a state fiscal year, the division shall allocate the funds transferred from a county's hospital care for the indigent fund to the state hospital care for the indigent fund under IC 12-16-14 during or for the following state fiscal years:

(1) For the state fiscal year ending June 30, 2006, as required under the following STEPS:

STEP ONE: Determine the total amount of funds transferred from all counties' hospital care for the indigent funds by the counties to the state hospital care for the indigent fund under IC 12-16-14 during or for the state fiscal year.

STEP TWO: Of the total amount of payable claims submitted to the division during the state fiscal year from all counties under subsection (a), determine the amount that is the lesser of:

(A) the amount of total physician payable claims and total transportation provider payable claims; or

(B) three million dollars ($3,000,000).

The amount determined under this STEP shall be used by the division to make payments under section 5 of this chapter.

STEP THREE: Transfer an amount equal to the sum of:

(A) the non-federal share of the payments made under clause (A) of STEP FIVE of IC 12-15-15-1.5(b);

(B) the amount transferred under IC 12-15-20-2(8)(F); and

(C) the non-federal share of the payments made under IC 12-15-15-9 and IC 12-15-15-9.5;

to the Medicaid indigent care trust fund for funding the transfer to the office and the non-federal share of the payments identified in this STEP.

STEP FOUR: Transfer an amount equal to sixty-one million dollars ($61,000,000) less the sum of:

(A) the amount determined in STEP TWO; and

(B) the amount transferred under STEP THREE;

to the Medicaid indigent care trust fund for funding the non-federal share of payments under clause (B) of STEP FIVE of IC 12-15-15-1.5(b).

STEP FIVE: Transfer to the Medicaid indigent care trust fund for the programs referenced at IC 12-15-20-2(8)(D)(vi) and funded in accordance with IC 12-15-20-2(8)(H) the amount determined under STEP ONE, less the sum of the amount:

(A) determined in STEP TWO;

(B) transferred in STEP THREE; and

(C) transferred in STEP FOUR.

(2) For the state fiscal year ending June 30, 2007, as required under the following steps:

STEP ONE: Determine the total amount of funds transferred from all counties' hospital care for the indigent funds by the counties to the state hospital care for the indigent fund under IC 12-16-14 during or for the state fiscal year.

STEP TWO: Of the total amount of payable claims submitted to the division during the state fiscal year from all counties under subsection (a), determine the amount that is the lesser of:

(A) the amount of total physician payable claims and total transportation provider payable claims; or

(B) three million dollars ($3,000,000).

The amount determined under this STEP shall be used by the division for making payments under section 5 of this chapter or for the non-federal share of Medicaid payments for physicians and transportation providers, as determined by the office.

STEP THREE: Transfer an amount equal to the sum of:

(A) the non-federal share of five million dollars ($5,000,000) for the payment made under clause (A) of STEP FIVE of IC 12-15-15-1.5(b);

(B) the amount transferred under IC 12-15-20-2(8)(F); and

(C) the non-federal share of the payments made under IC 12-15-15-9 and IC 12-15-15-9.5;

to the Medicaid indigent care trust fund for funding the transfer to the office and the non-federal share of the payments identified in this STEP.

STEP FOUR: Transfer an amount equal to the amount determined under STEP ONE less the sum of:

(A) the amount determined in STEP TWO; and

(B) the amount transferred under STEP THREE;

to the Medicaid indigent care trust fund for funding the non-federal share of payments under clause (B) of STEP FIVE of IC 12-15-15-1.5(b).

(c) For the state fiscal years beginning after June 30, 2007, before November 1 following the end of the state fiscal year, the division shall allocate the funds transferred to the state hospital care for the indigent fund for the state fiscal year as required under the following

STEPS:

STEP ONE: Determine the total amount of funds transferred to the state hospital care for the indigent fund for the state fiscal year.

STEP TWO: Determine the amount specified in STEP THREE.

STEP THREE: The amount to be used under STEP TWO is three million dollars ($3,000,000).

STEP FOUR: Transfer to the Medicaid indigent care trust fund for purposes of IC 12-15-20-2(8)(G) an amount equal to the amount calculated under STEP ONE, minus an amount equal to the amount specified under STEP THREE.

STEP FIVE: The division shall retain an amount equal to the amount remaining in the state hospital care for the indigent fund after the transfer in STEP FOUR for purposes of making payments under section 5 of this chapter or for the non-federal share of Medicaid payments for physicians and transportation providers, as determined by the office.

(d) The costs of administering the hospital care for the indigent program, including the processing of claims, shall be paid from the funds transferred to the state hospital care for the indigent fund.

As added by P.L.255-2003, SEC.38. Amended by P.L.212-2007, SEC.27; P.L.218-2007, SEC.38; P.L.146-2008, SEC.388.

IC 12-16-7.5-5 Pro rata payments to physicians and transportation providers; limitation

Sec. 5. Before December 15 following the end of each state fiscal year, the division shall, from the amounts combined from the counties' hospital care for the indigent funds and retained under section 4.5(b) or 4.5(c) of this chapter, pay each physician and transportation provider a pro rata part of that amount. The total payments available under this section may not exceed three million dollars ($3,000,000).

As added by P.L.120-2002, SEC.23. Amended by P.L.255-2003, SEC.39; P.L.212-2007, SEC.28; P.L.218-2007, SEC.39.

IC 12-16-7.5-6 Repealed

As added by P.L.120-2002, SEC.23. Repealed by P.L.255-2003, SEC.55.

IC 12-16-7.5-7 Responsibility for the payment of hospital care; limitations

Sec. 7. The division is not responsible under the hospital care for the indigent program for the payment of any part of the costs of providing care in a hospital to an individual who is not either of the following:

(1) A citizen of the United States.

(2) A lawfully admitted alien.

As added by P.L.120-2002, SEC.23. Amended by P.L.255-2003, SEC.40.

IC 12-16-7.5-8 No liability for cost of care provided to patient described in specified rules

Sec. 8. The division is not liable for any part of the cost of care provided to an individual who has been determined to be a patient described in the rules adopted under IC 12-16-10.5.

As added by P.L.120-2002, SEC.23. Amended by P.L.255-2003, SEC.41.

IC 12-16-7.5-9 Repealed

As added by P.L.120-2002, SEC.23. Repealed by P.L.146-2008, SEC.819.

IC 12-16-7.5-10 Repealed

As added by P.L.120-2002, SEC.23. Repealed by P.L.146-2008, SEC.819.

IC 12-16-7.5-11 Repealed

As added by P.L.120-2002, SEC.23. Repealed by P.L.255-2003, SEC.55.

IC 12-16-7.5-12 Agreement to accept payment as payment in full

Sec. 12. All providers receiving payment under section 1.2 of this chapter agree to accept, as payment in full, the payment referred to in section 1.2 of this chapter for the health care items or services identified in payable claims submitted to the division.

As added by P.L.120-2002, SEC.23. Amended by P.L.145-2005, SEC.25.

IC 12-16-7.5-13 Repealed

As added by P.L.120-2002, SEC.23. Repealed by P.L.255-2003, SEC.55.

IC 12-16-8 Chapter 8. Repealed

[Pre-1992 Revision Citations:
12-16-8-1 formerly 12-5-6-6.5(c) part
12-16-8-2 formerly 12-5-6-6.5(a)
12-16-8-3 formerly 12-5-6-6.5(b)
12-16-8-4 formerly 12-5-6-6.5(c) part
12-16-8-5 formerly 12-5-6-6.5(d).]

Repealed by P.L.283-2001, SEC.40.

IC 12-16-8.5 Chapter 8.5. Repealed

Repealed by P.L.212-2007, SEC.31; P.L.218-2007, SEC.52.

IC 12-16-9 Chapter 9. Repealed

[Pre-1992 Revision Citation:
12-16-9-1 formerly 12-5-6-7.]

Repealed by P.L.283-2001, SEC.40.

IC 12-16-9.5 Chapter 9.5. Hospital Care for the Indigent; Rate of Payment

12-16-9.5-1 Rate of payment for services and materials same as rates under Medicaid
12-16-9.5-2 Repealed

IC 12-16-9.5-1 Rate of payment for services and materials same as rates under Medicaid

Sec. 1. Notwithstanding any other provision of this article, the rate of payment for the services and materials provided by physicians and transportation providers under the hospital care for the indigent program is the same rate as payment for the same type of services and materials under the rules adopted by the office for the fee-for-service Medicaid program.

As added by P.L.120-2002, SEC.25. Amended by P.L.255-2003, SEC.42.

IC 12-16-9.5-2 Repealed

As added by P.L.120-2002, SEC.25. Repealed by P.L.255-2003, SEC.55.

IC 12-16-10 Chapter 10. Repealed

[Pre-1992 Revision Citations:

12-16-10-1	formerly 12-5-6-12(a) part
12-16-10-2	formerly 12-5-6-12(a) part
12-16-10-3	formerly 12-5-6-12(b)
12-16-10-4	formerly 12-5-6-14
12-16-10-5	formerly 12-5-6-10.]

Repealed by P.L.283-2001, SEC.40.

IC 12-16-10.5 Chapter 10.5. Hospital Care for the Indigent; Rules

12-16-10.5-1	Adopting rules; requisites
12-16-10.5-2	Consistency of adopted rules with other Medicaid rules
12-16-10.5-3	Rules denying payment for services to medically stable and safely discharged patients
12-16-10.5-4	Statewide data collection system; requirements; filing copies of submitted claims
12-16-10.5-5	Rules for appeals; consistency with other rules
12-16-10.5-6	Repealed

IC 12-16-10.5-1 Adopting rules; requisites

Sec. 1. The division shall, with the advice of the division's medical staff, the division of mental health and addiction, the division of aging, the division of disability and rehabilitative services, and other individuals selected by the director of the division, adopt rules under IC 4-22-2 to do the following:

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

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

(3) Specify the amount of and method for reimbursement for services.

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

As added by P.L.120-2002, SEC.26. Amended by P.L.141-2006, SEC.58.

IC 12-16-10.5-2 Consistency of adopted rules with other Medicaid rules

Sec. 2. To the extent possible, rules adopted under section 1 of this chapter must be consistent with IC 12-15-21-2 and IC 12-15-21-3.

As added by P.L.120-2002, SEC.26.

IC 12-16-10.5-3 Rules denying payment for services to medically stable and safely discharged patients

Sec. 3. The rules adopted under section 1 of this chapter must include rules that will deny payment for services provided to a patient after the patient is medically stable and can safely be discharged.

As added by P.L.120-2002, SEC.26.

IC 12-16-10.5-4 Statewide data collection system; requirements; filing copies of submitted claims

Sec. 4. (a) The division shall adopt rules under IC 4-22-2 necessary to establish a statewide collection system of data concerning the hospital care for the indigent program.

(b) The following data must be collected:

(1) Patient demographics.

(2) Types of services provided by hospitals.

(3) Costs of particular types of services provided by hospitals.

(c) A hospital that provides services under the hospital care for the indigent program shall file copies of all claims submitted under the program with the contractor engaged by the division to adjudicate claims.

As added by P.L.120-2002, SEC.26.

IC 12-16-10.5-5 Rules for appeals; consistency with other rules

Sec. 5. The division may adopt rules under IC 4-22-2 that are in addition to and consistent with the rules required to be adopted under IC 12-16-6.5 governing appeals brought under the hospital care for the indigent program to the division.

As added by P.L.120-2002, SEC.26.

IC 12-16-10.5-6 Repealed
As added by P.L.120-2002, SEC.26. Repealed by P.L.255-2003, SEC.55.

IC 12-16-11 Chapter 11. Repealed

[Pre-1992 Revision Citations:
12-16-11-1 formerly 12-5-6-9 part
12-16-11-2 formerly 12-5-6-9 part.]

Repealed by P.L.283-2001, SEC.40.

IC 12-16-11.5 Chapter 11.5. Hospital Care for the Indigent; Recovery of Payments by Division

12-16-11.5-1 Repealed
12-16-11.5-2 Repealed
12-16-11.5-3 Repealed

IC 12-16-11.5-1 Repealed

As added by P.L.120-2002, SEC.27. Repealed by P.L.145-2005, SEC.31.

IC 12-16-11.5-2 Repealed

As added by P.L.120-2002, SEC.27. Repealed by P.L.145-2005, SEC.31.

IC 12-16-11.5-3 Repealed

As added by P.L.120-2002, SEC.27. Repealed by P.L.255-2003, SEC.55.

IC 12-16-12 Chapter 12. Repealed

[Pre-1992 Revision Citations:
12-16-12-1 formerly 12-5-6-11 part
12-16-12-2 formerly 12-5-6-11 part
12-16-12-3 formerly 12-5-6-11 part
12-16-12-4 formerly 12-5-6-11 part
12-16-12-5 formerly 12-5-6-11 part.]

Repealed by P.L.283-2001, SEC.40.

IC 12-16-12.5 Chapter 12.5. Repealed

Repealed by P.L.212-2007, SEC.31; P.L.218-2007, SEC.52.

IC 12-16-13 Chapter 13. Repealed

[Pre-1992 Revision Citations:
12-16-13-1 formerly 12-5-6-15(a)
12-16-13-2 formerly 12-5-6-15(b).]

Repealed by P.L.283-2001, SEC.40.

IC 12-16-13.5 Chapter 13.5. Hospital Care for the Indigent; Immunity

12-16-13.5-1 Limited immunity from liability
12-16-13.5-2 Liability not limited for determination that patient's medical condition permits transfer
12-16-13.5-3 Repealed

IC 12-16-13.5-1 Limited immunity from liability

Sec. 1. A hospital, a physician, or an agent or employee of a hospital or physician that provides services in good faith under the hospital care for the indigent program is immune from liability to the extent the liability is attributable to at least one (1) of the following:

(1) The requirement that a patient be transferred under IC 12-16-12.5 (repealed).

(2) The denial of payment under IC 12-16-10.5.

As added by P.L.120-2002, SEC.29. Amended by P.L.156-2020, SEC.57.

IC 12-16-13.5-2 Liability not limited for determination that patient's medical condition permits transfer

Sec. 2. Section 1(1) of this chapter does not limit liability for the determination that the patient's medical condition permits a transfer under IC 12-16-12.5 (repealed).

As added by P.L.120-2002, SEC.29. Amended by P.L.156-2020, SEC.58.

IC 12-16-13.5-3 Repealed

As added by P.L.120-2002, SEC.29. Repealed by P.L.255-2003, SEC.55.

IC 12-16-14 Chapter 14. Hospital Care for the Indigent; Property Tax Levy and Funds

12-16-14-1 Repealed
12-16-14-2 Repealed
12-16-14-3 Repealed
12-16-14-3.4 Repealed
12-16-14-3.7 Repealed
12-16-14-4 Repealed
12-16-14-5 Repealed
12-16-14-6 State hospital care for the indigent fund
12-16-14-7 State fund components
12-16-14-8 Administration and use of state fund
12-16-14-9 Reversion of state fund
12-16-14-10 Repealed

IC 12-16-14-1 Repealed

[Pre-1992 Revision Citation: 12-5-6-16(a).]

As added by P.L.2-1992, SEC.10. Amended by P.L.181-1999, SEC.18. Repealed by P.L.146-2008, SEC.819.

IC 12-16-14-2 Repealed

[Pre-1992 Revision Citation: 12-5-6-16(b).]

As added by P.L.2-1992, SEC.10. Repealed by P.L.146-2008, SEC.819.

IC 12-16-14-3 Repealed

[Pre-1992 Revision Citation: 12-5-6-16(d).]

As added by P.L.2-1992, SEC.10. Amended by P.L.283-2001, SEC.27; P.L.120-2002, SEC.30; P.L.255-2003, SEC.44; P.L.246-2005, SEC.111; P.L.212-2007, SEC.29; P.L.218-2007, SEC.40. Repealed by P.L.146-2008, SEC.819.

IC 12-16-14-3.4 Repealed

As added by P.L.283-2001, SEC.28. Amended by P.L.120-2002, SEC.31. Repealed by P.L.255-2003, SEC.55.

IC 12-16-14-3.7 Repealed

As added by P.L.283-2001, SEC.29. Amended by P.L.120-2002, SEC.32. Repealed by P.L.255-2003, SEC.55.

IC 12-16-14-4 Repealed

[Pre-1992 Revision Citation: 12-5-6-16(f).]

As added by P.L.2-1992, SEC.10. Amended by P.L.90-2002, SEC.342. Repealed by P.L.146-2008, SEC.819.

IC 12-16-14-5 Repealed

[Pre-1992 Revision Citation: 12-5-6-16(g).]

As added by P.L.2-1992, SEC.10. Repealed by P.L.146-2008, SEC.819.

IC 12-16-14-6 State hospital care for the indigent fund

Sec. 6. The state hospital care for the indigent fund is established.

[Pre-1992 Revision Citation: 12-5-6-16(h) part.]

As added by P.L.2-1992, SEC.10. Amended by P.L.146-2008, SEC.389.

IC 12-16-14-7 State fund components

Sec. 7. The state hospital care for the indigent fund includes the following:

(1) The money transferred to the state hospital care for the indigent fund from a county.

(2) Any contributions to the fund from individuals, corporations, foundations, or others for the purpose of providing hospital care for the indigent.

(3) The appropriations made to the fund by the general assembly.

[Pre-1992 Revision Citation: 12-5-6-16(h) part.]

As added by P.L.2-1992, SEC.10. Amended by P.L.146-2008, SEC.390.

IC 12-16-14-8 Administration and use of state fund

Sec. 8. The division shall administer the state hospital care for the indigent fund and shall use the money currently in the fund to defray the expenses and obligations incurred by the division for hospital care for the indigent. The money in the fund is hereby appropriated.

[Pre-1992 Revision Citation: 12-5-6-16(h) part.]

As added by P.L.2-1992, SEC.10. Amended by P.L.126-1998, SEC.19.

IC 12-16-14-9 Reversion of state fund

Sec. 9. Money in the state hospital care for the indigent fund at the end of a state fiscal year remains in the fund and does not revert to the state general fund.

[Pre-1992 Revision Citation: 12-5-6-16(h) part.]

As added by P.L.2-1992, SEC.10.

IC 12-16-14-10 Repealed

As added by P.L.277-1993(ss), SEC.82. Repealed by P.L.80-1994, SEC.2.

IC 12-16-14.1 Chapter 14.1. Repealed

Repealed by P.L.255-2003, SEC.55.

IC 12-16-15 Chapter 15. Repealed

[Pre-1992 Revision Citations:

12-16-15-1	formerly 12-5-6-17 part
12-16-15-2	formerly 12-5-6-17 part
12-16-15-3	formerly 12-5-6-17 part
12-16-15-4	formerly 12-5-6-17 part
12-16-15-5	formerly 12-5-6-17 part
12-16-15-6	formerly 12-5-6-17 part.]

Repealed by P.L.283-2001, SEC.40.

IC 12-16-15.5 Chapter 15.5. Repealed

Repealed by P.L.146-2008, SEC.819.

IC 12-16-16 Chapter 16. Repealed

[Pre-1992 Revision Citations:
12-16-16-1 formerly 12-5-6-18 part
12-16-16-2 formerly 12-5-6-18 part
12-16-16-3 formerly 12-5-6-18 part.]

Repealed by P.L.283-2001, SEC.40.

IC 12-16-16.5 Chapter 16.5. Hospital Care for the Indigent; Review of Medical Criteria

12-16-16.5-1 Review by division of changes in medical criteria used in determining eligibility
12-16-16.5-2 Review; requisites
12-16-16.5-3 Report
12-16-16.5-4 Repealed

IC 12-16-16.5-1 Review by division of changes in medical criteria used in determining eligibility

Sec. 1. The division shall review changes made after 1985 in the medical criteria used to establish whether a patient is eligible for assistance under IC 12-16-3.5.

As added by P.L.120-2002, SEC.39.

IC 12-16-16.5-2 Review; requisites

Sec. 2. The division's review under this chapter must include the application of the criteria to specific cases and address whether changes to or clarification of the criteria is necessary so that, in practice, the criteria is consistent with the hospital care for the indigent program.

As added by P.L.120-2002, SEC.39.

IC 12-16-16.5-3 Report

Sec. 3. The division shall provide to an interested party a report of the division's review, including the division's findings, conclusions, and recommendations.

As added by P.L.120-2002, SEC.39.

IC 12-16-16.5-4 Repealed

As added by P.L.120-2002, SEC.39. Repealed by P.L.255-2003, SEC.55.

IC 12-16-17 Chapter 17. Repealed

Repealed by P.L.213-2025, SEC.120.

IC 12-16.1 ARTICLE 16.1. REPEALED

Repealed by P.L.255-2003, SEC.55.

IC 12-16.5 ARTICLE 16.5. THE HEALTH CARE COMPACT

Ch. 1. Definitions
Ch. 2. Applicability
Ch. 3. Health Care Compact
Ch. 4. Interstate Advisory Health Care Commission
Ch. 5. Participation in Compact

IC 12-16.5-1 Chapter 1. Definitions

12-16.5-1-1 "Commission"
12-16.5-1-2 "Compact"
12-16.5-1-3 "Current year inflation adjustment factor"
12-16.5-1-4 "Health care"
12-16.5-1-5 "Member state"
12-16.5-1-6 "Member state base funding level"
12-16.5-1-7 "Member state current year funding level"
12-16.5-1-8 "Member state current year population adjustment factor"

IC 12-16.5-1-1 "Commission"

Sec. 1. As used in this article, "commission" refers to the interstate advisory health care commission established by IC 12-16.5-4-1.

As added by P.L.150-2012, SEC.1.

IC 12-16.5-1-2 "Compact"

Sec. 2. As used in this article, "compact" refers to the health care compact entered into under this article.

As added by P.L.150-2012, SEC.1.

IC 12-16.5-1-3 "Current year inflation adjustment factor"

Sec. 3. As used in this article, "current year inflation adjustment factor" means the total gross domestic product deflator, as determined by the United States Department of Commerce's Bureau of Economic Analysis, in the current year divided by the total gross domestic product deflator in federal fiscal year 2010.

As added by P.L.150-2012, SEC.1.

IC 12-16.5-1-4 "Health care"

Sec. 4. (a) As used in this article, "health care" means care, services, supplies, or plans related to the health of an individual, including the following:

(1) Preventative, diagnostic, therapeutic, rehabilitative, maintenance, and palliative care, including counseling, service, assessment, or procedure concerning the physical or mental condition or functional status of an individual or that affects the structure or function of the body.

(2) Sale or dispensing of a drug, device, equipment, or other item under a prescription.

(3) An individual or group health plan that provides or pays the costs of care, services, or supplies related to the health of an individual.

(b) The term does not include care, services, supplies, or plans provided:

(1) by the United States Department of Defense;

(2) by the United States Department of Veterans Affairs; or

(3) to Native Americans.

As added by P.L.150-2012, SEC.1.

IC 12-16.5-1-5 "Member state"

Sec. 5. As used in this article, "member state" means a state that has adopted the health

care compact law.
As added by P.L.150-2012, SEC.1.

IC 12-16.5-1-6 "Member state base funding level"

Sec. 6. As used in this article, "member state base funding level" means a number determined by the member state to be equal to the total federal spending on health care in the member state during federal fiscal year 2010 and is set forth in IC 12-16.5-3-4.
As added by P.L.150-2012, SEC.1.

IC 12-16.5-1-7 "Member state current year funding level"

Sec. 7. As used in this article, "member state current year funding level" means the member state base funding level multiplied by the member state current year population adjustment factor multiplied by the current year inflation adjustment factor.
As added by P.L.150-2012, SEC.1.

IC 12-16.5-1-8 "Member state current year population adjustment factor"

Sec. 8. As used in this article, "member state current year population adjustment factor" means the average population of the member state in the current year, as determined by the United States Census Bureau, less the average population of the member state in federal fiscal year 2010, divided by the average population of the member state in federal fiscal year 2010 plus one (1).
As added by P.L.150-2012, SEC.1.

IC 12-16.5-2 Chapter 2. Applicability

12-16.5-2-1 Effectiveness

IC 12-16.5-2-1 Effectiveness

Sec. 1. This article is effective upon the following:

(1) The adoption of the compact by at least two (2) member states.

(2) The consent of the federal United States Congress without changes by Congress to the following fundamental purposes of the compact:

(A) To secure the right of the member states to regulate health care in the member state's jurisdiction under the compact and to suspend the operation of any conflicting federal laws, rules, regulations, and orders within the member state.

(B) To secure federal funding for member states that choose to invoke the member state's authority under the compact, as set forth in IC 12-16.5-3.

As added by P.L.150-2012, SEC.1.

IC 12-16.5-3 Chapter 3. Health Care Compact

12-16.5-3-1 Entrance into the compact; action and consent of Congress; improvement of health care policy
12-16.5-3-2 State legislature with primary responsibility to regulate health care
12-16.5-3-3 Suspension of federal law through express acts; responsibility for implementation
12-16.5-3-4 Right to federal monies; establishment of funding level
12-16.5-3-5 Funding of commission
12-16.5-3-6 Amendment of compact by unanimous agreement
12-16.5-3-7 Joining of compact by other states
12-16.5-3-8 Withdrawal from compact requirements; liability
12-16.5-3-9 Dissolution of compact after withdrawal

IC 12-16.5-3-1 Entrance into the compact; action and consent of Congress; improvement of health care policy

Sec. 1. (a) The governor may enter into the compact on behalf of the state with any other state only after the following occur:

(1) The budget committee reviews the compact and any plan developed under subdivision (2).

(2) The budget agency prepares a plan showing how Indiana will provide access to health care for Indiana residents under the compact.

(3) The budget agency presents the plan described in subdivision (2) to the interim study committee on public health, behavioral health, and human services established by IC 2-5-1.3-4.

(b) The member states shall take joint and separate action to secure the consent of the United States Congress for the compact in order to return the authority to regulate health care to the member states that is consistent with the goals and principles articulated in the compact.

(c) The member states shall improve health care policy within the states' jurisdictions and according to the judgment and discretion of each member state.

As added by P.L.150-2012, SEC.1. Amended by P.L.53-2014, SEC.108.

IC 12-16.5-3-2 State legislature with primary responsibility to regulate health care

Sec. 2. The state legislature of each member state has the primary responsibility to regulate health care in the member state's jurisdiction.

As added by P.L.150-2012, SEC.1.

IC 12-16.5-3-3 Suspension of federal law through express acts; responsibility for implementation

Sec. 3. (a) Each member state, for the member state's jurisdiction, may, to the extent allowed under the Constitution of the United States and the constitution of the member state, suspend by legislation federal laws, regulations, and orders concerning health care that are inconsistent with the laws and regulations adopted by the member state under the compact.

(b) Any federal or state law, regulation, or order concerning health care will remain in effect unless a member state expressly suspends the law, regulation, or order under the member state's authority under the compact.

(c) The member state shall be responsible for implementing any federal law, rule, regulation, or order described in this section that remains in effect in the member state.

As added by P.L.150-2012, SEC.1.

IC 12-16.5-3-4 Right to federal monies; establishment of funding level

Sec. 4. (a) Each member state for each federal fiscal year shall have the right to federal

monies in an amount up to the member state current year funding level for the current year, funded by the federal government as mandatory spending and that is not subject to annual appropriation, to support the exercise of the member state authority under the compact. The funding may not be conditional on any action of or regulation, policy, law, or rule that is being adopted by the member state and that is allowed under the Constitution of the United States and the constitution of the member state.

(b) By the start of each federal fiscal year, the federal United States Congress shall establish an initial member state current year funding level for each member state. The initial member state current year funding level must be based on a reasonable estimate. The final member state current year funding level shall be calculated and funding shall be reconciled by the federal United States Congress based on information provided by each member state and audited by the United States Government Accountability Office.

As added by P.L.150-2012, SEC.1.

IC 12-16.5-3-5 Funding of commission

Sec. 5. The member states may fund the commission in a manner agreed upon by the member states.

As added by P.L.150-2012, SEC.1.

IC 12-16.5-3-6 Amendment of compact by unanimous agreement

Sec. 6. The member states may, by unanimous agreement, amend the compact without the prior consent or approval of the federal United States Congress, to the extent the amendment is allowed under the Constitution of the United States and the constitutions of the member states. Any amendment shall be effective unless, not later than one (1) year from the approval of the amendment, the federal United States Congress disapproves of the amendment.

As added by P.L.150-2012, SEC.1.

IC 12-16.5-3-7 Joining of compact by other states

Sec. 7. Any state may join the compact after the date of consent of the compact by the federal United States Congress if the state adopts the compact into law.

As added by P.L.150-2012, SEC.1.

IC 12-16.5-3-8 Withdrawal from compact requirements; liability

Sec. 8. (a) A member state may withdraw from the compact by doing the following:

(1) The member state's governor notifies other member states of the intent to withdraw from the compact at least six (6) months before the withdrawal may occur.

(2) The member state's legislature adopts legislation to withdraw from the compact.

(b) A member state withdrawing from the compact is liable for any obligations that the withdrawing state may have incurred prior to the date of which the withdrawal is effective.

As added by P.L.150-2012, SEC.1.

IC 12-16.5-3-9 Dissolution of compact after withdrawal

Sec. 9. The compact shall be dissolved upon the withdrawal from the compact of all but one (1) member state.

As added by P.L.150-2012, SEC.1.

IC 12-16.5-4 Chapter 4. Interstate Advisory Health Care Commission

12-16.5-4-1 Establishment of interstate advisory health care commission
12-16.5-4-2 Commission duties; action
12-16.5-4-3 Prohibition on disclosure of personal health information of an individual

IC 12-16.5-4-1 Establishment of interstate advisory health care commission

Sec. 1. (a) The interstate advisory health care commission is established.

(b) The commission consists of members appointed by each member state in a manner determined by each member state. A member state may not appoint more than two (2) members to the commission and may withdraw membership from the commission at any time.

(c) Each commission member is entitled to one (1) vote. The commission may not act unless a majority of the members are present, and an action is not binding unless approved by a majority of the commission's total membership.

As added by P.L.150-2012, SEC.1.

IC 12-16.5-4-2 Commission duties; action

Sec. 2. (a) The commission may do the following:

(1) Elect a chairperson from the commission's membership.

(2) Adopt and publish bylaws and policies that are consistent with the compact.

(3) Study issues of health care regulation that are of concern to the member states.

(4) Make non-binding recommendations to the member states, of which the state legislatures of the member states may consider in determining appropriate health care policies for the member state.

(b) The commission shall do the following:

(1) Meet at least one (1) time per calendar year.

(2) Collect information and data to assist member states in the regulation of health care, including assessing the performance of state health care programs and compiling information on the prices of health care.

(c) The commission shall make the information collected under this section available to the legislatures of member states.

(d) Legislatures of the member states may confer additional responsibilities and duties on the commission through legislative action in accordance with the terms of the compact.

(e) The commission may not take any action within a member state.

As added by P.L.150-2012, SEC.1.

IC 12-16.5-4-3 Prohibition on disclosure of personal health information of an individual

Sec. 3. A member state may not disclose personal health information of an individual to the commission. The commission may not disclose the personal health information of an individual.

As added by P.L.150-2012, SEC.1.

IC 12-16.5-5 Chapter 5. Participation in Compact

12-16.5-5-1 Compact participation exclusion of Medicare unless expressly authorized

IC 12-16.5-5-1 Compact participation exclusion of Medicare unless expressly authorized

Sec. 1. Indiana's participation in the compact does not include the administration of Medicare (42 U.S.C. 1395 et seq.) unless the General Assembly takes action that specifically authorizes inclusion of the Medicare program in the compact.

As added by P.L.150-2012, SEC.1.

IC 12-17 ARTICLE 17. CHILDREN'S SERVICES

Ch. 1.	Repealed
Ch. 2.	Repealed
Ch. 3.	Repealed
Ch. 4.	Repealed
Ch. 5.	Repealed
Ch. 6.	Repealed
Ch. 7.	Repealed
Ch. 8.	Repealed
Ch. 9.	Repealed
Ch. 10.	Repealed
Ch. 11.	Repealed
Ch. 12.	School Age Child Care Project Fund
Ch. 13.	Grants to Preschool Programs
Ch. 14.	Repealed
Ch. 15.	Repealed
Ch. 16.	Repealed
Ch. 17.	Repealed
Ch. 18.	Repealed
Ch. 19.	Repealed

IC 12-17-1 Chapter 1. Repealed

[Pre-1992 Revision Citations:

12-17-1-1	formerly 12-1-10-11
12-17-1-2	formerly 12-1-10-12 part
12-17-1-3	formerly 12-1-10-12 part
12-17-1-4	formerly 12-1-10-12 part
12-17-1-5	formerly 12-1-10-12 part
12-17-1-6	formerly 12-1-10-12 part
12-17-1-7	formerly 12-1-10-13
12-17-1-8	formerly 12-1-10-13.1
12-17-1-9	formerly 12-1-10-14
12-17-1-10	formerly 12-1-10-15
12-17-1-11	formerly 12-1-10-16
12-17-1-12	formerly 12-1-10-17
12-17-1-13	formerly 12-1-10-18
12-17-1-14	formerly 12-1-10-19
12-17-1-15	formerly 12-1-10-20
12-17-1-16	formerly 12-1-10-21.]

Repealed by P.L.145-2006, SEC.376.

IC 12-17-2 Chapter 2. Repealed

[Pre-1992 Revision Citations:

12-17-2-1	formerly 12-1-6.1-1(e)
12-17-2-2	formerly 12-1-6.1-1(c)
12-17-2-3	formerly 12-1-6.1-1(f)
12-17-2-4	formerly 12-1-6.1-1(b)
12-17-2-5	formerly 12-1-6.1-2(a) part
12-17-2-6	formerly 12-1-6.1-2(a) part; 12-1-6.1-2(b)
12-17-2-7	formerly 12-1-6.1-2(c)
12-17-2-8	formerly 12-1-6.1-3
12-17-2-9	formerly 12-1-6.1-4(a)
12-17-2-10	formerly 12-1-6.1-4(b)
12-17-2-11	formerly 12-1-6.1-4(c)
12-17-2-12	formerly 12-1-6.1-5 part
12-17-2-13	formerly 12-1-6.1-5 part
12-17-2-14	formerly 12-1-6.1-6
12-17-2-15	formerly 12-1-6.1-7
12-17-2-16	formerly 12-1-6.1-8
12-17-2-17	formerly 12-1-6.1-9
12-17-2-18	formerly 12-1-6.1-10
12-17-2-19	formerly 12-1-6.1-10.5
12-17-2-20	formerly 12-1-6.1-11
12-17-2-21	formerly 12-1-6.1-12
12-17-2-22	formerly 12-1-6.1-13
12-17-2-23	formerly 12-1-6.1-14
12-17-2-24	formerly 12-1-6.1-15
12-17-2-25	formerly 12-1-6.1-15.3
12-17-2-26	formerly 12-1-6.1-16
12-17-2-27	formerly 12-1-6.1-17
12-17-2-28	formerly 12-1-6.1-17.5
12-17-2-29	formerly 12-1-6.1-18
12-17-2-30	formerly 12-1-6.1-19
12-17-2-31	formerly 12-1-6.1-20
12-17-2-32	formerly 12-1-6.1-21
12-17-2-33	formerly 12-1-6.1-22.]

Repealed by P.L.145-2006, SEC.376.

IC 12-17-3 Chapter 3. Repealed

[Pre-1992 Revision Citations:
12-17-3-1 formerly 12-1-8-1
12-17-3-2 formerly 12-1-8-2
12-17-3-3 formerly 12-1-8-3
12-17-3-4 formerly 12-1-8-4.]

Repealed by P.L.145-2006, SEC.376.

IC 12-17-4 Chapter 4. Repealed

[Pre-1992 Revision Citations:

12-17-4-1	formerly 12-3-2-1(b)
12-17-4-2	formerly 12-3-2-5
12-17-4-3	formerly 12-3-2-1(a)
12-17-4-4	formerly 12-3-2-12(a), (b), (c) part
12-17-4-5	formerly 12-3-2-6(a) part
12-17-4-6	formerly 12-3-2-6(a) part
12-17-4-7	formerly 12-3-2-6(b)
12-17-4-8	formerly 12-3-2-6(c)
12-17-4-9	formerly 12-3-2-6(d)
12-17-4-10	formerly 12-3-2-22
12-17-4-11	formerly 12-3-2-11
12-17-4-12	formerly 12-3-2-11.5
12-17-4-13	formerly 12-3-2-12.5
12-17-4-14	formerly 12-3-2-12.6
12-17-4-15	formerly 12-3-2-16
12-17-4-16	formerly 12-3-2-8.1
12-17-4-17	formerly 12-3-2-14
12-17-4-18	formerly 12-3-2-9
12-17-4-19	formerly 12-3-2-10
12-17-4-20	formerly 12-3-2-13
12-17-4-21	formerly 12-3-2-7
12-17-4-22	formerly 12-3-2-3.5
12-17-4-23	formerly 12-3-2-17
12-17-4-24	formerly 12-3-2-23
12-17-4-25	formerly 12-3-2-24
12-17-4-26	formerly 12-3-2-25
12-17-4-27	formerly 12-3-2-29
12-17-4-28	formerly 12-3-2-15.]

Repealed by P.L.145-2006, SEC.376.

IC 12-17-5 Chapter 5. Repealed

[Pre-1992 Revision Citations:

12-17-5-1	formerly 12-3-2-12.7(a), (b)
12-17-5-2	formerly 12-3-2-12(c) part
12-17-5-3	formerly 12-3-2-12.7(c)
12-17-5-4	formerly 12-3-2-12.7(d)
12-17-5-5	formerly 12-3-2-12.7(e) part
12-17-5-6	formerly 12-3-2-12.7(e) part
12-17-5-7	formerly 12-3-2-12.7(f), (g)
12-17-5-8	formerly 12-3-2-12.7(i)
12-17-5-9	formerly 12-3-2-12.8
12-17-5-10	formerly 12-3-2-12.7(h)
12-17-5-11	formerly 12-3-2-15.]

Repealed by P.L.1-1993, SEC.135.

IC 12-17-6 Chapter 6. Repealed

[Pre-1992 Revision Citations:
12-17-6-1 formerly 12-3-6.1-1(a)
12-17-6-2 formerly 12-3-6.1-1(b)
12-17-6-3 formerly 12-3-6.1-2.]

Repealed by P.L.61-1993, SEC.67.

IC 12-17-7 Chapter 7. Repealed

[Pre-1992 Revision Citations:
12-17-7-1 formerly 12-3-2-18
12-17-7-2 formerly 12-3-2-19
12-17-7-3 formerly 12-3-2-20
12-17-7-4 formerly 12-3-2-21
12-17-7-5 formerly 12-3-2-15.]

Repealed by P.L.136-1993, SEC.24.

IC 12-17-8 Chapter 8. Repealed

[Pre-1992 Revision Citations:

12-17-8-1	formerly 12-3-23-1
12-17-8-2	formerly 12-3-23-2
12-17-8-3	formerly 12-3-23-3
12-17-8-4	formerly 12-3-23-4
12-17-8-5	formerly 12-3-23-5
12-17-8-6	formerly 12-3-23-6
12-17-8-7	formerly 12-3-23-7
12-17-8-8	formerly 12-3-23-8.]

Repealed by P.L.145-2006, SEC.376.

IC 12-17-9 Chapter 9. Repealed

[Pre-1992 Revision Citations:

12-17-9-1	formerly 12-1-26-1
12-17-9-2	formerly 12-1-26-2
12-17-9-3	formerly 12-1-26-3
12-17-9-4	formerly 12-1-26-4
12-17-9-5	formerly 12-1-26-5.]

Repealed by P.L.145-2006, SEC.376.

IC 12-17-10 Chapter 10. Repealed

[Pre-1992 Revision Citations:
12-17-10-1 formerly 12-1-27-1
12-17-10-2 formerly 12-1-27-3
12-17-10-3 formerly 12-1-27-4
12-17-10-4 formerly 12-1-27-5.]

Repealed by P.L.145-2006, SEC.376.

IC 12-17-11 Chapter 11. Repealed

[Pre-1992 Revision Citations:
12-17-11-1 formerly 12-1-28-1
12-17-11-2 formerly 12-1-28-3
12-17-11-3 formerly 12-1-28-4
12-17-11-4 formerly 12-1-28-5.]

Repealed by P.L.145-2006, SEC.376.

IC 12-17-12 Chapter 12. School Age Child Care Project Fund

12-17-12-0.3 School age child care project fund; rules of the interdepartmental board for the coordination of human services programs
12-17-12-1 "Applicant" defined
12-17-12-2 "Contribution" defined
12-17-12-3 "Facility" defined
12-17-12-4 "Fund" defined
12-17-12-5 "School age child care program" defined
12-17-12-6 "School corporation" defined
12-17-12-7 Establishment of fund; purpose; administration
12-17-12-8 Administration expenses
12-17-12-9 Investments
12-17-12-10 Reversion
12-17-12-11 Grants; approval criteria
12-17-12-12 Program enrollment priorities
12-17-12-13 Fee schedules prerequisite
12-17-12-14 Facility standards
12-17-12-15 Applications
12-17-12-16 Purpose and amount of grants
12-17-12-17 Administrative rules
12-17-12-18 Annual report
12-17-12-19 Fire safety rules
12-17-12-20 Sanitation rules
12-17-12-21 Repealed
12-17-12-22 Repealed

IC 12-17-12-0.3 School age child care project fund; rules of the interdepartmental board for the coordination of human services programs

Sec. 0.3. (a) The school age child care project fund established by IC 20-5-61 (before its repeal) is a continuation of the school age child care project fund established by P.L.197-1985.

(b) Rules adopted by the interdepartmental board for the coordination of human service programs to govern the operation of the school age child care project fund established by P.L.197-1985 continue in effect until new rules are adopted under IC 20-5-61 (before its repeal) or under this chapter.

As added by P.L.220-2011, SEC.267.

IC 12-17-12-1 "Applicant" defined

Sec. 1. As used in this chapter, "applicant" means either:

(1) a school corporation; or

(2) a nonprofit organization that:

(A) is exempt from federal income taxation under Section 501(c)(3) of the Internal Revenue Code; and

(B) has provided extracurricular activities or services to children continuously for at least one (1) year before the date of application for a grant under this chapter;

that applies to the division of family resources for a grant from the school age child care fund for the purpose of establishing and operating a school age child care program or for the purpose of maintaining an existing school age child care program.

[Pre-1992 Revision Citation: 12-3-29-1.]

As added by P.L.2-1992, SEC.11. Amended by P.L.145-2006, SEC.88.

IC 12-17-12-2 "Contribution" defined

Sec. 2. As used in this chapter, "contribution" includes providing a facility, personnel, transportation, or supplies that will be used in operating a program.

[Pre-1992 Revision Citation: 12-3-29-3.]
As added by P.L.2-1992, SEC.11.

IC 12-17-12-3 "Facility" defined

Sec. 3. As used in this chapter, "facility" means a school or other building in which a school age child care program is operated.

[Pre-1992 Revision Citation: 12-3-29-4.]
As added by P.L.2-1992, SEC.11.

IC 12-17-12-4 "Fund" defined

Sec. 4. As used in this chapter, "fund" refers to the school age child care project fund established by this chapter.

[Pre-1992 Revision Citation: 12-3-29-5.]
As added by P.L.2-1992, SEC.11.

IC 12-17-12-5 "School age child care program" defined

Sec. 5. As used in this chapter, "school age child care program" means a program operated by a school corporation or a nonprofit organization that offers care to children who are at least five (5) years of age but less than fifteen (15) years of age for the following periods of time:

(1) Before or after the school day, or both.

(2) When school is not in session.

(3) When school is in session for students who are enrolled in a half-day kindergarten program.

[Pre-1992 Revision Citation: 12-3-29-6.]
As added by P.L.2-1992, SEC.11.

IC 12-17-12-6 "School corporation" defined

Sec. 6. As used in this chapter, "school corporation" has the meaning set forth in IC 20-18-2-16.

[Pre-1992 Revision Citation: 12-3-29-7.]
As added by P.L.2-1992, SEC.11. Amended by P.L.1-2005, SEC.133.

IC 12-17-12-7 Establishment of fund; purpose; administration

Sec. 7. The school age child care project fund is established. The fund consists of money appropriated under IC 6-7-1-30.2(c). The purpose of the fund is to provide a source from which state grants may be made to school corporations or nonprofit organizations that establish and operate school age child care programs in Indiana. The division shall administer the fund.

[Pre-1992 Revision Citation: 12-3-29-8(a).]
As added by P.L.2-1992, SEC.11.

IC 12-17-12-8 Administration expenses

Sec. 8. The expenses of administering the fund shall be paid from money in the fund.

[Pre-1992 Revision Citation: 12-3-29-8(b).]
As added by P.L.2-1992, SEC.11.

IC 12-17-12-9 Investments

Sec. 9. The treasurer of state shall invest the money in the fund not currently needed to meet the obligations of the fund in the same manner as other public funds may be invested. Interest that accrues from the investments shall be deposited in the fund.

[Pre-1992 Revision Citation: 12-3-29-8(c).]
As added by P.L.2-1992, SEC.11.

IC 12-17-12-10 Reversion

Sec. 10. Money in the fund at the end of a state fiscal year does not revert to the state general fund.

[Pre-1992 Revision Citation: 12-3-29-8(d).]

As added by P.L.2-1992, SEC.11.

IC 12-17-12-11 Grants; approval criteria

Sec. 11. The division may approve a grant from the fund to an applicant if the applicant demonstrates to the division that the applicant is able to do the following:

(1) Provide a physical environment that is safe and appropriate to the various age levels of the children to be served.

(2) Provide transportation, if necessary, to and from a school or schools to the facility operated by the applicant.

(3) Provide program activities that are appropriate to the various age levels of the children to be served and that meet the developmental needs of each child.

(4) Provide efficient and effective program administration.

(5) Provide a staff that meets standards set by the division under section 17 of this chapter.

(6) Provide for nutritional needs of children enrolled in the program.

(7) Provide emergency health services to children served by the program.

(8) Operate a school age child care program in accordance with the cost and expense standards set by the division under section 17 of this chapter.

[Pre-1992 Revision Citation: 12-3-29-9.]

As added by P.L.2-1992, SEC.11.

IC 12-17-12-12 Program enrollment priorities

Sec. 12. The division may not approve a grant from the fund to an applicant unless the applicant agrees to adopt the following program enrollment priorities:

(1) First priority must be given to children who are referred to a program by the department of child services under IC 31-33 (or IC 31-6-11 before its repeal). Within this priority, children in families with the lowest gross monthly income compared to other children in this priority level must be enrolled first.

(2) Second priority must be given to children in kindergarten and grades 1 through 3 and the children's siblings if the children's families need school age child care services because of:

(A) enrollment of a child's legal custodian in vocational training under a degree program;

(B) employment of a child's legal custodian; or

(C) physical or mental incapacitation of a child's legal custodian.

(3) Third priority must be given to children in grades 4 through 9 if the children's families need school age child care services because of:

(A) enrollment of a child's legal custodian in vocational training under a degree program;

(B) employment of a child's legal custodian; or

(C) physical or mental incapacitation of a child's legal custodian.

[Pre-1992 Revision Citation: 12-3-29-10(a).]

As added by P.L.2-1992, SEC.11. Amended by P.L.1-1997, SEC.65; P.L.234-2005, SEC.33.

IC 12-17-12-13 Fee schedules prerequisite

Sec. 13. The division may not approve a grant from the fund to an applicant unless the applicant agrees to adopt fee schedules based upon a sliding income scale set by the division under section 17 of this chapter.

[Pre-1992 Revision Citation: 12-3-29-10(b).]

As added by P.L.2-1992, SEC.11.

IC 12-17-12-14 Facility standards

Sec. 14. The division may not approve a grant from the fund to an applicant that is planning to use a facility not located in a school, unless the applicant's facility meets the following:

(1) Standards for sanitation that are adopted by the director of the division.

(2) Standards for fire safety that are adopted by the department of homeland security.

[Pre-1992 Revision Citation: 12-3-29-10(c).]

As added by P.L.2-1992, SEC.11. Amended by P.L.1-2006, SEC.190; P.L.187-2021, SEC.43.

IC 12-17-12-15 Applications

Sec. 15. An applicant who desires to apply for a grant from the fund must apply to the division in the manner prescribed by the division under section 17 of this chapter.

[Pre-1992 Revision Citation: 12-3-29-11.]

As added by P.L.2-1992, SEC.11.

IC 12-17-12-16 Purpose and amount of grants

Sec. 16. The division may make grants from the fund to approved applicants for the establishment and maintenance of a school age child care program. The amount of each grant awarded by the division must be an amount that is not more than nine (9) times the monetary value of the approved applicant's contribution. The amount granted by the division for use by a single program may not exceed forty thousand dollars ($40,000).

[Pre-1992 Revision Citation: 12-3-29-12.]

As added by P.L.2-1992, SEC.11.

IC 12-17-12-17 Administrative rules

Sec. 17. The director of the division shall adopt rules under IC 4-22-2 necessary to carry out this chapter, including rules specifying the following:

(1) Standards for the hiring of staff for a school age child care program.

(2) Cost and expense standards for establishing and operating a school age child care program within a school and within a facility other than a school.

(3) A sliding fee scale for use by school age child care programs that are operating under a grant from the fund.

(4) Minimum staff to child ratios for a school age child care program.

(5) Physical space requirements for a school age child care program, including indoor and outdoor space.

(6) Nutrition requirements for a school age child care program.

(7) Standards for the provision of emergency health services in a school age child care program.

(8) Application guidelines and deadlines.

(9) A method for establishing priority of applicants.

[Pre-1992 Revision Citation: 12-3-29-13(a).]

As added by P.L.2-1992, SEC.11.

IC 12-17-12-18 Annual report

Sec. 18. The division shall annually report to the governor and the general assembly the following information:

(1) The number of applicants for grants from the fund.

(2) The number of grants awarded by the division.

(3) Amounts left in the fund on June 30 of each year.

(4) Other information requested by the governor or the general assembly.

A report under this section to the general assembly must be in an electronic format under

IC 5-14-6.

[Pre-1992 Revision Citation: 12-3-29-13(b).]

As added by P.L.2-1992, SEC.11. Amended by P.L.28-2004, SEC.106.

IC 12-17-12-19 Fire safety rules

Sec. 19. The state fire marshal shall adopt rules under IC 4-22-2 to govern fire safety in school age child care programs.

[Pre-1992 Revision Citation: 12-3-29-14(a).]

As added by P.L.2-1992, SEC.11.

IC 12-17-12-20 Sanitation rules

Sec. 20. The director of the division shall adopt rules under IC 4-22-2 to govern sanitation in school age child care programs.

[Pre-1992 Revision Citation: 12-3-29-14(b).]

As added by P.L.2-1992, SEC.11.

IC 12-17-12-21 Repealed

[Pre-1992 Revision Citation: 12-3-29-15.]

As added by P.L.2-1992, SEC.11. Repealed by P.L.210-2015, SEC.52.

IC 12-17-12-22 Repealed

[Pre-1992 Revision Citation: 12-3-29-16.]

As added by P.L.2-1992, SEC.11. Repealed by P.L.20-1992, SEC.46.

IC 12-17-13 Chapter 13. Grants to Preschool Programs

12-17-13-1 "Applicant" defined
12-17-13-2 "Facility" defined
12-17-13-3 "Preschool child care program" defined
12-17-13-4 Applications for federal and state funds
12-17-13-5 Approval of grant; requisites
12-17-13-6 Agreements for low income family service and sliding scale fee schedules
12-17-13-7 Necessity for application
12-17-13-8 Reapplication in following fiscal year
12-17-13-9 Administrative rules

IC 12-17-13-1 "Applicant" defined

Sec. 1. As used in this chapter, "applicant" means an organization that applies to the division for a grant for either of the following purposes:

(1) To establish and operate a preschool child care program.

(2) To maintain an existing preschool child care program.

[Pre-1992 Revision Citation: 4-28-6.2-1.]

As added by P.L.2-1992, SEC.11.

IC 12-17-13-2 "Facility" defined

Sec. 2. As used in this chapter, "facility" means a school or other building in which a preschool child care program is operated.

[Pre-1992 Revision Citation: 4-28-6.2-2.]

As added by P.L.2-1992, SEC.11.

IC 12-17-13-3 "Preschool child care program" defined

Sec. 3. As used in this chapter, "preschool child care program" means a program operated by an organization that offers care to children who are:

(1) less than six (6) years of age; and

(2) not eligible to enroll in a public school.

[Pre-1992 Revision Citation: 4-28-6.2-3.]

As added by P.L.2-1992, SEC.11.

IC 12-17-13-4 Applications for federal and state funds

Sec. 4. The division may apply for federal and state money to assist applicants under this chapter.

[Pre-1992 Revision Citation: 4-28-6.2-4.]

As added by P.L.2-1992, SEC.11.

IC 12-17-13-5 Approval of grant; requisites

Sec. 5. The division may approve a grant to an applicant if the applicant demonstrates to the division that the applicant can do the following:

(1) Provide a physical environment that is safe and appropriate to the various age levels of the children to be served.

(2) Meet licensing standards required under IC 12-17.2 and IC 31-27.

(3) If necessary, provide transportation to and from the facility operated by the applicant.

(4) Provide program activities that are appropriate to the various age levels of the children to be served and that meet the developmental needs of each child.

(5) Provide efficient and effective program administration.

(6) Provide a staff that meets standards set by the division under this chapter.

(7) Provide for nutritional needs of children enrolled in the program.

(8) Provide emergency health services to children served by the program.

(9) Operate a preschool child care program in accordance with the cost and expense standards set by the division under this chapter.

[Pre-1992 Revision Citation: 4-28-6.2-5.]

As added by P.L.2-1992, SEC.11. Amended by P.L.20-1992, SEC.27 and P.L.81-1992, SEC.30; P.L.1-1993, SEC.140; P.L.145-2006, SEC.89.

IC 12-17-13-6 Agreements for low income family service and sliding scale fee schedules

Sec. 6. The division may not approve a grant to an applicant unless the applicant agrees to do both of the following:

(1) Serve children whose family income does not exceed one hundred fifty percent (150%) of the official poverty income guidelines established by the Office of Management and Budget, as revised periodically by the United States Secretary of Health and Human Services under 42 U.S.C. 9902(2) for use in community services block grant programs.

(2) Adopt fee schedules based upon a sliding scale set by the division under this chapter.

[Pre-1992 Revision Citation: 4-28-6.2-6.]

As added by P.L.2-1992, SEC.11.

IC 12-17-13-7 Necessity for application

Sec. 7. An applicant that desires to apply for a grant must apply to the division as prescribed by this chapter.

[Pre-1992 Revision Citation: 4-28-6.2-7.]

As added by P.L.2-1992, SEC.11.

IC 12-17-13-8 Reapplication in following fiscal year

Sec. 8. An applicant that receives a grant in a fiscal year and desires to receive a grant in the following fiscal year must reapply as prescribed by this chapter.

[Pre-1992 Revision Citation: 4-28-6.2-8.]

As added by P.L.2-1992, SEC.11.

IC 12-17-13-9 Administrative rules

Sec. 9. The director of the division may adopt rules under IC 4-22-2 to carry out this chapter, including rules specifying the following:

(1) Standards for the hiring of staff for a preschool child care program.

(2) Cost and expense standards for the establishment and operation of a preschool child care program within a school and within a facility other than a school.

(3) A sliding fee scale for use by preschool child care programs that are operating under a grant under this chapter.

(4) Minimum staff to child ratios for a preschool child care program.

(5) Physical space requirements for a preschool child care program, including indoor and outdoor space.

(6) Nutrition requirements for a preschool child care program.

(7) Standards for the provision of emergency health services in a preschool child care program.

(8) Application guidelines and deadlines.

(9) A method for establishing priority of applicants.

[Pre-1992 Revision Citation: 4-28-6.2-9.]

As added by P.L.2-1992, SEC.11.

IC 12-17-14 Chapter 14. Repealed

[Pre-1992 Revision Citations:

12-17-14-1	formerly 12-3-30-2
12-17-14-2	formerly 12-3-30-3
12-17-14-3	formerly 12-3-30-5
12-17-14-4	formerly 12-3-30-6
12-17-14-5	formerly 16-17-2-1
12-17-14-6	formerly 16-17-3-1
12-17-14-7	formerly 16-17-4-1
12-17-14-8	formerly 16-17-4-2
12-17-14-9	formerly 16-17-4-3
12-17-14-10	formerly 16-17-4-4
12-17-14-11	formerly 16-17-4-5
12-17-14-12	formerly 16-17-4-6
12-17-14-13	formerly 16-17-4-7
12-17-14-14	formerly 16-17-4-8
12-17-14-15	formerly 16-17-4-9
12-17-14-16	formerly 16-17-4-10
12-17-14-17	formerly 16-17-5-1
12-17-14-18	formerly 16-17-5-2.]

Repealed by P.L.21-1992, SEC.16.

IC 12-17-15 Chapter 15. Repealed

Repealed by P.L.93-2006, SEC.19.

IC 12-17-16 Chapter 16. Repealed

Repealed by P.L.145-2006, SEC.376.

IC 12-17-17 Chapter 17. Repealed

Repealed by P.L.128-2012, SEC.15.

IC 12-17-18 Chapter 18. Repealed

Repealed by P.L.273-1999, SEC.181.

IC 12-17-19 Chapter 19. Repealed

[Pre-2005 Elementary and Secondary Education Recodification Citations:

12-17-19-1	formerly 20-1-1.8-1
12-17-19-2	formerly 20-1-1.8-2
12-17-19-3	formerly 20-1-1.8-3
12-17-19-4	formerly 20-1-1.8-4
12-17-19-5	formerly 20-1-1.8-5
12-17-19-6	formerly 20-1-1.8-6
12-17-19-7	formerly 20-1-1.8-7
12-17-19-8	formerly 20-1-1.8-8
12-17-19-9	formerly 20-1-1.8-9
12-17-19-10	formerly 20-1-1.8-10
12-17-19-11	formerly 20-1-1.8-11
12-17-19-12	formerly 20-1-1.8-11.1
12-17-19-13	formerly 20-1-1.8-12
12-17-19-14	formerly 20-1-1.8-13
12-17-19-15	formerly 20-1-1.8-14
12-17-19-16	formerly 20-1-1.8-15
12-17-19-17	formerly 20-1-1.8-16
12-17-19-18	formerly 20-1-1.8-17
12-17-19-19	formerly 20-1-1.8-17.2
12-17-19-20	formerly 20-1-1.8-18
12-17-19-21	formerly 20-1-1.8-19
12-17-19-22	formerly 20-1-1.8-20
12-17-19-23	formerly 20-1-1.8-21
12-17-19-24	formerly 20-1-1.8-22
12-17-19-25	formerly 20-1-1.8-23.]

Repealed by P.L.210-2015, SEC.53.

IC 12-17.2 ARTICLE 17.2. DAY CARE REGULATION

Ch. 1.	Applicability
Ch. 2.	General Powers and Duties of the Division
Ch. 2.5.	Child Care Advisory Committees
Ch. 3.	Repealed
Ch. 3.1.	Repealed
Ch. 3.2.	Repealed
Ch. 3.3.	Repealed
Ch. 3.5.	Eligibility of Child Care Provider to Receive Reimbursement Through Voucher Program
Ch. 3.6.	Repealed
Ch. 3.7.	Repealed
Ch. 3.8.	Early Education Evaluation Program
Ch. 4.	Regulation of Child Care Centers
Ch. 5.	Regulation of Child Care Homes
Ch. 6.	Regulation of Child Care Ministries
Ch. 7.2.	Prekindergarten Program
Ch. 7.5.	Technology Based In-Home Early Education
Ch. 7.6.	Micro Facility Pilot Program

IC 12-17.2-1 Chapter 1. Applicability

12-17.2-1-1	Application of article

IC 12-17.2-1-1 Application of article

Sec. 1. Except as provided in IC 12-17.2-3.5, this article does not apply to the following:

(1) A child care center or child care home licensed or operated by any of the following:

(A) Programs for children in grades kindergarten through 12 that are operated under the authority of the department of education or that are operated with the assistance of the department of education.

(B) The division of mental health and addiction.

(C) The Indiana department of health.

(D) The department of correction.

(2) A person who provides child care in the person's residential structure, if the person:

(A) does not receive regular compensation for child care;

(B) cares only for children who are related to the provider;

(C) cares for less than eight (8) children, not including a child who is:

(i) a relative of a provider;

(ii) under the custody or guardianship of a provider; or

(iii) at least fourteen (14) years of age and does not require child care; or

(D) provides child care for less than six (6) hours per day, but not more than thirty (30) hours per week.

(3) A county jail or detention center.

As added by P.L.1-1993, SEC.141. Amended by P.L.215-2001, SEC.50; P.L.56-2023, SEC.116; P.L.134-2024, SEC.3.

IC 12-17.2-2 Chapter 2. General Powers and Duties of the Division

12-17.2-2-1	Duties of division
12-17.2-2-1.5	Child care center or child care home reports of children enrolled; parental consent to submission of information
12-17.2-2-2	Powers of division
12-17.2-2-3	Division of family resources child care fund
12-17.2-2-4	Child care center licensing and inspection rules
12-17.2-2-5	Child care ministry inspection rules
12-17.2-2-5.5	Administrative rules and policy statements
12-17.2-2-6	Monitoring of licensed entities
12-17.2-2-7	Investigation of complaints
12-17.2-2-8	Licensure exemptions
12-17.2-2-9	Migrant children's programs
12-17.2-2-10	Variances and waivers
12-17.2-2-11	Expiration of variances and waivers
12-17.2-2-12	Renewal of variances and waivers
12-17.2-2-13	Revocation of variances and waivers
12-17.2-2-14	Repealed
12-17.2-2-14.2	Paths to QUALITY program established
12-17.2-2-14.4	State police department release results of national criminal history background check; division prohibited from releasing records
12-17.2-2-15	Multi-site child care center licenses

IC 12-17.2-2-1 Duties of division

Sec. 1. The division shall perform the following duties:

(1) Administer the licensing and monitoring of child care centers or child care homes in accordance with this article.

(2) Ensure that a national criminal history background check of the following is completed through the state police department under IC 10-13-3-39 before issuing a license:

(A) An applicant for a license.

(B) An employee or volunteer of an applicant who may be present on the premises of the child care center or child care home during the operating hours of the child care center or child care home.

(C) If an applicant is applying for a license to operate a child care home, the following:

(i) The applicant's spouse.

(ii) The applicant's household members who are at least eighteen (18) years of age or who are less than eighteen (18) years of age but have previously been waived from juvenile court to adult court.

(3) Ensure that a national criminal history background check of the following is completed through the state police department under IC 10-13-3-39 before registering a child care ministry:

(A) An applicant for a child care ministry registration.

(B) An employee or volunteer of an applicant who may be present on the premises of the child care ministry during the operating hours of the child care ministry.

(4) Provide for the issuance, denial, suspension, and revocation of licenses.

(5) Cooperate with governing bodies of child care centers and child care homes and their staffs to improve standards of child care.

(6) Prepare at least biannually a directory of licensees with a description of the program capacity and type of children served that will be distributed to the legislature, licensees, and other interested parties as a public document.

(7) Deposit all license application fees collected under section 2 of this chapter in the division of family resources child care fund established by section 3 of this chapter.

(8) Require each child care center or child care home to record proof of a child's date

of birth before accepting the child. A child's date of birth may be proven by the child's original birth certificate or other reliable proof of the child's date of birth, including a duly attested transcript of a birth certificate.

(9) Provide a website through which members of the public may obtain the following information:

(A) Information concerning violations of this article by a licensed child care provider, including:

(i) the identity of the child care provider;

(ii) the date of the violation; and

(iii) action taken by the division in response to the violation.

(B) Current status of a child care provider's license.

(C) Other relevant information.

The website may not contain the address of a child care home or information identifying an individual child. However, the website may include the county and ZIP code in which a child care home is located.

(10) Provide or approve training concerning safe sleeping practices for children to:

(A) a provider who operates a child care program in the provider's home as described in IC 12-17.2-3.5-12.5;

(B) a child care home licensed under IC 12-17.2-5;

(C) a child care center licensed under IC 12-17.2-4; and

(D) a child care ministry registered under IC 12-17.2-6;

including practices to reduce the risk of sudden infant death syndrome.

As added by P.L.1-1993, SEC.141. Amended by P.L.12-1994, SEC.6; P.L.241-2003, SEC.5; P.L.162-2005, SEC.1; P.L.16-2006, SEC.1; P.L.145-2006, SEC.91; P.L.1-2009, SEC.105; P.L.287-2013, SEC.4; P.L.53-2018, SEC.4; P.L.121-2020, SEC.1; P.L.1-2025, SEC.171.

IC 12-17.2-2-1.5 Child care center or child care home reports of children enrolled; parental consent to submission of information

Sec. 1.5. (a) The division shall require all child care centers or child care homes to submit a report containing the names and birth dates of all children who are enrolled in the child care center or child care home within three (3) months from the date the child care center or child care home accepts its first child, upon receiving the consent of the child's parent, guardian, or custodian as required under subsection (b). The division shall require all child care centers and child care homes that receive written consent as described under subsection (b) to submit a monthly report of the name and birth date of each additional child who has been enrolled in or withdrawn from the child care center or child care home during the preceding thirty (30) days.

(b) The division shall require all child care centers or child care homes to request whether the child's parent, guardian, or custodian desires the center or home to include the child's name and birth date in the reports described under subsection (a) before enrolling the child in the center or home. No child's name or birth date may be included on the report required under subsection (a) without the signed consent of the child's parent, guardian, or custodian. The consent form must be in the following form:

"I give my permission for _____ (name of day care center or home) to report the name and birth date of my child or children to the division of family resources pursuant to IC 12-17.2-2-1.5.

Name of child _____

Birth date _____

Signature of parent, guardian, or custodian

_____

Date _____".

(c) The division shall submit a monthly report of the information provided under subsection (a) to the Indiana clearinghouse for information on missing children, missing

veterans at risk, and missing endangered adults established under IC 10-13-5.

(d) The division shall require that a person who transports children who are in the care of the child care center on a public highway (as defined in IC 9-25-2-4) within or outside Indiana in a vehicle designed and constructed for the accommodation of more than ten (10) passengers must comply with the same requirements set forth in IC 20-27-9-12 for a public elementary or secondary school or a preschool operated by a school corporation.

As added by P.L.12-1994, SEC.7. Amended by P.L.278-2001, SEC.1; P.L.2-2003, SEC.41; P.L.1-2005, SEC.135; P.L.145-2006, SEC.92; P.L.43-2009, SEC.13; P.L.40-2024, SEC.21.

IC 12-17.2-2-2 Powers of division

Sec. 2. The division may do the following:

(1) Prescribe forms for reports, statements, notices, and other documents required by this article or by the rules adopted under this article.

(2) Increase public awareness of this article and the rules adopted under this article by preparing and publishing manuals and guides explaining this article and the rules adopted under this article.

(3) Facilitate compliance with and enforcement of this article through the publication of materials under subdivision (2).

(4) Prepare reports and studies to advance the purpose of this article.

(5) Seek the advice and recommendations of state agencies whose information and knowledge would be of assistance in writing, revising, or monitoring rules developed under this article. These agencies, including the office of the attorney general, Indiana department of health, division of mental health and addiction, bureau of criminal identification and investigation, and fire prevention and building safety commission, shall upon request supply necessary information to the division.

(6) Make the directory of licensees available to the public for a charge not to exceed the cost of reproducing the directory.

(7) Charge a reasonable processing fee for each license application and renewal as follows:

(A) For a child care center license, a fee of two dollars ($2) per licensed child capacity.

(B) For a child care center new inquiry application packet, a fee not to exceed five dollars ($5).

(C) For a child care home license new inquiry application packet, a fee not to exceed five dollars ($5).

(D) For a child care home annual inspection, a fee not to exceed twenty-five dollars ($25).

(8) Exercise any other regulatory and administrative powers necessary to carry out the functions of the division.

As added by P.L.1-1993, SEC.141. Amended by P.L.215-2001, SEC.51; P.L.56-2023, SEC.117.

IC 12-17.2-2-3 Division of family resources child care fund

Sec. 3. (a) The division of family resources child care fund is established for the purpose of providing training and facilitating compliance with and enforcement of this article. The fund shall be administered by the division.

(b) The fund consists of the fees and civil penalties collected under this article.

(c) The expenses of administering the fund shall be paid from money in the fund.

(d) The treasurer of state shall invest the money in the fund not currently needed to meet the obligations of the fund in the same manner as other public funds may be invested. Interest that accrues from these investments shall be deposited in the fund.

(e) Money in the fund at the end of a state fiscal year does not revert to the state general fund.

(f) Money in the fund is continuously appropriated to carry out the purposes of this article.

As added by P.L.1-1993, SEC.141. Amended by P.L.145-2006, SEC.93; P.L.108-2019, SEC.199.

IC 12-17.2-2-4 Child care center licensing and inspection rules

Sec. 4. (a) The division shall adopt rules under IC 4-22-2 concerning the licensing and inspection of child care centers and child care homes after consultation with the following:

(1) Indiana department of health.

(2) Fire prevention and building safety commission.

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

As added by P.L.1-1993, SEC.141. Amended by P.L.210-2015, SEC.54; P.L.56-2023, SEC.118.

IC 12-17.2-2-5 Child care ministry inspection rules

Sec. 5. (a) The division shall adopt rules under IC 4-22-2 to govern the inspection of child care ministries under this article. The rules must provide standards for sanitation.

(b) A child care ministry shall comply with rules established by the division for child care ministries.

As added by P.L.1-1993, SEC.141. Amended by P.L.159-1995, SEC.1.

IC 12-17.2-2-5.5 Administrative rules and policy statements

Sec. 5.5. (a) Notwithstanding IC 12-7-2-149.1, as used in this section, "provider" means a person who provides child care under this article.

(b) When the division adopts an administrative rule or a policy statement to administer this article, the division shall make the administrative rule or policy statement available to the public upon request.

(c) When the division adopts an administrative rule or a policy statement to administer this article, the administrative rule or policy statement must specifically identify the type of provider to which the administrative rule or policy statement applies.

(d) When the division provides information to the public concerning an administrative rule or a policy statement adopted by the division, each document provided must specifically identify the type of provider to which the administrative rule or policy statement applies.

As added by P.L.19-2003, SEC.2. Amended by P.L.241-2003, SEC.4.

IC 12-17.2-2-6 Monitoring of licensed entities

Sec. 6. (a) The division shall monitor entities licensed under this article for the continued compliance with this article and the rules adopted by the division.

(b) The division shall conduct monitoring activities that include onsite inspections, record reading, observation, and interviewing.

(c) The division shall conduct an onsite licensing study at least one (1) time a year in announced or unannounced visits.

(d) The division is entitled to access to the premises, personnel, children in care, and records, including case records, foster care records, personnel files, corporate and fiscal records, and board minutes. Access shall also be provided to personnel from other state agencies or other persons who provide inspections at the request of the division.

As added by P.L.1-1993, SEC.141.

IC 12-17.2-2-7 Investigation of complaints

Sec. 7. The division shall investigate complaints to determine possible noncompliance with the rules adopted by the division. The licensee is entitled to add comments concerning

a complaint to the licensing file. The division shall consider all formal complaints against a licensee before a license may be renewed.
As added by P.L.1-1993, SEC.141.

IC 12-17.2-2-8 Licensure exemptions

Sec. 8. The division shall exempt from licensure the following programs:

(1) A program for children enrolled in grades kindergarten through 12 that is operated by the department of education or a public or private school.

(2) A program for children who become at least three (3) years of age as of December 1 of a particular school year (as defined in IC 20-18-2-17) that is operated by the department of education or a public or private school.

(3) A nonresidential program for a child that provides child care for less than four (4) hours a day.

(4) A recreation program for children that operates for not more than ninety (90) days in a calendar year.

(5) A program whose primary purpose is to provide social, recreational, or religious activities for school age children, such as scouting, boys club, girls club, sports, or the arts.

(6) A program operated to serve migrant children that:

(A) provides services for children from migrant worker families; and

(B) is operated during a single period of less than one hundred twenty (120) consecutive days during a calendar year.

(7) A child care ministry registered under IC 12-17.2-6.

(8) A child care home if the provider operates to serve migrant children.

(9) A child care program operated by a public or private school that does the following:

(A) Provides day care on school property for children in the school corporation in which the public or private school is located.

(B) Complies with health, safety, and sanitation standards as determined by the division under section 4 of this chapter for child care centers or in accordance with a variance or waiver of a rule governing child care centers approved by the division under section 10 of this chapter.

(C) Substantially complies with the fire and life safety rules as determined by the state fire marshal under rules adopted by the division under section 4 of this chapter for child care centers or in accordance with a variance or waiver of a rule governing child care centers approved by the division under section 10 of this chapter.

(10) A school age child care program (commonly referred to as a latch key program) established under IC 20-26-5-2 that is operated by:

(A) the department of education;

(B) a public or private school; or

(C) a public or private organization under a written contract with:

(i) the department of education; or

(ii) a public or private school.

(11) A child care program that:

(A) is operated by a public or private organization under a contract with a public or private school;

(B) serves children who are enrolled in the public or private school in:

(i) grades kindergarten through 12; or

(ii) a preschool program offered by a public or private school as described in this subdivision; and

(C) serves children who are:

(i) attending school through remote or e-learning due to a disaster emergency declared under IC 10-14-3-12 or IC 10-14-3-29; or

(ii) participating in a learning recovery program that administers an assessment to

measure student learning loss and provides Indiana academic standards aligned instruction.

(12) An educational program:

(A) consisting of a group of not more than ten (10) students who attend the educational program in lieu of attending prekindergarten or kindergarten through grade 12 at a public or private school;

(B) whose students meet in a single classroom in person or outside a classroom and which may include mixed age level groupings; and

(C) that is under the supervision of a teacher or tutor.

(13) If located in the same public or private school building:

(A) a preschool program that is operated by the public or private school; and

(B) either or both of the following:

(i) A child care program described in subdivision (9).

(ii) A school age child care program described in subdivision (10).

(14) A child care program operated by a public or private school that does the following:

(A) Provides day care on school property for children of employees of a business or organization with which the school has entered into a contract to provide services. If the school property is owned by the school, the school property must have been both:

(i) owned by the school; and

(ii) used for child care;

on or before January 1, 2024.

(B) Complies with health, safety, and sanitation standards as determined by the division under section 4 of this chapter for child care centers or in accordance with a variance or waiver of a rule governing child care centers approved by the division under section 10 of this chapter.

(C) Substantially complies with the fire and life safety rules as determined by the state fire marshal under rules adopted by the division under section 4 of this chapter for child care centers or in accordance with a variance or waiver of a rule governing child care centers approved by the division under section 10 of this chapter.

As added by P.L.1-1993, SEC.141. Amended by P.L.61-1993, SEC.8; P.L.136-1993, SEC.6; P.L.2-1995, SEC.50; P.L.50-2001, SEC.1; P.L.1-2005, SEC.136; P.L.173-2021, SEC.1; P.L.216-2021, SEC.3; P.L.220-2021, SEC.6; P.L.81-2022, SEC.1; P.L.134-2024, SEC.4; P.L.160-2025, SEC.1.

IC 12-17.2-2-9 Migrant children's programs

Sec. 9. (a) A program operated to serve migrant children that is exempted under section 8(6) of this chapter and is certified by the United States Department of Health and Human Services shall be:

(1) granted a provisional license by the division, for a limited period not to exceed one (1) year and that is subject to review every three (3) months, if the division determines that the program reasonably complies with the rules adopted by the division; and

(2) inspected by the department of homeland security.

(b) The division and the fire prevention and building safety commission shall adopt rules under IC 4-22-2 that apply only to programs operated to serve migrant children that take into consideration the fact that the programs:

(1) operate in donated space;

(2) provide services for children from migrant worker families; and

(3) are operated during a single period of less than one hundred twenty (120) consecutive days during a calendar year.

(c) This section does not prohibit a program operated to serve migrant children from applying for a license under this article.

As added by P.L.1-1993, SEC.141. Amended by P.L.1-2006, SEC.192; P.L.187-2021, SEC.44.

IC 12-17.2-2-10 Variances and waivers

Sec. 10. (a) The division may grant a variance or waiver of a rule governing a provider. A variance or waiver granted under this section must promote statewide practices and must protect the rights of persons affected by this article.

(b) The division may grant a variance to a rule if a provider does the following:

(1) Submits to the division a written request for the variance in the form and manner specified by the division.

(2) Documents that compliance with an alternative method of compliance approved by the division will not be adverse to the health, safety, or welfare of a child receiving services from the applicant for the variance, as determined by the division.

(c) A variance granted under subsection (b) must be conditioned upon compliance with the alternative method approved by the division. Noncompliance constitutes the violation of a rule of the division and may be the basis for revoking the variance.

(d) The division may grant a waiver of a rule if a provider does the following:

(1) Submits to the division a written request for the waiver in the form and manner specified by the division.

(2) Documents that compliance with the rule specified in the application for the waiver will create an undue hardship on the applicant for the waiver, as determined by the division.

(3) Documents that the applicant for the waiver will be in substantial compliance with the rules adopted by the division after the waiver is granted, as determined by the division.

(4) Documents that noncompliance with the rule specified in the application for a waiver will not be adverse to the health, safety, or welfare of a child receiving services from the applicant for the waiver, as determined by the division.

(e) Except for a variance or waiver of a rule governing child care homes, a variance or waiver of a rule under this section that conflicts with a building rule or fire safety rule adopted by the fire prevention and building safety commission is not effective until the variance or waiver is approved by the fire prevention and building safety commission.

As added by P.L.1-1993, SEC.141. Amended by P.L.136-1993, SEC.7; P.L.2-1995, SEC.51; P.L.145-2006, SEC.94; P.L.225-2013, SEC.5.

IC 12-17.2-2-11 Expiration of variances and waivers

Sec. 11. A waiver or variance granted under section 10 of this chapter and a waiver or variance renewed under section 12 of this chapter expires on the earlier of the following:

(1) The date when the license affected by the waiver or variance expires.

(2) The date set by the division for the expiration of the waiver or variance.

(3) The occurrence of the event set by the division for the expiration of the waiver or variance.

(4) Three (3) years after the date that the waiver or variance becomes effective.

As added by P.L.1-1993, SEC.141. Amended by P.L.160-2025, SEC.2.

IC 12-17.2-2-12 Renewal of variances and waivers

Sec. 12. (a) If the division determines that a waiver or variance expiring under section 11 of this chapter will continue to serve the public interest, the division may do the following:

(1) Renew the waiver or variance without modifications.

(2) Renew and modify the waiver or variance as needed to promote statewide practices and to protect the rights of persons affected by this article.

(b) Before taking an action under subsection (a), the division may require a licensee under this article to do the following:

(1) Apply for the renewal of a waiver or variance on the form specified by the division.

(2) Provide the information required by the division.

(c) Except for a waiver or variance of a rule governing child care homes or foster homes, before taking an action under subsection (a), the division must obtain the approval of the fire prevention and building safety commission for the action if either of the following occurs:

(1) The fire prevention and building safety commission substantially changes a building rule or fire safety rule affected by the waiver or variance after the date the commission last approved the waiver or variance.

(2) The division substantially modifies any part of a waiver or variance that conflicts with a building rule or fire safety rule adopted by the fire prevention and building safety commission.

As added by P.L.1-1993, SEC.141. Amended by P.L.136-1993, SEC.8.

IC 12-17.2-2-13 Revocation of variances and waivers

Sec. 13. (a) If a licensee under this article violates a condition of a waiver or variance under this chapter, the division may issue an order revoking the waiver or variance before the waiver or variance expires under section 11 of this chapter.

(b) If the waiver or variance is revoked under subsection (a), the licensee is entitled to notice and an opportunity for a hearing as provided under this article.

As added by P.L.1-1993, SEC.141.

IC 12-17.2-2-14 Repealed

As added by P.L.205-2013, SEC.210 and P.L.287-2013, SEC.5. Repealed by P.L.2-2014, SEC.66; P.L.2-2014, SEC.67.

IC 12-17.2-2-14.2 Paths to QUALITY program established

Sec. 14.2. (a) As used in this section, "program" refers to the paths to QUALITY program established by subsection (b).

(b) The paths to QUALITY program is established. The program is a voluntary child care facility quality rating and improvement system implemented by the division in partnership with the following organizations under the trademark "Paths to QUALITY":

(1) Indiana Association for the Education of Young Children.

(2) Indiana Association for Child Care Resource and Referral.

(3) Indiana Head Start Collaboration Office.

(4) Department of education established by IC 20-19-3-1.

(5) Early Childhood Alliance.

(6) 4C of Southern Indiana.

(c) The program shall use four (4) levels at which a child care facility participating in the program may be rated, with Level 4 indicating the highest level of quality child care.

(d) The office of the secretary shall adopt rules under IC 4-22-2 to administer the paths to QUALITY program rating system. The rules must include procedures that outline eligibility and application procedures for the program, the establishment of procedures relating to the rating process, and the establishment or alteration of standards used in the rating process.

(e) The office of the secretary shall adopt rules under IC 4-22-2 to establish the steering council of the program to make recommendations to the division on program issues and resources. Rules adopted under this subsection must require that council members be appointed from partner organizations that assist in the implementation of the program and serve to coordinate the program plan.

As added by P.L.2-2014, SEC.68.

IC 12-17.2-2-14.4 State police department release results of national criminal history background check; division prohibited from releasing

records

Sec. 14.4. (a) The state police department shall release the results of a national criminal history background check conducted in accordance with this article to the division.

(b) The division may not release records received from the state police department under subsection (a).

As added by P.L.2-2014, SEC.69.

IC 12-17.2-2-15 Multi-site child care center licenses

Sec. 15. (a) Not later than June 30, 2026, the division shall establish an organizational license category for multi-site child care centers operating under one (1) owner.

(b) In establishing the license category under subsection (a), the division shall do the following:

(1) Allow an owner to make a single license application for one (1) or more child care centers and assign each owner's license a unique license number.

(2) Allow an owner to pay a single licensure fee even if applying for multiple child care center locations, which must be equal to the fee that the owner would pay for each separate child care license under section 2 of this chapter.

(3) Assign each owner a separate location number for each facility.

(4) Monitor each facility separately by location number to ensure that each facility separately meets important health and safety standards.

(5) Inspect each location number separately for compliance, create separate plans of correction for each location number, and provide location number based enforcement that does not affect the other location numbers.

(6) Provide maximum flexibility to an owner when the owner is considering adding new locations to serve a community's need for licensed child care.

(7) Reduce redundancy in the application process for an owner.

(8) Reduce the administrative burden to the state in reviewing multiple licenses for a single owner.

(9) Consider the maximum efficiencies for the organizational license holder to drive down operational costs for the child care center owner.

As added by P.L.160-2025, SEC.3.

IC 12-17.2-2.5 Chapter 2.5. Child Care Advisory Committees

12-17.2-2.5-1 Establishment of committees
12-17.2-2.5-2 Purpose
12-17.2-2.5-3 Membership
12-17.2-2.5-4 Meetings
12-17.2-2.5-5 Attendance
12-17.2-2.5-6 Annual reports
12-17.2-2.5-7 Compensation

IC 12-17.2-2.5-1 Establishment of committees

Sec. 1. The division shall establish a child care advisory committee for each of the following categories of child care:

(1) Child care homes.

(2) Child care centers.

As added by P.L.126-2007, SEC.1.

IC 12-17.2-2.5-2 Purpose

Sec. 2. The purpose of each committee is to provide to the division information, advice, and assistance concerning implementation of child care regulations.

As added by P.L.126-2007, SEC.1.

IC 12-17.2-2.5-3 Membership

Sec. 3. Each committee must consist of members appointed:

(1) by the secretary or the secretary's designee; and

(2) to provide diversity in representing the types of child care that comprise the committee's category specified in section 1 of this chapter, including size, licensure status, accreditation status, and geographic location in Indiana.

As added by P.L.126-2007, SEC.1. Amended by P.L.35-2016, SEC.48.

IC 12-17.2-2.5-4 Meetings

Sec. 4. Meetings of each committee must be held on a quarterly basis.

As added by P.L.126-2007, SEC.1.

IC 12-17.2-2.5-5 Attendance

Sec. 5. The child care administrator of the division (or the child care administrator's designee) and other representatives of the division shall attend the meetings of each committee.

As added by P.L.126-2007, SEC.1.

IC 12-17.2-2.5-6 Annual reports

Sec. 6. Each committee shall annually report to the interim study committee on public health, behavioral health, and human services established by IC 2-5-1.3-4 in an electronic format under IC 5-14-6 concerning the committee's activities during the previous year.

As added by P.L.126-2007, SEC.1. Amended by P.L.53-2014, SEC.109.

IC 12-17.2-2.5-7 Compensation

Sec. 7. Members of each committee serve without compensation.

As added by P.L.126-2007, SEC.1.

IC 12-17.2-3 Chapter 3. Repealed

Repealed by P.L.253-1997(ss), SEC.45.

IC 12-17.2-3.1 Chapter 3.1. Repealed

Repealed by P.L.107-2005, SEC.3.

IC 12-17.2-3.2 Chapter 3.2. Repealed

Repealed by P.L.1-2007, SEC.248.

IC 12-17.2-3.3 Chapter 3.3. Repealed

Repealed by P.L.53-2014, SEC.110.

IC 12-17.2-3.5 Chapter 3.5. Eligibility of Child Care Provider to Receive Reimbursement Through Voucher Program

12-17.2-3.5-0.1 Application of certain amendments to chapter
12-17.2-3.5-1 Applicability of chapter
12-17.2-3.5-1.2 "Child care program"
12-17.2-3.5-1.3 "Employed"; "employee"; "employment"; "employs"
12-17.2-3.5-1.7 Repealed
12-17.2-3.5-2 Repealed
12-17.2-3.5-3 "Voucher payment"
12-17.2-3.5-3.5 Eligibility for voucher payments
12-17.2-3.5-4 Ineligible providers; enforcement actions; decertification; division consideration of religious instruction or activity
12-17.2-3.5-4.1 Perpetrators ineligible
12-17.2-3.5-5 Facility requirements; activities; nutrition; educational materials
12-17.2-3.5-5.5 Supervision of children; ratios and group sizes
12-17.2-3.5-6 Repealed
12-17.2-3.5-7 Parent notification plan; discipline policy; parent visits
12-17.2-3.5-8 Caregiver requirements; education; documentation
12-17.2-3.5-8 Caregiver requirements; education; documentation
12-17.2-3.5-8.5 Child abuse or neglect reporting
12-17.2-3.5-9 Communication devices
12-17.2-3.5-10 Fire safety requirements
12-17.2-3.5-11 Safety
12-17.2-3.5-11.1 Immunizations
12-17.2-3.5-12 National criminal history background check; temporary eligibility; exceptions; fees or costs; meet certain requirements by July 1, 2014
12-17.2-3.5-12.1 Drug testing
12-17.2-3.5-12.5 Safe sleeping practices; violations; penalties
12-17.2-3.5-13 Local step ahead councils
12-17.2-3.5-14 Administrative review
12-17.2-3.5-14.5 Develop provider rate reimbursement schedule; incentive to meet standards of quality
12-17.2-3.5-15 Rulemaking
12-17.2-3.5-16 Decertification and revocation of eligibility
12-17.2-3.5-17 Imminent threats to children
12-17.2-3.5-18 Child abuse and neglect
12-17.2-3.5-19 Notifications of injury or death of child

IC 12-17.2-3.5-0.1 Application of certain amendments to chapter

Sec. 0.1. The amendments made to section 10 of this chapter by P.L.131-2002 apply to a provider that begins receiving voucher payments after June 30, 2002.

As added by P.L.220-2011, SEC.268.

IC 12-17.2-3.5-1 Applicability of chapter

Sec. 1. (a) This chapter applies to all child care providers regardless of whether a provider is required to be licensed or registered under this article. However, except as provided in section 4(b) of this chapter, a child care provider that is licensed under IC 12-17.2-4 or IC 12-17.2-5 is considered to be in compliance with this chapter.

(b) If a school age child care program that is:

(1) described in IC 12-17.2-2-8(10); and

(2) located in a school building;

is determined to be in compliance with a requirement of this chapter by another state regulatory authority, the school age child care program is considered to be in compliance with the requirement under this chapter.

As added by P.L.247-2001, SEC.3. Amended by P.L.18-2003, SEC.8; P.L.16-2006, SEC.2; P.L.124-2007, SEC.4; P.L.225-2013, SEC.6.

IC 12-17.2-3.5-1.2 "Child care program"

Sec. 1.2. As used in this chapter, "child care program" refers to the activities provided for children during the time that children are in the care of a provider.

As added by P.L.18-2003, SEC.9.

IC 12-17.2-3.5-1.3 "Employed"; "employee"; "employment"; "employs"

Sec. 1.3. As used in this chapter, "employed", "employee", "employment", or "employs" refers to services performed by an individual for compensation. The terms do not refer to services performed by an individual who volunteers, including an individual who provides assistance and receives an allowance, a stipend, or other support under the federal Foster Grandparent Program (42 U.S.C. 5011).

As added by P.L.18-2003, SEC.10. Amended by P.L.7-2015, SEC.37.

IC 12-17.2-3.5-1.7 Repealed

As added by P.L.18-2003, SEC.11. Repealed by P.L.225-2013, SEC.7.

IC 12-17.2-3.5-2 Repealed

As added by P.L.247-2001, SEC.3. Repealed by P.L.18-2003, SEC.34.

IC 12-17.2-3.5-3 "Voucher payment"

Sec. 3. As used in this chapter, "voucher payment" means payment for child care through the federal Child Care and Development Fund voucher program administered under 45 CFR 98 and 45 CFR 99.

As added by P.L.247-2001, SEC.3.

IC 12-17.2-3.5-3.5 Eligibility for voucher payments

Sec. 3.5. A child care provider is eligible to receive a voucher payment if the provider complies with this chapter and meets any of the following:

(1) Does not receive regular compensation.

(2) Cares only for children who are related to the provider.

(3) Cares for less than eight (8) children, not including children for whom the provider is a parent, stepparent, guardian, custodian, or other relative.

(4) Operates to serve migrant children.

As added by P.L.134-2024, SEC.5. Amended by P.L.1-2025, SEC.172.

IC 12-17.2-3.5-4 Ineligible providers; enforcement actions; decertification; division consideration of religious instruction or activity

Sec. 4. (a) A provider is ineligible to receive a voucher payment if the provider:

(1) has been convicted of a:

(A) felony:

(i) related to the health or safety of a child;

(ii) that is a sex offense (as defined in IC 11-8-8-5.2);

(iii) that is a dangerous felony; or

(iv) that is not a felony otherwise described in items (i) through (iii), and less than ten (10) years have elapsed from the date the person was discharged from probation, imprisonment, or parole, whichever discharge date is latest;

(B) misdemeanor related to:

(i) the health or safety of a child; or

(ii) welfare fraud;

(C) misdemeanor for operating a child care center without a license under IC 12-17.2-4-35, or of a substantially similar offense committed in another jurisdiction if the offense is directly or indirectly related to jeopardizing the health or safety of a child; or

(D) misdemeanor for operating a child care home without a license under IC 12-17.2-5-35, or of a substantially similar offense committed in another jurisdiction if the offense is directly or indirectly related to jeopardizing the health or safety of a child;

(2) allows an individual who has been convicted of a crime specified under subdivision (1) to reside with the provider, if the provider operates a child care program in the provider's home;

(3) employs an individual or allows an individual to volunteer who:

(A) may be on the premises of the facility where the provider operates a child care program during operating hours of the child care program; and

(B) has been convicted of a crime specified in subdivision (1);

(4) has had a revocation of eligibility under this chapter during the immediately preceding two (2) years; or

(5) fails to meet the requirements of this chapter.

(b) A provider whose:

(1) license under IC 12-17.2-4 or IC 12-17.2-5; or

(2) compliance with this chapter;

is subject to an enforcement action is ineligible to receive a voucher payment, regardless of whether the provider meets the requirements of this chapter, until the outcome of any proceeding under IC 4-21.5 reflects a final determination that the provider's license or eligibility is in good standing.

(c) If the division decertifies a provider under this chapter, the provider:

(1) may reapply for eligibility to receive a voucher payment at any time that the provider is able to demonstrate compliance with this chapter; and

(2) is not eligible to receive a voucher payment under this chapter until the provider receives notice from the division that the provider's application under subdivision (1) has been approved.

(d) In determining whether a provider meets the requirements of this chapter, the division may not consider religious instruction or activities.

As added by P.L.247-2001, SEC.3. Amended by P.L.109-2002, SEC.2; P.L.18-2003, SEC.12; P.L.287-2013, SEC.6; P.L.225-2013, SEC.8; P.L.171-2014, SEC.2; P.L.121-2020, SEC.2.

IC 12-17.2-3.5-4.1 Perpetrators ineligible

Sec. 4.1. (a) This section applies to the following:

(1) A provider, if the provider is an individual.

(2) If a provider operates a child care program in the provider's home, an individual who resides with the provider and who is at least eighteen (18) years of age.

(3) An individual who:

(A) is employed; or

(B) volunteers;

at the facility where a provider operates a child care program.

(b) If information used by the division under IC 31-33-26-16(a)(10) or obtained by the division under section 18 of this chapter indicates that an individual described in subsection (a) has been named as a perpetrator, the following are ineligible to receive a voucher payment:

(1) The individual.

(2) A provider in whose home the individual resides if the provider operates a child care program in the provider's home.

(3) A provider that:

(A) employs the individual; or

(B) allows the individual to volunteer;

at the facility where the provider operates a child care program.

As added by P.L.109-2002, SEC.3. Amended by P.L.18-2003, SEC.13; P.L.225-2013, SEC.9.

IC 12-17.2-3.5-5 Facility requirements; activities; nutrition; educational materials

Sec. 5. (a) A provider shall have:

(1) working smoke detectors that meet the standards adopted by rule for smoke detectors in licensed child care homes; and

(2) hot and cold running water;

in the area of the facility where the provider operates a child care program.

(b) A provider shall do all of the following:

(1) Meet sanitation standards for bathrooms and handwashing, as established by the division.

(2) If the county, city, or town in which the facility where the provider operates a child care program is located:

(A) requires a business permit or license to operate a child care home in the county, city, or town, provide to the division proof that the provider has a valid business permit or license; or

(B) does not require a business permit or license described in clause (A), provide to the division a statement from the county, city, or town that a business permit or license is not required.

(c) Beginning July 1, 2015, a provider shall have, and maintain compliance with, a written policy describing the practice of the provider concerning the following:

(1) Safe conditions in the facility and on the grounds.

(2) Safety of motor vehicles used to transport children.

(d) At the time a provider establishes the written policy required by subsection (c), and at the time of any subsequent change to the written policy, the provider shall:

(1) file with the division;

(2) post in a public location in the facility where the provider operates a child care program; and

(3) provide to the parent or guardian of each child in the care of the provider;

a copy of the written policy or change. The written policy required by subsection (c) is not subject to approval by the division.

(e) Beginning July 1, 2015, a provider shall make available daily activities appropriate to the age, developmental needs, interests, and number of children in the care of the provider, including the following:

(1) Both active and quiet play. The provider may include the use of safe, age-appropriate toys, games, and equipment for indoor and outdoor play.

(2) Daily outdoor play, unless one (1) of the following applies:

(A) Severity of the weather poses a safety or health hazard.

(B) A health related reason for a child to remain indoors is documented by the child's parent, guardian, or physician.

(f) Beginning July 1, 2015, a provider shall make available to each child in the provider's care the following:

(1) Appropriately timed, nutritious meals and snacks in a quantity sufficient to meet the needs of the child.

(2) Drinking water at all times.

(g) The division may make available to a provider educational materials related to quality of child care, as follows:

(1) The materials are available at no cost to the provider.

(2) The materials are appropriate to the ages of children cared for by the provider.

(3) The materials are current.

(4) The materials are available electronically.

(5) Use of the materials by the provider is voluntary.

As added by P.L.247-2001, SEC.3. Amended by P.L.131-2002, SEC.1; P.L.18-2003, SEC.14; P.L.225-2013, SEC.10; P.L.171-2014, SEC.3; P.L.25-2018, SEC.1.

IC 12-17.2-3.5-5.5 Supervision of children; ratios and group sizes

Sec. 5.5. (a) A provider shall ensure that a child in the provider's care is continually supervised by a caregiver.

(b) After June 30, 2015, a provider that cares for:

(1) not more than sixteen (16) children at a facility where the provider operates a child care program shall maintain:

(A) a ratio of children to caregivers in the same proportions as specified in the child to staff ratio requirements; and

(B) the same group sizes as specified in the group size requirements;

that apply to a child care home under IC 12-17.2-5; and

(2) more than sixteen (16) children at a facility where the provider operates a child care program shall maintain:

(A) a ratio of children to caregivers in the same proportions as specified in the child to staff ratio requirements; and

(B) the same group sizes as specified in the group size requirements;

that apply to a child care center under IC 12-17.2-4.

As added by P.L.18-2003, SEC.15. Amended by P.L.162-2005, SEC.2; P.L.225-2013, SEC.11; P.L.171-2014, SEC.4; P.L.53-2018, SEC.5.

IC 12-17.2-3.5-6 Repealed

As added by P.L.247-2001, SEC.3. Amended by P.L.18-2003, SEC.16. Repealed by P.L.26-2025, SEC.12.

IC 12-17.2-3.5-7 Parent notification plan; discipline policy; parent visits

Sec. 7. (a) A provider shall have written plans for notifying parents regarding the following:

(1) Illness, serious injury, or death of the provider.

(2) Care in an emergency.

(3) Emergency evacuation.

The plan required under subdivision (3) must be posted in a conspicuous location in the facility where the provider operates a child care program.

(b) A provider shall:

(1) maintain a written child discipline policy;

(2) ensure that all employees and volunteers follow the child discipline policy;

(3) provide to the parent or legal guardian of each child cared for by the provider a written copy of the child discipline policy; and

(4) maintain in each child's file a copy of the child discipline policy that has been signed by the parent or legal guardian described in subdivision (3).

(c) A provider shall allow unscheduled visits by a parent or legal guardian to a facility where the provider operates a child care program during the hours the child care program is in operation.

As added by P.L.247-2001, SEC.3. Amended by P.L.18-2003, SEC.17; P.L.225-2013, SEC.12.

IC 12-17.2-3.5-8 Caregiver requirements; education; documentation

Note: This version of section effective until 7-1-2025. See also following version of this section, effective 7-1-2025.

Sec. 8. (a) At least one (1) adult individual who maintains certification in a course of cardiopulmonary resuscitation applicable to all age groups of children cared for by a provider shall be present at all times when a child is in the care of the provider.

(b) Except as provided in subsection (c), the following apply to an individual who is employed or volunteers as a caregiver at a facility where a provider operates a child care program:

(1) The individual shall maintain current certification in first aid applicable to all age groups of children cared for by the provider.

(2) If the individual is:

(A) at least eighteen (18) years of age, the individual may act as a caregiver without supervision of another caregiver; or

(B) less than eighteen (18) years of age, the individual may act as a caregiver only if the individual:

(i) is at least fourteen (14) years of age; and

(ii) is, at all times when child care is provided, directly supervised by a caregiver who is at least eighteen (18) years of age.

(3) Before beginning employment or volunteer duties, the individual must receive a formal orientation to the facility and the child care program.

(4) Beginning July 1, 2015, unless the provider is a parent, stepparent, guardian, custodian, or other relative to each child in the care of the provider, the individual annually must receive at least twelve (12) hours of continuing education approved by the division and related to the age appropriate educational development, care, and safety of children. The hours of continuing education required by this subdivision may include the training described in this chapter concerning child abuse detection and prevention, first aid, cardiopulmonary resuscitation, and safe sleeping practices.

(5) Not more than three (3) months after the individual begins employment or volunteer duties, the individual must receive training approved by the division concerning child abuse detection and prevention.

(c) An individual who is at least fifteen (15) years of age and is a student at a school corporation that operates a child care program may volunteer as a caregiver for the child care program before completing the requirements under subsection (b) if the individual:

(1) is supervised by an adult who is authorized under this article to provide child care services; and

(2) completes the requirements under subsection (b) not later than three (3) months after the individual begins volunteering at the facility.

(d) A provider shall:

(1) maintain at the facility where the provider operates a child care program documentation of all training and completion of continuing education required by this section; and

(2) make the documentation available to the division upon request.

As added by P.L.247-2001, SEC.3. Amended by P.L.47-2002, SEC.1; P.L.18-2003, SEC.18; P.L.225-2013, SEC.13; P.L.171-2014, SEC.5; P.L.92-2024, SEC.8; P.L.140-2025, SEC.2.

IC 12-17.2-3.5-8 Caregiver requirements; education; documentation

Note: This version of section effective 7-1-2025. See also preceding version of this section, effective until 7-1-2025.

Sec. 8. (a) At least one (1) adult individual who maintains certification in a course of pediatric cardiopulmonary resuscitation applicable to all age groups of children cared for by a provider shall be present at all times when a child is in the care of the provider.

(b) Except as provided in subsection (c), the following apply to an individual who is employed or volunteers as a caregiver at a facility where a provider operates a child care program:

(1) The individual shall maintain current certification in pediatric first aid applicable to all age groups of children cared for by the provider.

(2) If the individual is:

(A) at least eighteen (18) years of age, the individual may act as a caregiver without

supervision of another caregiver; or

(B) less than eighteen (18) years of age, the individual may act as a caregiver only if the individual:

(i) is at least fourteen (14) years of age; and

(ii) is, at all times when child care is provided, directly supervised by a caregiver who is at least eighteen (18) years of age.

(3) Before beginning employment or volunteer duties, the individual must receive a formal orientation to the facility and the child care program.

(4) Beginning July 1, 2015, unless the provider is a parent, stepparent, guardian, custodian, or other relative to each child in the care of the provider, the individual annually must receive at least twelve (12) hours of continuing education approved by the division and related to the age appropriate educational development, care, and safety of children. The hours of continuing education required by this subdivision may include the training described in this chapter concerning child abuse detection and prevention, first aid, cardiopulmonary resuscitation, and safe sleeping practices.

(5) Not more than three (3) months after the individual begins employment or volunteer duties, the individual must receive training approved by the division concerning child abuse detection and prevention.

(6) Not more than ninety (90) days after the individual begins employment or volunteer duties, the individual must be trained in pediatric cardiopulmonary resuscitation applicable to all age groups of children cared for by the child care provider.

(c) An individual who is at least fifteen (15) years of age and is a student at a school corporation that operates a child care program may volunteer as a caregiver for the child care program before completing the requirements under subsection (b) if the individual:

(1) is supervised by an adult who is authorized under this article to provide child care services; and

(2) completes the requirements under subsection (b) not later than three (3) months after the individual begins volunteering at the facility.

(d) A provider shall:

(1) maintain at the facility where the provider operates a child care program documentation of all training and completion of continuing education required by this section; and

(2) make the documentation available to the division upon request.

As added by P.L.247-2001, SEC.3. Amended by P.L.47-2002, SEC.1; P.L.18-2003, SEC.18; P.L.225-2013, SEC.13; P.L.171-2014, SEC.5; P.L.92-2024, SEC.8; P.L.140-2025, SEC.2; P.L.26-2025, SEC.13; P.L.186-2025, SEC.282.

IC 12-17.2-3.5-8.5 Child abuse or neglect reporting

Sec. 8.5. (a) A provider shall provide to all employees and volunteers of the provider the written material prepared and made available by the division under subsection (c).

(b) An employee or a volunteer of a provider who has reason to believe that a child in the provider's care is a victim of child abuse or neglect shall make a report as required under IC 31-33-5.

(c) The division shall do the following:

(1) Prepare written material specifying the following:

(A) The duty to report known or suspected child abuse or neglect under IC 31-33-5.

(B) That knowing failure to make a report required by:

(i) IC 31-33-5-1; or

(ii) IC 31-33-5-2;

is a Class B misdemeanor under IC 31-33-22-1.

(2) Make the written material under subdivision (1) available to providers.

As added by P.L.171-2014, SEC.6. Amended by P.L.183-2017, SEC.2; P.L.168-2025, SEC.1.

IC 12-17.2-3.5-9 Communication devices

Sec. 9. (a) A provider shall have at least one (1) working telephone in each facility where the provider operates a child care program.

(b) A provider shall, in each facility where the provider operates a child care program, have a communication device (which may be the telephone required by subsection (a)) that is:

(1) approved by the division; and

(2) compatible with an automated time and attendance tracking system approved by the division.

As added by P.L.247-2001, SEC.3. Amended by P.L.18-2003, SEC.19; P.L.171-2014, SEC.7.

IC 12-17.2-3.5-10 Fire safety requirements

Sec. 10. (a) A facility where a provider operates a child care program must have two (2) exits that:

(1) do not require passage through a:

(A) garage; or

(B) storage area;

where hazardous materials are stored;

(2) are not windows;

(3) are on different sides of the facility;

(4) are not blocked; and

(5) are operable from the inside without the use of a key or any special knowledge.

(b) A provider shall:

(1) conduct monthly documented fire drills:

(A) in accordance with the rules of the fire prevention and building safety commission; and

(B) that include complete evacuation of all:

(i) children; and

(ii) adults who provide child care;

in the facility;

(2) maintain documentation of all fire drills conducted during the immediately preceding twelve (12) month period, including:

(A) the date and time of the fire drill;

(B) the name of the individual who conducted the fire drill;

(C) the weather conditions at the time of the fire drill; and

(D) the amount of time required to fully evacuate the facility; and

(3) maintain a two and one-half (2 1/2) pound or greater ABC multiple purpose fire extinguisher:

(A) on each floor of the facility; and

(B) in the kitchen area of the facility;

in each facility where the provider operates a child care program.

As added by P.L.247-2001, SEC.3. Amended by P.L.131-2002, SEC.2; P.L.18-2003, SEC.20.

IC 12-17.2-3.5-11 Safety

Sec. 11. (a) A provider shall provide for a safe environment by ensuring that no conditions exist in or on the grounds of the facility where the provider operates a child care program that would endanger the health, safety, or welfare of the children, including ensuring that the following items are placed in areas that are inaccessible to the children in the provider's care:

(1) Firearms, ammunition, and other weapons.

(2) Poisons, chemicals, bleach, and cleaning materials.

(3) Medications.

(b) A provider shall do the following with respect to transporting children away from the

facility where the provider operates a child care program:

(1) Obtain written permission from the child's parent or legal guardian to transport the child.

(2) Ensure that the child is transported only by an employee or a volunteer who:

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

(B) holds a valid driver's license; and

(C) transports the child in a properly licensed and insured motor vehicle.

As added by P.L.247-2001, SEC.3. Amended by P.L.225-2013, SEC.14; P.L.25-2018, SEC.2.

IC 12-17.2-3.5-11.1 Immunizations

Sec. 11.1. (a) After December 31, 2002, a provider shall maintain and annually update documentation provided by the physician of each child who is cared for in a facility where the provider operates a child care program that the child has received complete age appropriate immunizations, including:

(1) conjugated pneumococcal vaccine; and

(2) varicella vaccine or a demonstrated immunity to varicella.

The Indiana department of health shall determine for each age level the immunizations that constitute complete age appropriate immunizations.

(b) A provider meets the requirement of subsection (a) if:

(1) a child's parent:

(A) objects to immunizations for religious reasons; and

(B) provides documentation of the parent's objection;

(2) the child's physician provides documentation of a medical reason the child should not be immunized; or

(3) the child's physician provides documentation that the child is currently in the process of receiving complete age appropriate immunizations;

and the provider maintains and annually updates the documentation provided by the parent or physician under this subsection.

As added by P.L.121-2002, SEC.1 and P.L.131-2002, SEC.3. Amended by P.L.18-2003, SEC.21; P.L.56-2023, SEC.119.

IC 12-17.2-3.5-12 National criminal history background check; temporary eligibility; exceptions; fees or costs; meet certain requirements by July 1, 2014

Sec. 12. (a) Except as provided in subsection (f) and subject to subsection (g), a provider shall, at no expense to the state, do the following:

(1) If the provider is an individual, submit the provider's fingerprints for a national criminal history background check by the Federal Bureau of Investigation.

(2) If the provider operates a child care program in the provider's home, require:

(A) the provider's spouse; and

(B) any individual who resides with the provider and who is:

(i) at least eighteen (18) years of age; or

(ii) less than eighteen (18) years of age but has previously been waived from juvenile court to adult court;

to submit fingerprints for a national criminal history background check by the Federal Bureau of Investigation.

(3) Require any individual who:

(A) is employed or volunteers; and

(B) may be present on the premises of the facility where the provider operates a child care program during operating hours of the child care program;

to submit fingerprints for a national criminal history background check by the Federal Bureau of Investigation.

A provider shall require an individual described in subdivision (3) to submit fingerprints for

a national criminal history background check before the individual is employed or allowed to volunteer and every three (3) years thereafter that the individual is continuously employed or allowed to volunteer.

(b) In addition to the requirement under subsection (a), a provider shall report to the division any:

(1) police investigations;

(2) arrests; and

(3) criminal convictions;

of which the provider is aware regarding any of the persons listed in subsection (a).

(c) A provider that meets the other eligibility requirements of this chapter is temporarily eligible to receive voucher payments until the division receives the national criminal history background check required under subsection (a) from the state police department if:

(1) the provider:

(A) has:

(i) submitted; or

(ii) required an individual described in subsection (a)(2) or (a)(3) to submit;

fingerprints for a national criminal history background check as required under subsection (a); and

(B) obtains a local criminal history for the individuals described in subsection (a) from each individual's local law enforcement agency before the individual is employed or allowed to volunteer; and

(2) the local criminal history does not reveal that an individual has been convicted of a:

(A) felony:

(i) related to the health or safety of a child;

(ii) that is a sex offense (as defined in IC 11-8-8-5.2);

(iii) that is a dangerous felony; or

(iv) that is not a felony otherwise described in items (i) through (iii), and less than ten (10) years have elapsed from the date the person was discharged from probation, imprisonment, or parole, whichever discharge date is latest;

(B) misdemeanor related to the health or safety of a child;

(C) misdemeanor for operating a child care center without a license under IC 12-17.2-4-35, or of a substantially similar offense committed in another jurisdiction if the offense is directly or indirectly related to jeopardizing the health or safety of a child; or

(D) misdemeanor for operating a child care home without a license under IC 12-17.2-5-35, or of a substantially similar offense committed in another jurisdiction if the offense is directly or indirectly related to jeopardizing the health or safety of a child.

(d) A provider is ineligible to receive a voucher payment if an individual for whom a national criminal history background check is required under this section has been convicted of a:

(1) felony:

(A) related to the health or safety of a child;

(B) that is a sex offense (as defined in IC 11-8-8-5.2);

(C) that is a dangerous felony; or

(D) that is not a felony otherwise described in clauses (A) through (C), and less than ten (10) years have elapsed from the date the person was discharged from probation, imprisonment, or parole, whichever discharge date is latest;

(2) misdemeanor related to the health or safety of a child;

(3) misdemeanor for operating a child care center without a license under IC 12-17.2-4-35, or of a substantially similar offense committed in another jurisdiction, if the offense is directly or indirectly related to jeopardizing the health or safety of a

child; or

(4) misdemeanor for operating a child care home without a license under IC 12-17.2-5-35, or of a substantially similar offense committed in another jurisdiction, if the offense is directly or indirectly related to jeopardizing the health or safety of a child;

until the individual is dismissed from employment or volunteer service at the facility where the provider operates a child care program or no longer resides with the provider.

(e) A provider shall maintain a written policy requiring an individual for whom a national criminal history background check is required under this section to report any criminal convictions of the individual to the provider.

(f) Notwithstanding IC 10-13-3-28, the state police department may not charge a church or religious society any fees or costs (other than fees or costs charged by the Federal Bureau of Investigation or a private entity) for responding to a request for a release of a national criminal history background check record of a prospective or current employee or a prospective or current volunteer of a child care ministry registered under IC 12-17.2-6 if the conditions set forth in IC 10-13-3-36(f) are met.

(g) A provider that holds a license or registration under this article on July 1, 2013, shall, at no expense to the state, meet the requirements under subsection (a) not later than July 1, 2014.

As added by P.L.247-2001, SEC.3. Amended by P.L.109-2002, SEC.4; P.L.18-2003, SEC.22; P.L.6-2004, SEC.1; P.L.142-2006, SEC.2; P.L.287-2013, SEC.7; P.L.121-2020, SEC.3.

IC 12-17.2-3.5-12.1 Drug testing

Sec. 12.1. (a) A provider shall, at no expense to the state, maintain and make available to the division upon request a copy of drug testing results for:

(1) the provider, if the provider is an individual;

(2) if the provider operates a child care program in the provider's home, any individual who resides with the provider and who is at least eighteen (18) years of age; and

(3) an individual who:

(A) is employed; or

(B) volunteers;

as a caregiver at the facility where the provider operates a child care program.

The drug testing results for an individual described in subdivision (3) must be obtained before the individual is employed or allowed to volunteer as a caregiver.

(b) A provider that is not a child care ministry or a child care center shall maintain a written policy specifying the following:

(1) That the:

(A) use of:

(i) tobacco;

(ii) alcohol; or

(iii) a potentially toxic substance in a manner other than the substance's intended purpose; and

(B) use or possession of an illegal substance;

is prohibited in the facility where the provider operates a child care program when child care is being provided.

(2) That drug testing of individuals who serve as caregivers will be:

(A) performed based on a protocol established or approved by the division; and

(B) required if an individual is suspected of noncompliance with the requirements specified under subdivision (1).

(c) A provider that is a child care ministry or a child care center shall maintain a written policy specifying the following:

(1) That the:

(A) use of:
(i) tobacco; or
(ii) a potentially toxic substance in a manner other than the substance's intended purpose; and
(B) use or possession of alcohol or an illegal substance;
is prohibited in the facility where the provider operates a child care program when child care is being provided.
(2) That drug testing of individuals who serve as caregivers will be:
(A) performed based on a protocol established or approved by the division; and
(B) required if an individual is suspected of noncompliance with the requirements specified under subdivision (1).
(d) If:
(1) the drug testing results obtained under subsection (a), (b), or (c) indicate the presence of a prohibited substance described in subsection (b)(1)(A)(ii), (b)(1)(A)(iii), (b)(1)(B), (c)(1)(A)(ii), or (c)(1)(B); or
(2) an individual refuses to submit to a drug test;
the provider is ineligible to receive a voucher payment until the individual is suspended or terminated from employment or volunteer service at the facility or no longer resides with the provider.
(e) A provider that suspends an individual described in subsection (d) shall maintain a written policy providing for reinstatement of the individual following rehabilitation and drug testing results that are negative for a prohibited substance described in subsection (b)(1)(A)(ii), (b)(1)(A)(iii), (b)(1)(B), (c)(1)(A)(ii), or (c)(1)(B).
(f) Drug testing results obtained under this section are confidential and may not be disclosed for any purpose other than the purpose described in this section.
As added by P.L.109-2002, SEC.5. Amended by P.L.18-2003, SEC.23; P.L.6-2004, SEC.2; P.L.16-2006, SEC.3.

IC 12-17.2-3.5-12.5 Safe sleeping practices; violations; penalties
Sec. 12.5. (a) A provider that cares for children who are less than twelve (12) months of age shall:
(1) complete the training course provided or approved by the division under IC 12-17.2-2-1(10) concerning safe sleeping practices; and
(2) ensure that all caregivers of children who are less than twelve (12) months of age follow safe sleeping practices.
(b) If a provider violates subsection (a), the division may do the following with respect to each violation determined during an inspection of the facility where the provider operates a child care program:
(1) On the first inspection during which a violation is determined during a licensure period, issue a formal warning letter stating the division's intent to take administrative action and impose a civil penalty for any future violation.
(2) On the second inspection during which a violation is determined during a licensure period, impose a civil penalty of fifty dollars ($50) for each violation determined during the inspection.
(3) On the third inspection during which a violation is determined during a licensure period, impose a civil penalty of seventy-five dollars ($75) for each violation determined during the inspection.
(4) On the fourth inspection during which a violation is determined during a licensure period:
(A) decertify the provider for not more than six (6) months; and
(B) impose a civil penalty of one hundred dollars ($100) for each violation determined during the inspection.
(5) On the fifth inspection during which a violation is determined during a licensure

period:

(A) decertify the provider for one (1) year; and

(B) impose a civil penalty of two hundred fifty dollars ($250) for each violation determined during the inspection.

(c) The division shall send to the provider written notice:

(1) of an action taken under subsection (b), specifying the reason for the action and amount of any monetary civil penalty; and

(2) that failure to pay any monetary civil penalty may result in decertification of the provider for not more than two (2) years.

(d) The division shall deposit all civil penalties collected under this section in the division of family resources child care fund established by IC 12-17.2-2-3.

(e) In addition to the actions described in subsection (b), the division may seek further disciplinary action provided for under this article, as determined by the director.

As added by P.L.53-2018, SEC.6.

IC 12-17.2-3.5-13 Local step ahead councils

Sec. 13. A local step ahead council may not require a child care ministry to meet any minimum standards in addition to the standards described in this chapter unless the additional standards are approved by the:

(1) general assembly; or

(2) division.

As added by P.L.247-2001, SEC.3.

IC 12-17.2-3.5-14 Administrative review

Sec. 14. (a) Notice of a determination made under this chapter must be provided under IC 4-21.5-3-6.

(b) A person affected by a determination made under this chapter may seek administrative review under IC 4-21.5-3-7.

As added by P.L.109-2002, SEC.6.

IC 12-17.2-3.5-14.5 Develop provider rate reimbursement schedule; incentive to meet standards of quality

Sec. 14.5. Not later than July 1, 2017, the division shall develop a provider rate reimbursement schedule that uses money appropriated by the general assembly as an incentive for providers that are eligible to receive voucher payments under this chapter to meet the standards of quality recognized by a Level 3 or Level 4 Paths to QUALITY program rating.

As added by P.L.184-2017, SEC.11.

IC 12-17.2-3.5-15 Rulemaking

Sec. 15. The division shall adopt rules under IC 4-22-2 to implement this chapter.

As added by P.L.18-2003, SEC.24.

IC 12-17.2-3.5-16 Decertification and revocation of eligibility

Sec. 16. (a) The division may, according to rules adopted under IC 4-22-2, decertify a provider for any of the following reasons:

(1) The provider fails to comply with this chapter.

(2) The provider refuses to allow, during normal business hours, the division or an agent of the division to inspect the facility where the provider operates a child care program.

(b) A provider is ineligible, and the division may revoke for a period of not less than two (2) years from the date on which a final determination is made under IC 4-21.5 a provider's eligibility, to receive a voucher payment under this chapter for any of the following reasons:

(1) The provider is determined by the division to have made false statements in the provider's:
(A) application for eligibility to receive a voucher payment; or
(B) records required by the division;
under this chapter.
(2) Credible allegations of fraud have been made against the provider, as determined by the division.
(3) Criminal charges of welfare fraud have been filed against the provider.
(4) Allegations of welfare fraud committed by the provider have been substantiated by the division.

As added by P.L.225-2013, SEC.15. Amended by P.L.171-2014, SEC.8.

IC 12-17.2-3.5-17 Imminent threats to children

Sec. 17. (a) A provider is ineligible to receive a voucher payment under this chapter if any of the following conditions exist, posing an imminent threat to the life or well-being of a child in the care of the provider at a facility where the provider operates a child care program:

(1) Building damage due to:
(A) earthquake;
(B) flooding or water damage;
(C) tornado;
(D) severe wind;
(E) ice storm;
(F) fire;
(G) lead contamination; or
(H) asbestos.
(2) Sewage problems as follows:
(A) Sewage backup.
(B) Toilets cannot be flushed or are overflowing.
(C) Sewage system is not operating properly.
(3) Inadequate or unsafe water supply as follows:
(A) Contaminated water supply.
(B) Water supply not functioning.
(4) No electricity in the building.
(5) Heating system problems.
(6) Gas, carbon monoxide, or other noxious gases leak.
(7) Filthy conditions.
(8) Rodent, roach, or vermin infestation.
(9) Building renovation occurring in a room or area occupied by children.
(10) Building condition that is structurally unsafe.
(11) Lack of supervision that results in the death or serious injury of a child.
(12) The presence at the facility where the provider operates a child care program of an individual who is, based on the results of a criminal history background check required by this chapter, prohibited under this chapter from being present at the facility.
(13) The presence of firearms, ammunition, or other weapons in a place that is accessible to children.

(b) If an employee or agent of the division determines that a condition described in subsection (a) exists at a facility where a provider that is currently eligible to receive a voucher payment under this chapter operates a child care program, the division shall:

(1) issue an emergency or another temporary order under IC 4-21.5-4 decertifying the provider; and
(2) contact the parent or guardian of each child in the care of the provider to inform the parent or guardian:

(A) that the division has issued an order decertifying the provider; and

(B) of the reason for the decertification;

pending the outcome of proceedings conducted under section 14 of this chapter. However, a provider's eligibility may be reinstated in accordance with subsection (e).

(c) An emergency or other temporary order issued by an employee or agent of the division must be approved by the director.

(d) An approval under subsection (c) may be communicated orally to the employee or agent issuing the order. However, the division shall maintain a written record of the approval.

(e) If, within the fifteen (15) day period beginning on the date on which an order is issued under subsection (b), the provider:

(1) submits to the division a remediation plan that is approved for implementation by the division; and

(2) completes the remediation plan to the satisfaction of the division;

the order issued under this section is void and the provider's eligibility to receive a voucher payment is reinstated.

As added by P.L.225-2013, SEC.16. Amended by P.L.25-2018, SEC.3.

IC 12-17.2-3.5-18 Child abuse and neglect

Sec. 18. (a) Upon receiving notice of a claim of abuse or neglect in a facility where a provider operates a child care program, the department of child services shall:

(1) forward a copy of the notice to the division; and

(2) conduct an investigation of the claim.

(b) After an investigation under subsection (a), the department of child services shall make a determination of whether abuse or neglect occurred at the facility.

(c) If the department of child services makes a determination under IC 31-33-8-12 that abuse or neglect at the facility is substantiated, the department shall send a copy of the department's report to the appropriate office of the division.

As added by P.L.225-2013, SEC.17.

IC 12-17.2-3.5-19 Notifications of injury or death of child

Sec. 19. (a) A provider shall immediately notify the parent or legal guardian of a child in the care of the provider concerning any of the following that occur during the hours that the child is in the care of the provider:

(1) A:

(A) bodily injury (as defined in IC 35-31.5-2-29); or

(B) serious bodily injury (as defined in IC 35-31.5-2-292);

of the child that requires the attention of a physician, dentist, registered nurse, licensed practical nurse, paramedic, or emergency medical technician.

(2) The death of the child.

(b) A provider shall:

(1) not more than twenty-four (24) hours after the occurrence of an incident described in subsection (a)(1); and

(2) immediately after the occurrence of an incident described in subsection (a)(2);

notify the division of the occurrence of the incident.

(c) Information that:

(1) is obtained under subsection (b);

(2) concerns a bodily injury or serious bodily injury described in subsection (a)(1); and

(3) could be used to identify an individual child;

is confidential.

As added by P.L.171-2014, SEC.9.

IC 12-17.2-3.6 Chapter 3.6. Repealed

Repealed by P.L.184-2017, SEC.12.

IC 12-17.2-3.7 Chapter 3.7. Repealed

Repealed by P.L.2-2014, SEC.71; P.L.2-2014, SEC.72.

IC 12-17.2-3.8 Chapter 3.8. Early Education Evaluation Program

12-17.2-3.8-1 Repealed
12-17.2-3.8-2 Repealed
12-17.2-3.8-3 Repealed
12-17.2-3.8-4 Repealed
12-17.2-3.8-5 Early learning advisory committee established; duties; members; per diem and reimbursement
12-17.2-3.8-5.1 Initial appointments to committee; terms
12-17.2-3.8-6 Repealed
12-17.2-3.8-7 Repealed
12-17.2-3.8-8 Reporting requirement

IC 12-17.2-3.8-1 Repealed

As added by P.L.2-2014, SEC.73. Repealed by P.L.130-2018, SEC.51.

IC 12-17.2-3.8-2 Repealed

As added by P.L.2-2014, SEC.73. Repealed by P.L.130-2018, SEC.52.

IC 12-17.2-3.8-3 Repealed

As added by P.L.2-2014, SEC.73. Repealed by P.L.130-2018, SEC.53.

IC 12-17.2-3.8-4 Repealed

As added by P.L.2-2014, SEC.73. Repealed by P.L.130-2018, SEC.54.

IC 12-17.2-3.8-5 Early learning advisory committee established; duties; members; per diem and reimbursement

Sec. 5. (a) The early learning advisory committee is established to do the following:

(1) Establish child developmental and educational goals for Indiana's early learning system, including the development of standards and objectives for early education programs that receive state or federal funds.

(2) Design and maintain an approach to measuring progress toward the goals established under subdivision (1) that include objective measures of academic quality.

(3) Assess the attainment of the goals established under subdivision (1) and evaluate the efficacy of state and federal spending on Indiana's early learning system.

(4) Assess whether the requirements for early education program licensure:

(A) create an equitable standard for health and safety across all early education program types;

(B) reinforce the goals established under subdivision (1); and

(C) support the sustainability of Indiana's early learning system.

(5) Conduct periodic statewide needs assessments concerning the quality and availability of early education programs for children from birth to the age of school entry, including the availability of high quality prekindergarten education for low income children in Indiana.

(6) Identify opportunities for, and barriers to, collaboration and coordination among federally and state funded child development, child care, and early childhood education programs and services, including governmental agencies that administer the programs and services.

(7) Design early education workforce strategies, including recommendations on how to advance professional development.

(8) Assess the capacity and effectiveness of pathways to support training and recruitment of early educators.

(9) Not later than November 30 of each year, develop and make recommendations to the governor and, in an electronic format under IC 5-14-6, to the legislative council

concerning the results of the committee's work under subdivisions (1) through (8).

(10) Not later than May 1, 2024, commission a third party evaluation to assess existing regulations for child care providers and provide a report containing recommendations to:

(A) maintain health and safety standards;

(B) streamline administrative burdens, program standards, and reporting requirements for child care providers;

(C) provide flexibility for a child care provider with a Level 3 or Level 4 paths to QUALITY program rating to expand to other locations; and

(D) assist accredited kindergarten through grade 12 institutions in establishing and providing high quality onsite child care and early learning programs.

Not later than July 1, 2024, the office of the secretary shall initiate the process of amending the rules adopted by the office under IC 12-17.2-7.2 in consideration of the recommendations of the third party evaluation. This subdivision expires January 1, 2025.

(11) Not later than December 31, 2023, develop recommendations for implementing a revised paths to QUALITY program that:

(A) maintains health and safety standards;

(B) integrates objective measures of kindergarten readiness;

(C) contemplates accredited kindergarten through grade 12 institutions as onsite providers; and

(D) incentivizes child care providers to increase wages for child care workers who complete education and training that result in a postsecondary degree or industry recognized credential.

This subdivision expires July 1, 2024.

(12) Not later than September 30, 2024, do the following:

(A) Complete a study regarding compensation in Indiana for:

(i) early childhood educators; and

(ii) caregivers at out-of-school-time programs;

by collecting compensation data throughout Indiana.

(B) Create an online dashboard to allow access to compensation data.

(C) Issue a report containing the committee's findings and recommendations on compensation in Indiana for:

(i) early childhood educators; and

(ii) caregivers at out-of-school-time programs.

(b) The committee consists of the following fifteen (15) members:

(1) The secretary of education or the secretary's designee.

(2) The secretary of family and social services or the secretary's designee.

(3) Nine (9) members appointed by the governor as follows:

(A) A representative of an organization with an interest in training the early childhood education workforce.

(B) A representative of a Head Start program under 42 U.S.C. 9831 et seq.

(C) A member of the general public who has an interest in early childhood education.

(D) A representative of an early childhood education provider.

(E) A representative from a school corporation who has an interest in strengthening the transition from early childhood education to elementary education.

(F) A representative of business with an interest in early childhood education.

(G) A representative of the nonprofit or philanthropic community with an interest in early childhood education.

(H) A representative of an out-of-school-time program.

(I) A representative of an organization with an interest in training individuals in the out-of-school time field and strengthening the out-of-school time field in Indiana statewide.

(4) One (1) member who:
(A) is appointed by the speaker of the house of representatives;
(B) is not a member of the general assembly; and
(C) shall serve as a nonvoting member.
(5) One (1) member who:
(A) is appointed by the president pro tempore of the senate;
(B) is not a member of the general assembly; and
(C) shall serve as a nonvoting member.
(6) One (1) member who:
(A) is appointed by the minority leader of the house of representatives;
(B) is not a member of the general assembly; and
(C) shall serve as a nonvoting member.
(7) One (1) member who:
(A) is appointed by the minority leader of the senate;
(B) is not a member of the general assembly; and
(C) shall serve as a nonvoting member.

(c) Subject to section 5.1 of this chapter, members appointed under subsection (b)(3) through (b)(7) serve for three (3) year terms. The members of the committee serve at the pleasure of the appointing authority.

(d) The governor shall appoint a member of the committee to serve as chairperson of the committee. The committee shall meet at least six (6) times each calendar year at the call of the chairperson.

(e) The division shall, in consultation with the department of education, staff the committee.

(f) The expenses of the committee shall be paid from the funds of the division.

(g) Each member of the committee who is not a state employee is entitled to the minimum salary per diem provided by IC 4-10-11-2.1(b). The member is also entitled to reimbursement for traveling expenses as provided under IC 4-13-1-4 and other expenses actually incurred in connection with the member's duties as provided in the state policies and procedures established by the Indiana department of administration and approved by the budget agency.

(h) Each member of the committee who is a state employee but who is not a member of the general assembly is entitled to reimbursement for traveling expenses as provided under IC 4-13-1-4 and other expenses actually incurred in connection with the member's duties as provided in the state policies and procedures established by the Indiana department of administration and approved by the budget agency.

(i) Each member of the committee who is a member of the general assembly is entitled to receive the same per diem, mileage, and travel allowances paid to legislative members of interim study committees established by the legislative council. Per diem, mileage, and travel allowances paid under this section shall be paid from appropriations made to the legislative council or the legislative services agency.

(j) The affirmative votes of a majority of the voting members appointed to the committee are required for the committee to take action on any measure, including final reports.

As added by P.L.2-2014, SEC.73. Amended by P.L.139-2022, SEC.3; P.L.246-2023, SEC.4; P.L.92-2024, SEC.9; P.L.140-2025, SEC.3.

IC 12-17.2-3.8-5.1 Initial appointments to committee; terms

Sec. 5.1. (a) As used in this section, "committee" refers to the early learning advisory committee established by section 5 of this chapter.

(b) The term of a member who was appointed to the committee before April 1, 2022, expires on April 1, 2022.

(c) Not later than June 30, 2022, the applicable appointing authorities shall appoint members to the committee in accordance with section 5 of this chapter.

(d) The initial appointments by the governor described in section 5(b)(3) of this chapter

shall begin not later than July 1, 2022, and the initial terms of the members initially appointed under section 5(b)(3) of this chapter are as follows:

(1) The members appointed under section 5(b)(3)(A), 5(b)(3)(C), 5(b)(3)(D), and 5(b)(3)(G) of this chapter shall serve an initial term of two (2) years.

(2) The members appointed under section 5(b)(3)(B), 5(b)(3)(E), and 5(b)(3)(F) of this chapter shall serve an initial term of three (3) years.

(e) This section expires January 1, 2026.

As added by P.L.139-2022, SEC.4.

IC 12-17.2-3.8-6 Repealed

As added by P.L.2-2014, SEC.73. Repealed by P.L.130-2018, SEC.55.

IC 12-17.2-3.8-7 Repealed

As added by P.L.2-2014, SEC.73. Repealed by P.L.130-2018, SEC.56.

IC 12-17.2-3.8-8 Reporting requirement

Sec. 8. On or before July 1, 2027, and July 1 biennially thereafter, the committee shall submit a report to the executive director of the legislative services agency, in an electronic format under IC 5-14-6, for review by the interim committee on government in accordance with IC 1-1-15.5-4 and IC 2-5-1.3-13(g). The report shall describe:

(1) official action taken; and

(2) actionable items considered;

by the committee during the preceding two (2) years.

As added by P.L.161-2025, SEC.21.

IC 12-17.2-4 Chapter 4. Regulation of Child Care Centers

12-17.2-4-1	Operation of center without proper licensure; prohibition
12-17.2-4-2	Conditions for licensing; waivers and variances
12-17.2-4-3	Applying for a license; national criminal history background check
12-17.2-4-3.1	Maintenance of electronic mail address
12-17.2-4-3.3	Meet certain requirements by July 1, 2014
12-17.2-4-3.5	Drug testing
12-17.2-4-4	Repealed
12-17.2-4-4.1	Safe sleeping practices; violations; penalties
12-17.2-4-5	Grounds for denial of license applications
12-17.2-4-6	Incomplete applications
12-17.2-4-7	Investigations of applicants
12-17.2-4-8	Issuance of licenses
12-17.2-4-9	Eligibility for variances
12-17.2-4-10	Denial of licenses
12-17.2-4-11	Investigation of unlicensed premises
12-17.2-4-12	Expiration, transferability, display, and renewal of licenses; other information
12-17.2-4-13	Provisional licenses
12-17.2-4-14	Probationary licenses
12-17.2-4-14.5	Comparator staff to child ratio and comparator group sizes; annual reevaluation of ratios and group sizes; publication; student volunteer caregivers; exceptions
12-17.2-4-15	Inspections
12-17.2-4-15.5	Licensure of Montessori programs
12-17.2-4-16	Cooperation by licensees
12-17.2-4-17	Unscheduled visits by parents and guardians
12-17.2-4-17.5	Supervision of children
12-17.2-4-18	Records
12-17.2-4-18.1	Immunizations
12-17.2-4-18.5	Duties of child care centers regarding missing child reports
12-17.2-4-18.7	Violations posing immediate threat to life or well-being of child; orders
12-17.2-4-19	Notice of enforcement actions; informal meetings
12-17.2-4-20	Administrative hearings
12-17.2-4-21	Procedure for administrative hearings
12-17.2-4-22	Issuance of decisions
12-17.2-4-23	Cessation of operations upon suspension of license
12-17.2-4-24	Reinstatement of suspended licenses
12-17.2-4-25	Actions of division following suspensions of licenses
12-17.2-4-26	Cessation of operations upon revocation of license
12-17.2-4-27	Notice of license revocation or suspension
12-17.2-4-28	Judicial review
12-17.2-4-29	Investigation of unlicensed facilities; injunctions; civil penalties; removal of children
12-17.2-4-30	Expiration of injunctions for operation without a license
12-17.2-4-31	Expiration of injunctions for creation of imminent danger
12-17.2-4-32	Grounds for revocation of licenses
12-17.2-4-33	Disciplinary sanctions
12-17.2-4-34	Civil penalty for violation of article
12-17.2-4-35	Violations of chapter
12-17.2-4-36	Investigation of abuse or neglect; child care center

IC 12-17.2-4-1 Operation of center without proper licensure; prohibition

Sec. 1. (a) A person may not operate a child care center without a license issued under this article.

(b) The state or a political subdivision of the state may not operate a child care center without a license issued under this article.

(c) A person may not operate a child care center where:

(1) the number of children maintained on the premises at any one (1) time is greater than the number authorized by the license; and

(2) the children are maintained in a building or place not designated by the license.

As added by P.L.1-1993, SEC.141. Amended by P.L.136-1993, SEC.9.

IC 12-17.2-4-2 Conditions for licensing; waivers and variances

Sec. 2. (a) A license may be issued only if a child care center is in compliance with food, health, safety, and sanitation standards as determined by the division under rules adopted by the division under IC 12-17.2-2-4 or in accordance with a variance or waiver approved by the division under IC 12-17.2-2-10.

(b) A license may be issued only if the child care center is in substantial compliance with the fire and life safety rules as determined by the state fire marshal under rules adopted by the division under IC 12-17.2-2-4 or in accordance with a variance or waiver approved by the division under IC 12-17.2-2-10.

(c) The division may issue a waiver or variance regarding a determination by the division or the state fire marshal under subsections (a) and (b).

(d) At least one (1) adult individual who maintains current certification in a course of pediatric cardiopulmonary resuscitation applicable to all age groups of children cared for by the child care center shall be present at all times when a child is in the care of a child care center. Certifications accepted under this subsection must include a live return demonstration of skills.

(e) An individual who is employed or volunteers as a caregiver at a child care center:

(1) must, not more than ninety (90) days after the individual begins employment or volunteer duties, be trained in pediatric cardiopulmonary resuscitation applicable to all age groups of children cared for by the child care center; and

(2) shall maintain current certification in pediatric first aid applicable to all age groups of children cared for by the child care center.

As added by P.L.1-1993, SEC.141. Amended by P.L.136-1993, SEC.10; P.L.247-2001, SEC.6; P.L.47-2002, SEC.2; P.L.18-2003, SEC.25; P.L.145-2006, SEC.96; P.L.128-2012, SEC.17; P.L.246-2023, SEC.5; P.L.26-2025, SEC.14.

IC 12-17.2-4-3 Applying for a license; national criminal history background check

Sec. 3. (a) An applicant must apply for a child care center license on forms provided by the division.

(b) An applicant must submit the required information as part of the application, including the following:

(1) If the county, city, or town in which the child care center is located requires a business permit or license to operate a child care center in the county, city, or town, proof that the applicant has a valid business permit or license.

(2) If the county, city, or town in which the child care center is located does not require a business permit or license described in subdivision (1), a statement from the county, city, or town that a business permit or license is not required.

(3) A current and valid electronic mail address for the applicant.

(c) The applicant must submit with the application a statement attesting that the applicant:

(1) has not been convicted of:

(A) a felony:

(i) related to the health or safety of a child;

(ii) that is a sex offense (as defined in IC 11-8-8-5.2);

(iii) that is a dangerous felony; or

(iv) that is not a felony otherwise described in items (i) through (iii), and less than ten (10) years have elapsed from the date the person was discharged from probation, imprisonment, or parole, whichever discharge date is latest;

(B) a misdemeanor relating to the health or safety of children;

(C) a misdemeanor for operating a child care center without a license under section

35 of this chapter, or of a substantially similar offense committed in another jurisdiction if the offense is directly or indirectly related to jeopardizing the health or safety of a child; or

(D) a misdemeanor for operating a child care home without a license under IC 12-17.2-5-35, or of a substantially similar offense committed in another jurisdiction if the offense is directly or indirectly related to jeopardizing the health or safety of a child; and

(2) has not been charged with:

(A) a felony;

(B) a misdemeanor relating to the health or safety of children;

(C) a misdemeanor for operating a child care center without a license under section 35 of this chapter, or with a substantially similar offense in another jurisdiction if the offense is directly or indirectly related to jeopardizing the health or safety of a child; or

(D) a misdemeanor for operating a child care home without a license under IC 12-17.2-5-35, or with a substantially similar offense in another jurisdiction if the offense is directly or indirectly related to jeopardizing the health or safety of a child;

during the pendency of the application.

(d) An applicant shall, at no expense to the state, submit:

(1) the necessary information, forms, or consents; and

(2) the applicant's fingerprints;

for a national criminal history background check by the Federal Bureau of Investigation.

(e) Subject to section 3.3 of this chapter, the applicant must, at no expense to the state, do the following:

(1) Require an employee or volunteer of the applicant who may be present on the premises of the child care center during operating hours of the child care center to submit fingerprints for a national criminal history background check by the Federal Bureau of Investigation.

(2) Report to the division any:

(A) police investigations;

(B) arrests; and

(C) criminal convictions;

of which the applicant is aware regarding the applicant or an employee or volunteer described in subdivision (1).

An applicant shall require an individual described in subdivision (1) to apply for a national criminal history background check before the individual is employed or allowed to volunteer and every three (3) years thereafter that the individual is continuously employed or allowed to volunteer.

As added by P.L.1-1993, SEC.141. Amended by P.L.61-1993, SEC.10; P.L.136-1993, SEC.11; P.L.2-1995, SEC.53; P.L.109-2002, SEC.7; P.L.241-2003, SEC.6; P.L.145-2006, SEC.97; P.L.287-2013, SEC.8; P.L.25-2018, SEC.4; P.L.121-2020, SEC.4; P.L.183-2021, SEC.1.

IC 12-17.2-4-3.1 Maintenance of electronic mail address

Sec. 3.1. A person that holds a license under this chapter shall, for the duration of the person's licensure under this chapter, maintain the electronic mail address provided by the person in the person's application for the license.

As added by P.L.183-2021, SEC.2.

IC 12-17.2-4-3.3 Meet certain requirements by July 1, 2014

Sec. 3.3. A person that holds a license under this chapter on July 1, 2013, shall, at no expense to the state, meet the requirements under section 3(e) of this chapter not later than July 1, 2014.

As added by P.L.287-2013, SEC.9.

IC 12-17.2-4-3.5 Drug testing

Sec. 3.5. (a) A child care center shall, at no expense to the state, maintain and make available to the division upon request a copy of drug testing results for an individual who:

(1) is employed; or

(2) volunteers;

as a caregiver at the child care center. The drug testing results required under this subsection must be obtained before the individual is employed or allowed to volunteer as a caregiver.

(b) A child care center shall maintain a written policy specifying the following:

(1) That the:

(A) use of:

(i) tobacco; or

(ii) a potentially toxic substance in a manner other than the substance's intended purpose; and

(B) use or possession of alcohol or an illegal substance;

is prohibited in the child care center when child care is being provided.

(2) That drug testing of individuals who serve as caregivers at the child care center will be:

(A) performed based on a protocol established or approved by the division; and

(B) required if an individual is suspected of noncompliance with the requirements specified under subdivision (1).

(c) If:

(1) the drug testing results obtained under subsection (a) or (b) indicate the presence of a prohibited substance described in subsection (b)(1)(A)(ii) or (b)(1)(B); or

(2) an individual refuses to submit to a drug test;

the child care center shall immediately suspend or terminate the individual's employment or volunteer service.

(d) A child care center that suspends an individual described in subsection (c) shall maintain a written policy providing for reinstatement of the individual following rehabilitation and drug testing results that are negative for a prohibited substance described in subsection (b)(1)(A)(ii) or (b)(1)(B).

(e) Drug testing results obtained under this section are confidential and may not be disclosed for any purpose other than the purpose described in this section.

(f) A child care center that does not comply with this section is subject to:

(1) denial of an application for a license; or

(2) suspension or revocation of a license issued;

under this chapter.

As added by P.L.18-2003, SEC.26. Amended by P.L.6-2004, SEC.3; P.L.16-2006, SEC.4.

IC 12-17.2-4-4 Repealed

As added by P.L.1-1993, SEC.141. Repealed by P.L.61-1993, SEC.67 and P.L.136-1993, SEC.24.

IC 12-17.2-4-4.1 Safe sleeping practices; violations; penalties

Sec. 4.1. (a) A licensee that cares for children who are less than twelve (12) months of age shall:

(1) complete the training course provided or approved by the division under IC 12-17.2-2-1(10) concerning safe sleeping practices; and

(2) ensure that all caregivers of children who are less than twelve (12) months of age follow safe sleeping practices.

(b) If a licensee violates subsection (a), the division may do the following with respect to each violation determined during an inspection of the child care center:

(1) On the first inspection during which a violation is determined during a licensure period, issue a formal warning letter stating the division's intent to take administrative action and impose a civil penalty for any future violation.

(2) On the second inspection during which a violation is determined during a licensure period, impose a civil penalty of fifty dollars ($50) for each violation determined during the inspection.

(3) On the third inspection during which a violation is determined during a licensure period, impose a civil penalty of seventy-five dollars ($75) for each violation determined during the inspection.

(4) On the fourth inspection during which a violation is determined during a licensure period:

(A) place the child care center's license on probation for not more than six (6) months; and

(B) impose a civil penalty of one hundred dollars ($100) for each violation determined during the inspection.

(5) On the fifth inspection during which a violation is determined during a licensure period:

(A) suspend or revoke the child care center's license for one (1) year; and

(B) impose a civil penalty of two hundred fifty dollars ($250) for each violation determined during the inspection.

(c) The division shall send to the licensee written notice:

(1) of an action taken under subsection (b), specifying the reason for the action and amount of any monetary civil penalty; and

(2) that failure to pay any monetary civil penalty may result in revocation of the child care center's license for not more than two (2) years.

(d) The division shall deposit all civil penalties collected under this section in the division of family resources child care fund established by IC 12-17.2-2-3.

(e) In addition to the actions described in subsection (b), the division may seek further disciplinary action provided for under this article, as determined by the director.

As added by P.L.53-2018, SEC.7.

IC 12-17.2-4-5 Grounds for denial of license applications

Sec. 5. (a) The following constitute sufficient grounds for a denial of a license application:

(1) A determination by the department of child services established by IC 31-25-1-1 of child abuse or neglect (as defined in IC 31-9-2-14) by:

(A) the applicant;

(B) an employee of the applicant who may be present on the premises of the child care center during operating hours of the child care center; or

(C) a volunteer of the applicant who may be present on the premises of the child care center during operating hours of the child care center.

(2) A criminal conviction of the applicant, or an employee or volunteer of the applicant who may be present on the premises of the child care center during operating hours of the child care center, of any of the following:

(A) A felony:

(i) related to the health or safety of a child;

(ii) that is a sex offense (as defined in IC 11-8-8-5.2);

(iii) that is a dangerous felony; or

(iv) that is not a felony otherwise described in items (i) through (iii), and less than ten (10) years have elapsed from the date the person was discharged from probation, imprisonment, or parole, whichever discharge date is latest.

(B) A misdemeanor related to the health or safety of a child.

(C) A misdemeanor for operating a child care center without a license under section

35 of this chapter, or a substantially similar offense in another jurisdiction if the offense is directly or indirectly related to jeopardizing the health or safety of a child.

(D) A misdemeanor for operating a child care home without a license under IC 12-17.2-5-35, or a substantially similar offense in another jurisdiction if the offense is directly or indirectly related to jeopardizing the health or safety of a child.

(3) A determination by the division that the applicant made false statements in the applicant's application for licensure.

(4) A determination by the division that the applicant made false statements in the records required by the division.

(5) A determination by the division that the applicant previously operated a:

(A) child care center without a license under this chapter; or

(B) child care home without a license under IC 12-17.2-5.

(b) Notwithstanding subsection (a)(2), if:

(1) a license application is denied due to a criminal conviction of an employee or a volunteer of the applicant; and

(2) the division determines that the employee or volunteer has been dismissed by the applicant;

the criminal conviction of the former employee or former volunteer does not require denial of a license application.

As added by P.L.1-1993, SEC.141. Amended by P.L.136-1993, SEC.12; P.L.1-1997, SEC.66; P.L.109-2002, SEC.8; P.L.146-2006, SEC.4; P.L.287-2013, SEC.10; P.L.121-2020, SEC.5.

IC 12-17.2-4-6 Incomplete applications

Sec. 6. The division may not act on an incomplete application. The division shall return an incomplete application with a notation as to omissions. The return of an incomplete application shall be without prejudice.

As added by P.L.1-1993, SEC.141.

IC 12-17.2-4-7 Investigations of applicants

Sec. 7. The division shall investigate a person seeking licensure to determine whether the person is in compliance with this article and the rules adopted under this article. The investigation shall be conducted at a reasonable time and in a reasonable manner, in announced or unannounced visits. Activities may include onsite inspections, record reading, observation, and interviewing. The division may require that evidence of compliance with the rules be presented in a form and manner specified in the rules.

As added by P.L.1-1993, SEC.141.

IC 12-17.2-4-8 Issuance of licenses

Sec. 8. The division shall issue a license to a person who meets all of the license requirements when an investigation shows the applicant to be in compliance under this article.

As added by P.L.1-1993, SEC.141.

IC 12-17.2-4-9 Eligibility for variances

Sec. 9. A child care center may be eligible to receive a variance from the requirements of this chapter by complying with IC 12-17.2-2-10.

As added by P.L.1-1993, SEC.141.

IC 12-17.2-4-10 Denial of licenses

Sec. 10. (a) The division shall deny a license if an applicant fails to meet the requirements for a license.

(b) The division shall provide the applicant with written notice, sent by electronic mail

to the electronic mail address provided by the applicant in the application, that the application has been denied. The division shall include in the notice the reasons for the denial and a request that the applicant confirm receipt of the notice by electronic mail sent to an electronic mail address specified in the notice. If the applicant does not confirm receipt of the notice by electronic mail not later than three (3) working days after the division sends the notice, the division shall provide the notice to the applicant by certified mail or personal service.

(c) An administrative hearing concerning the denial of a license shall be provided upon written request by the applicant. The request must be made within thirty (30) calendar days after:

(1) the applicant confirms receipt of the notice sent by electronic mail under subsection (b); or

(2) the division:

(A) mails the notice to the applicant; or

(B) provides the notice to the applicant by personal service;

under subsection (b).

(d) The administrative hearing shall be scheduled within sixty (60) calendar days after receiving the written request.

(e) The administrative hearing shall be held in accordance with IC 4-21.5-3.

(f) The division shall issue a decision within sixty (60) calendar days after the conclusion of the hearing.

As added by P.L.1-1993, SEC.141. Amended by P.L.183-2021, SEC.3.

IC 12-17.2-4-11 Investigation of unlicensed premises

Sec. 11. The division shall investigate any premises that the division has reason to believe are being used for child care without a license in circumstances where a license is required.

As added by P.L.1-1993, SEC.141.

IC 12-17.2-4-12 Expiration, transferability, display, and renewal of licenses; other information

Sec. 12. (a) A license for a child care center expires three (3) years after the date of issuance, unless revoked, modified to a probationary or suspended status, or voluntarily returned.

(b) A license issued under this chapter:

(1) is not transferable;

(2) applies only to the licensee and the location stated in the application; and

(3) remains the property of the division.

(c) A current license shall be publicly displayed.

(d) When a licensee submits a timely application for renewal, the current license shall remain in effect until the division issues a license or denies the application.

(e) A licensee shall publicly display and make available, as a handout, written documentation of:

(1) any changes in the status of the licensee's license;

(2) a telephone number and an Internet site where information may be obtained from the division concerning:

(A) the current status of the licensee's license;

(B) any complaints filed with the division concerning the licensee; and

(C) violations of this article by the licensee; and

(3) a telephone number of the office of the Indiana child care resource and referral program of the county in which the child care center is located.

As added by P.L.1-1993, SEC.141. Amended by P.L.241-2003, SEC.7; P.L.134-2024, SEC.6.

IC 12-17.2-4-13 Provisional licenses

Sec. 13. (a) The division may grant a provisional license to an applicant who is not able to demonstrate compliance with a rule because the child care center is not in full operation.

(b) A provisional license shall be granted for a limited period not to exceed one (1) year and is subject to review every three (3) months.

As added by P.L.1-1993, SEC.141. Amended by P.L.136-1993, SEC.13.

IC 12-17.2-4-14 Probationary licenses

Sec. 14. (a) The division may grant a probationary license to a licensee who is temporarily unable to comply with a rule if:

(1) the noncompliance does not present an immediate threat to the health and well-being of the children;

(2) the licensee files a plan with the division or the state fire marshal to correct the areas of noncompliance within the probationary period; and

(3) the division or state fire marshal approves the plan.

(b) A probationary license is valid for not more than six (6) months. The division may extend a probationary license for one (1) additional period of six (6) months.

(c) An existing license is invalidated when a probationary license is issued.

(d) At the expiration of the probationary license, the division shall reinstate the original license to the end of the original term of the license, issue a new license, or revoke the license.

(e) Upon receipt of a probationary license, the licensee shall return to the division the previously issued license.

(f) The division shall:

(1) upon issuing a probationary license under this section, provide written notice to the licensee that the division will provide the notice required under subdivision (2); and

(2) not more than seven (7) days after issuing a probationary license under this section, publish notice under IC 5-3-1 and provide written notice to the parent or guardian of each child enrolled in the child care center of the:

(A) issuance of the probationary license; and

(B) reason for the issuance of the probationary license.

As added by P.L.1-1993, SEC.141. Amended by P.L.241-2003, SEC.8.

IC 12-17.2-4-14.5 Comparator staff to child ratio and comparator group sizes; annual reevaluation of ratios and group sizes; publication; student volunteer caregivers; exceptions

Sec. 14.5. (a) As used in this section, "bordering state" means any of the following:

(1) Illinois.

(2) Kentucky.

(3) Michigan.

(4) Ohio.

(b) As used in this section, "child care facility" means:

(1) a child care center in Indiana; or

(2) a facility comparable to a child care center in a bordering state.

(c) As used in this section, a "comparator group size" for an age range set forth in subsection (g) is the largest group size that is allowed for that age range under the law governing licensure of child care facilities in a bordering state.

(d) As used in this section, a "comparator staff to child ratio" for an age range set forth in subsection (g) is the lowest staff to child ratio that is allowed for that age range under the law governing licensure of child care facilities in a bordering state.

(e) As used in this section, "group" means a portion of the children for whom a child care facility is providing supervision who are generally assigned by the child care facility to be supervised:

(1) in the same room or space; and

(2) by the same staff member or members of the child care facility.

(f) As used in this section, "staff to child ratio" means, for a specified age range, a fraction:

(1) the numerator of which is one (1); and

(2) the denominator of which is the maximum number of children within that age range that a child care facility may allow to be supervised by a single staff member of the child care facility under the laws of the state in which the child care facility is licensed.

(g) The office of the secretary shall annually determine the comparator staff to child ratios and comparator group sizes for each of the following age ranges:

(1) Less than twelve (12) months of age.

(2) At least twelve (12) months of age but less than eighteen (18) months of age.

(3) At least eighteen (18) months of age but less than twenty-four (24) months of age.

(4) At least twenty-four (24) months of age but less than thirty (30) months of age.

(5) At least thirty (30) months of age but less than thirty-six (36) months of age.

(6) At least thirty-six (36) months of age but less than forty-eight (48) months of age.

(7) At least forty-eight (48) months of age but less than sixty (60) months of age.

(8) At least sixty (60) months of age but less than seventy-two (72) months of age.

(9) Seventy-two (72) months of age or older.

(h) The office of the secretary shall ensure that:

(1) Indiana's staff to child ratio for an age range set forth in subsection (g) is not more stringent than the average comparator staff to child ratio for that age range; and

(2) Indiana's maximum group size for an age range set forth in subsection (g) is not more stringent than the average comparator group size for that age range.

The office of the secretary shall annually evaluate the comparator staff to child ratios and comparator group sizes to determine the need for any changes to Indiana's staff to child ratios and maximum group sizes.

(i) Not later than December 1 of each year, the office of the secretary shall publish on the website of the office of the secretary the:

(1) staff to child ratio that a licensed child care center is required to maintain; and

(2) maximum group size that a licensed child care center is required to maintain;

for each age range set forth in subsection (g).

(j) Except as provided in subsection (l) or (m), for the duration of each calendar year, a licensed child care center may maintain for each age range set forth in subsection (g) the:

(1) staff to child ratio; and

(2) maximum group size;

that are posted on the website of the office of the secretary under subsection (i) as of December 1 of the immediately preceding year.

(k) A student who:

(1) is at least fifteen (15) years of age;

(2) is exploring a career in childhood education;

(3) provides care for children as a volunteer at a child care center; and

(4) is, at all times at which the student provides care for children at the child care center, under the supervision of an adult who is authorized under this article to provide child care services;

is a staff member of the child care center for purposes of the child care center's staff to child ratio under subsection (j).

(l) The maximum group size for children in an age range under subsection (g), when supervised in an indoor or outdoor area of a child care center that provides at least seventy-five (75) square feet of space per child, is equal to three (3) times the maximum group size that would otherwise apply for that age range.

(m) The maximum group size for children supervised in a child care center's cafeteria, regardless of the age range or ranges of the children under subsection (g), is equal to the number of seats available to children in the cafeteria.

As added by P.L.140-2025, SEC.4.

IC 12-17.2-4-15 Inspections

Sec. 15. The division and the state fire marshal shall do the following:

(1) Make annual onsite inspections.

(2) Keep written records of their monitoring activities and inspections.

As added by P.L.1-1993, SEC.141.

IC 12-17.2-4-15.5 Licensure of Montessori programs

Sec. 15.5. (a) This section applies to a program that:

(1) admits for enrollment children at least two and one-half (2.5) years of age, but not more than six (6) years of age; and

(2) is validated as a Montessori program by the United Montessori Schools of Indiana.

(b) For purposes of determining the:

(1) child to staff ratio; and

(2) group size;

requirements that apply to a program described in subsection (a) for purposes of licensure of the program under this chapter, the division shall use the average age of the children in the group as of January 1 of the school year.

As added by P.L.81-2022, SEC.2.

IC 12-17.2-4-16 Cooperation by licensees

Sec. 16. The licensee shall cooperate with the division and the state fire marshal in carrying out these activities, including permitting the division and the state fire marshal to conduct announced or unannounced inspections.

As added by P.L.1-1993, SEC.141.

IC 12-17.2-4-17 Unscheduled visits by parents and guardians

Sec. 17. Unscheduled visits by a custodial parent or guardian of a child shall be permitted at any time the child care center is in operation.

As added by P.L.1-1993, SEC.141.

IC 12-17.2-4-17.5 Supervision of children

Sec. 17.5. A licensee shall ensure that a child in the licensee's care is continually supervised by a caregiver.

As added by P.L.18-2003, SEC.27.

IC 12-17.2-4-18 Records

Sec. 18. (a) A licensee shall keep records regarding each child in the control and care of the licensee as the division requires and shall report to the division, upon request, the facts the division requires with reference to children.

(b) The division shall keep records regarding children and facts learned about children and their parents or relatives confidential.

(c) The following are permitted access to records regarding children and facts learned about children:

(1) A state agency involved in the licensing of the child care center.

(2) A legally mandated child protection agency.

(3) A law enforcement agency.

(4) An agency having the legal responsibility to care for a child placed at the child care center.

(5) The parent, guardian, or custodian of the child at the child care center.

As added by P.L.1-1993, SEC.141.

IC 12-17.2-4-18.1 Immunizations

Sec. 18.1. (a) After December 31, 2002, a licensee shall maintain and annually update documentation provided by the physician of each child who is cared for in a child care center where the licensee provides child care that the child has received complete age appropriate immunizations, including:

(1) conjugated pneumococcal vaccine; and

(2) varicella vaccine or a demonstrated immunity to varicella.

The Indiana department of health shall determine for each age level the immunizations that constitute complete age appropriate immunizations.

(b) A licensee meets the requirement of subsection (a) if:

(1) a child's parent:

(A) objects to immunizations for religious reasons; and

(B) provides documentation of the parent's objection;

(2) the child's physician provides documentation of a medical reason the child should not be immunized; or

(3) the child's physician provides documentation that the child is currently in the process of receiving complete age appropriate immunizations;

and the licensee maintains and annually updates the documentation provided by the parent or physician under this subsection.

As added by P.L.121-2002, SEC.2. Amended by P.L.18-2003, SEC.28; P.L.56-2023, SEC.120.

IC 12-17.2-4-18.5 Duties of child care centers regarding missing child reports

Sec. 18.5. (a) Upon receiving a report under IC 31-36-1-4, a child care center shall thoroughly inspect the report. If the child care center finds that a child on the report required under IC 31-36-1-4 is enrolled at the child care center, the child care center shall immediately notify the Indiana clearinghouse for information on missing children, missing veterans at risk, and missing endangered adults.

(b) Upon receiving a report under IC 31-36-1-4, a child care center shall attach a notice to the child's enrollment records stating that the child has been reported missing. The child care center shall remove the notice when the center is notified under IC 31-36-2-6 that the child has been found.

(c) If a request for the enrollment records of a missing child is received, the child care center shall:

(1) obtain:

(A) the name, address, and telephone number of the person making the request; and

(B) the reason that the person is requesting the school records; and

(2) immediately notify the Indiana clearinghouse for information on missing children, missing veterans at risk, and missing endangered adults.

(d) The child care center may not issue a copy of the enrollment records of a child reported missing without authorization from the Indiana clearinghouse for information on missing children, missing veterans at risk, and missing endangered adults and may not inform the person making the request that a notice that the child has been reported missing has been attached to the child's records.

As added by P.L.12-1994, SEC.8. Amended by P.L.1-1997, SEC.67; P.L.43-2009, SEC.14; P.L.40-2024, SEC.22.

IC 12-17.2-4-18.7 Violations posing immediate threat to life or well-being of child; orders

Sec. 18.7. (a) The division shall adopt rules under IC 4-22-2 to establish a list of violations of this article that would pose an immediate threat to the life or well-being of a child in the care of a licensee.

(b) If an employee or agent of the division determines that a violation described in

subsection (a) exists, the division shall:

(1) issue an emergency or another temporary order under IC 4-21.5-4 requiring the licensee to immediately cease operation of the child care center; and

(2) contact the parent or guardian of each child enrolled in the child care center to inform the parent or guardian:

(A) that the division has issued an order to require the licensee to cease operation of the child care center; and

(B) of the reason for the order to cease operation;

pending the outcome of proceedings conducted under sections 20 through 22 of this chapter.

(c) An emergency or another temporary order issued by an employee or agent of the division must be approved by the director.

(d) An approval under subsection (c) may be communicated orally to the employee or agent issuing the order. However, the division shall maintain a written record of the approval.

(e) The list established under subsection (a) must include the presence of firearms, ammunition, or other weapons in a place that is accessible to a child in the care of a licensee.

As added by P.L.241-2003, SEC.9. Amended by P.L.25-2018, SEC.5.

IC 12-17.2-4-19 Notice of enforcement actions; informal meetings

Sec. 19. (a) Except as provided in section 18.7 or 29 of this chapter, the division shall give a licensee thirty (30) calendar days written notice of an enforcement action. The division shall send the notice by electronic mail to the electronic mail address provided in the licensee's application for the license, and include in the notice a request that the licensee confirm receipt of the notice by electronic mail sent to an electronic mail address specified in the notice. If the licensee does not confirm receipt of the notice by electronic mail not later than three (3) working days after the division sends the notice, the division shall provide the notice to the licensee by certified mail or personal service.

(b) The licensee shall also be provided with the opportunity for an informal meeting with the division. The licensee must request the meeting within ten (10) working days after:

(1) the licensee confirms receipt of the notice sent by electronic mail under subsection (a); or

(2) the division:

(A) mails the notice to the licensee; or

(B) provides the notice to the licensee by personal service;

under subsection (a).

As added by P.L.1-1993, SEC.141. Amended by P.L.241-2003, SEC.10; P.L.183-2021, SEC.4.

IC 12-17.2-4-20 Administrative hearings

Sec. 20. (a) An administrative hearing concerning the decision of the division to impose a sanction under this chapter shall be provided upon a written request by the child care center. The request must be made within thirty (30) calendar days after receiving notice under section 18.7 or 19 of this chapter. The written request must be made separately from an informal meeting request made under section 19 of this chapter.

(b) The administrative hearing shall be held within sixty (60) calendar days after receiving the written request.

As added by P.L.1-1993, SEC.141. Amended by P.L.241-2003, SEC.11.

IC 12-17.2-4-21 Procedure for administrative hearings

Sec. 21. A hearing requested under section 20 of this chapter shall be held in accordance with IC 4-21.5-3.

As added by P.L.1-1993, SEC.141.

IC 12-17.2-4-22 Issuance of decisions

Sec. 22. The division shall issue a decision within sixty (60) calendar days after the conclusion of the hearing.
As added by P.L.1-1993, SEC.141.

IC 12-17.2-4-23 Cessation of operations upon suspension of license

Sec. 23. If a license is suspended, a licensed child care center shall cease operation and may not display the license.
As added by P.L.1-1993, SEC.141.

IC 12-17.2-4-24 Reinstatement of suspended licenses

Sec. 24. To reinstate a suspended license the following must occur:

(1) The licensee must, within thirty (30) days of the notice of the suspension, submit a plan of corrective action to the division for approval.

(2) The plan must outline the steps and timetable for immediate correction of the violations that caused the division to suspend the license.

(3) The division must approve the plan.

As added by P.L.1-1993, SEC.141.

IC 12-17.2-4-25 Actions of division following suspensions of licenses

Sec. 25. Following the suspension, the division shall do one (1) of the following:

(1) Reinstate the license for the term of the original license.

(2) Revoke the license.

(3) Issue a new license.

(4) Deny a reapplication.

As added by P.L.1-1993, SEC.141.

IC 12-17.2-4-26 Cessation of operations upon revocation of license

Sec. 26. A child care center shall cease operation when the license of the child care center is revoked.
As added by P.L.1-1993, SEC.141.

IC 12-17.2-4-27 Notice of license revocation or suspension

Sec. 27. (a) After a license is revoked or suspended, the division shall publish notice under IC 5-3-1 and notify in writing each person responsible for the children in care that the license has been revoked or suspended.

(b) The written notice shall be sent to the last known address of the person responsible for the child in care and shall state that the license of the child care center has been revoked or suspended.
As added by P.L.1-1993, SEC.141. Amended by P.L.241-2003, SEC.12.

IC 12-17.2-4-28 Judicial review

Sec. 28. A final decision of the division made after a hearing is subject to judicial review under IC 4-21.5-5.
As added by P.L.1-1993, SEC.141.

IC 12-17.2-4-29 Investigation of unlicensed facilities; injunctions; civil penalties; removal of children

Sec. 29. (a) The division shall investigate a report of an unlicensed child care center and report the division's findings to the attorney general and to the division's attorney and the prosecuting attorney in the county where the child care center is located.

(b) The attorney general or the division's attorney may do the following:

(1) Seek the issuance of a search warrant to assist in the investigation.

(2) File an action for injunctive relief to stop the operation of a child care center if there

is reasonable cause to believe that:

(A) the child care center is operating without a license required under this article; or

(B) a licensee's noncompliance with this article and the rules adopted under this article creates an imminent danger of serious bodily injury to a child or an imminent danger to the health of a child.

(3) Seek in a civil action a civil penalty not to exceed one hundred dollars ($100) a day for each day a child care center is operating without a license required under this article.

(c) The division may provide for the removal of children from child care centers described in subsection (b).

(d) An opportunity for an informal meeting with the division shall be available after the injunctive relief is ordered.

(e) The civil penalties collected under this section shall be deposited in the division of family resources child care fund established by IC 12-17.2-2-3.

(f) Section 34 of this chapter does not apply to the civil penalties imposed under this section.

As added by P.L.1-1993, SEC.141. Amended by P.L.145-2006, SEC.98; P.L.1-2007, SEC.123.

IC 12-17.2-4-30 Expiration of injunctions for operation without a license

Sec. 30. A court order granted under section 29(b)(2)(A) of this chapter expires when the child care center is issued a license.

As added by P.L.1-1993, SEC.141.

IC 12-17.2-4-31 Expiration of injunctions for creation of imminent danger

Sec. 31. A court order granted under section 29(b)(2)(B) of this chapter expires upon the later of the following:

(1) Sixty (60) calendar days after the order is issued.

(2) When a final division decision is issued under sections 20 through 22 of this chapter if notice of an enforcement action is issued under section 19 of this chapter.

As added by P.L.1-1993, SEC.141.

IC 12-17.2-4-32 Grounds for revocation of licenses

Sec. 32. (a) The following constitute sufficient grounds for revocation of a license:

(1) A determination by the department of child services of child abuse or neglect (as defined in IC 31-9-2-14) by:

(A) the licensee;

(B) an employee of the licensee who may be present on the premises of the child care center during operating hours of the child care center; or

(C) a volunteer of the licensee who may be present on the premises of the child care center during operating hours of the child care center.

(2) A criminal conviction of the licensee, or an employee or volunteer of the licensee who may be present on the premises of the child care center during operating hours of the child care center, of any of the following:

(A) A felony:

(i) related to the health or safety of a child;

(ii) that is a sex offense (as defined in IC 11-8-8-5.2);

(iii) that is a dangerous felony; or

(iv) that is not a felony otherwise described in items (i) through (iii), and less than ten (10) years have elapsed from the date the person was discharged from probation, imprisonment, or parole, whichever discharge date is latest.

(B) A misdemeanor related to the health or safety of a child.

(C) A misdemeanor for operating a child care center without a license under section

35 of this chapter, or a substantially similar offense in another jurisdiction if the offense is directly or indirectly related to jeopardizing the health or safety of a child.

(D) A misdemeanor for operating a child care home without a license under IC 12-17.2-5-35, or a substantially similar offense in another jurisdiction if the offense is directly or indirectly related to jeopardizing the health or safety of a child.

(3) A determination by the division that the licensee made false statements in the licensee's application for licensure.

(4) A determination by the division that the licensee made false statements in the records required by the division.

(5) A determination by the division that the licensee previously operated a:

(A) child care center without a license under this chapter; or

(B) child care home without a license under IC 12-17.2-5.

(b) Notwithstanding subsection (a)(2), if:

(1) a license is revoked due to a criminal conviction of an employee or a volunteer of the licensee; and

(2) the division determines that the employee or volunteer has been dismissed by the licensee;

the criminal conviction of the former employee or former volunteer does not require revocation of a license.

As added by P.L.1-1993, SEC.141. Amended by P.L.136-1993, SEC.14; P.L.1-1997, SEC.68; P.L.109-2002, SEC.9; P.L.146-2006, SEC.5; P.L.287-2013, SEC.11; P.L.121-2020, SEC.6.

IC 12-17.2-4-33 Disciplinary sanctions

Sec. 33. (a) A licensee shall operate a child care center in compliance with the rules established under this article and is subject to the disciplinary sanctions under subsection (b) if the division finds that the licensee has violated this article.

(b) The division may impose any of the following sanctions when the division finds that a licensee has committed a violation under subsection (a):

(1) After complying with the procedural provisions in sections 19 through 22 of this chapter:

(A) suspend the license for not more than six (6) months; or

(B) revoke the license.

(2) Seek civil remedies under section 29 of this chapter.

(c) A person may not apply for, and the division may not grant, a license under this chapter less than one (1) year after the date on which the person's previous license under this chapter or IC 12-17.2-5 is revoked. However, the division may waive the one (1) year period at the division's discretion.

As added by P.L.1-1993, SEC.141. Amended by P.L.25-2018, SEC.6.

IC 12-17.2-4-34 Civil penalty for violation of article

Sec. 34. (a) In addition to the other penalties imposed under this chapter, the division may impose a civil penalty of not more than one thousand dollars ($1,000) for the violation of this article.

(b) The division shall deposit the civil penalties collected under this section in the division of family resources child care fund established by IC 12-17.2-2-3.

As added by P.L.1-1993, SEC.141. Amended by P.L.145-2006, SEC.99.

IC 12-17.2-4-35 Violations of chapter

Sec. 35. A person who knowingly or intentionally violates this chapter commits a Class B misdemeanor.

As added by P.L.1-1993, SEC.141.

IC 12-17.2-4-36 Investigation of abuse or neglect; child care center

Sec. 36. (a) The department of child services shall conduct an investigation of a claim of abuse or neglect in a child care center.

(b) After an investigation under subsection (a), the department of child services shall make a determination of whether or not abuse or neglect occurred at the child care center.

(c) If the department of child services makes a determination under IC 31-33-8-12 that abuse or neglect at the child care center is substantiated, the department shall send a copy of its report to the appropriate licensing office of the division.

As added by P.L.146-2006, SEC.6.

IC 12-17.2-5 Chapter 5. Regulation of Child Care Homes

12-17.2-5-0.1 Application of certain amendments to chapter
12-17.2-5-1 Operation of home without proper licensure; prohibition
12-17.2-5-2 Consultation with fire prevention and building safety commission
12-17.2-5-3 Applying for licenses; national criminal history background check
12-17.2-5-3.1 Maintenance of electronic mail address
12-17.2-5-3.3 Meet certain requirements by July 1, 2014
12-17.2-5-3.5 Drug testing
12-17.2-5-3.7 Safe sleeping practices; violations; penalties
12-17.2-5-4 Grounds for denial of license applications
12-17.2-5-5 Incomplete applications
12-17.2-5-6 Investigation of applicants
12-17.2-5-6.3 Class I child care home
12-17.2-5-6.5 Qualification for licensure of class II child care home
12-17.2-5-7 Issuance of licenses
12-17.2-5-7.5 License indication of class I or II child care home; sanctions for noncompliance with number of children or requirements of home within class
12-17.2-5-8 Eligibility for waivers and variances
12-17.2-5-9 Denial of licenses
12-17.2-5-10 Delegation of investigations; issuance or notification of denial of licenses; supervision and monitoring
12-17.2-5-11 Investigation of unlicensed premises
12-17.2-5-12 Expiration, transferability, display, and renewal of licenses; other information
12-17.2-5-13 Provisional licenses
12-17.2-5-14 Probationary licenses
12-17.2-5-15 Inspections
12-17.2-5-16 Cooperation by licensees
12-17.2-5-17 Unscheduled visits by parents and guardians
12-17.2-5-17.5 Supervision of children
12-17.2-5-18 Records
12-17.2-5-18.1 Immunizations
12-17.2-5-18.2 Certifications required
12-17.2-5-18.6 Duties of child care home regarding missing child reports
12-17.2-5-18.7 Violations posing immediate threat to life or well-being of child; orders
12-17.2-5-19 Notice of enforcement actions; informal meetings
12-17.2-5-20 Administrative hearings
12-17.2-5-21 Procedure for administrative hearings
12-17.2-5-22 Issuance of decisions
12-17.2-5-23 Cessation of operations upon suspension of license
12-17.2-5-24 Reinstatement of suspended licenses
12-17.2-5-25 Actions of division following suspensions of licenses
12-17.2-5-26 Cessation of operations upon revocation of license
12-17.2-5-27 Notice of license revocation or suspension
12-17.2-5-28 Judicial review
12-17.2-5-29 Investigation of unlicensed facilities; injunctions; civil penalties; removal of children
12-17.2-5-30 Expiration of injunctions for operation without a license
12-17.2-5-31 Expiration of injunctions for creation of imminent danger
12-17.2-5-32 Grounds for revocation of licenses
12-17.2-5-33 Disciplinary sanctions
12-17.2-5-34 Civil penalty for violation of article
12-17.2-5-35 Violations of chapter
12-17.2-5-36 Prohibition of care home classification for E building occupancy
12-17.2-5-37 Investigation of abuse or neglect; child care home

IC 12-17.2-5-0.1 Application of certain amendments to chapter

Sec. 0.1. The addition of section 6.3(a) of this chapter by P.L.247-2001 does not apply to a person who was issued a license for a class I child care home before July 1, 2001.
As added by P.L.220-2011, SEC.269.

IC 12-17.2-5-1 Operation of home without proper licensure; prohibition

Sec. 1. (a) A person may not operate a child care home without a license issued under this article.

(b) The state or a political subdivision of the state may not operate a child care home without a license issued under this article.

(c) A person may not operate a child care home if:

(1) the number of children maintained on the premises at any one (1) time is greater than the number authorized by the license; and

(2) the children are maintained in a building or place not designated by the license.

As added by P.L.1-1993, SEC.141. Amended by P.L.136-1993, SEC.16.

IC 12-17.2-5-2 Consultation with fire prevention and building safety commission

Sec. 2. The fire prevention and building safety commission must provide consultation regarding the licensure of child care homes to the division upon request.

As added by P.L.1-1993, SEC.141.

IC 12-17.2-5-3 Applying for licenses; national criminal history background check

Sec. 3. (a) An applicant must apply for a child care home license on forms provided by the division.

(b) An applicant must submit the required information as part of the application, including the following:

(1) If the county, city, or town in which the child care home is located requires a business permit or license to operate a child care home in the county, city, or town, proof that the applicant has a valid business permit or license.

(2) If the county, city, or town in which the child care home is located does not require a business permit or license described in subdivision (1), a statement from the county, city, or town that a business permit or license is not required.

(3) A current and valid electronic mail address for the applicant.

(c) An applicant must submit with the application a statement attesting that the applicant has not been:

(1) convicted of:

(A) a felony:

(i) related to the health or safety of a child;

(ii) that is a sex offense (as defined in IC 11-8-8-5.2);

(iii) that is a dangerous felony; or

(iv) that is not a felony otherwise described in items (i) through (iii), and less than ten (10) years have elapsed from the date the person was discharged from probation, imprisonment, or parole, whichever discharge date is latest;

(B) a misdemeanor relating to the health or safety of children;

(C) a misdemeanor for operating a child care center without a license under IC 12-17.2-4-35, or of a substantially similar offense committed in another jurisdiction if the offense is directly or indirectly related to jeopardizing the health or safety of a child; or

(D) a misdemeanor for operating a child care home without a license under section 35 of this chapter, or of a substantially similar offense committed in another jurisdiction if the offense is directly or indirectly related to jeopardizing the health or safety of a child; and

(2) charged with:

(A) a felony;

(B) a misdemeanor relating to the health or safety of children;

(C) a misdemeanor for operating a child care center without a license under

IC 12-17.2-4-35, or with a substantially similar offense in another jurisdiction if the offense is directly or indirectly related to jeopardizing the health or safety of a child; or

(D) a misdemeanor for operating a child care home without a license under section 35 of this chapter, or with a substantially similar offense in another jurisdiction if the offense is directly or indirectly related to jeopardizing the health or safety of a child;

during the pendency of the application.

(d) An applicant must submit:

(1) the necessary information, forms, or consents; and

(2) the fingerprints of the applicant and the applicant's spouse;

for a national criminal history background check by the Federal Bureau of Investigation.

(e) Subject to section 3.3 of this chapter, an applicant shall require:

(1) an employee or volunteer of the applicant who may be present on the premises of the child care home during operating hours of the child care home; and

(2) the applicant's household members who are:

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

(B) less than eighteen (18) years of age but have previously been waived from juvenile court to adult court;

to submit fingerprints for a national criminal history background check by the Federal Bureau of Investigation. An applicant shall require an individual described in subdivision (1) to apply for a national criminal history background check before the individual is employed or allowed to volunteer and every three (3) years thereafter that the individual is continuously employed or allowed to volunteer.

(f) In addition to the requirements under subsections (d) and (e), an applicant must report to the division any:

(1) police investigations;

(2) arrests; and

(3) criminal convictions;

of which the applicant is aware regarding the applicant, the applicant's spouse, or a person described in subsection (e).

As added by P.L.1-1993, SEC.141. Amended by P.L.61-1993, SEC.11; P.L.136-1993, SEC.15; P.L.109-2002, SEC.10; P.L.241-2003, SEC.13; P.L.145-2006, SEC.100; P.L.287-2013, SEC.12; P.L.25-2018, SEC.7; P.L.121-2020, SEC.7; P.L.183-2021, SEC.5.

IC 12-17.2-5-3.1 Maintenance of electronic mail address

Sec. 3.1. A person that holds a license under this chapter shall, for the duration of the person's licensure under this chapter, maintain the electronic mail address provided by the person in the person's application for the license.

As added by P.L.183-2021, SEC.6.

IC 12-17.2-5-3.3 Meet certain requirements by July 1, 2014

Sec. 3.3. A person that holds a license under this chapter on July 1, 2013, shall, at no expense to the state, meet the requirements under section 3(e) of this chapter not later than July 1, 2014.

As added by P.L.287-2013, SEC.13.

IC 12-17.2-5-3.5 Drug testing

Sec. 3.5. (a) A child care home shall, at no expense to the state, maintain and make available to the division upon request a copy of drug testing results for:

(1) the provider;

(2) an individual who resides with the provider and who is at least eighteen (18) years of age; and

(3) an individual who:

(A) is employed; or
(B) volunteers;
as a caregiver at the child care home.
The drug testing results for an individual described in subdivision (3) must be obtained before the individual is employed or allowed to volunteer as a caregiver.

(b) A child care home shall maintain a written policy specifying the following:

(1) That the:

(A) use of:

(i) tobacco;

(ii) alcohol; or

(iii) a potentially toxic substance in a manner other than the substance's intended purpose; and

(B) use or possession of an illegal substance;

is prohibited in the child care home when child care is being provided.

(2) That drug testing of individuals who serve as caregivers at the child care home will be:

(A) performed based on a protocol established or approved by the division; and

(B) required if an individual is suspected of noncompliance with the requirements specified under subdivision (1).

(c) If:

(1) the drug testing results obtained under subsection (a) or (b) indicate the presence of a prohibited substance described in subsection (b)(1)(A)(ii), (b)(1)(A)(iii), or (b)(1)(B); or

(2) an individual refuses to submit to a drug test;

the child care home shall immediately suspend or terminate the individual's employment or volunteer service.

(d) A child care home that suspends an individual described in subsection (c) shall maintain a written policy providing for reinstatement of the individual following rehabilitation and drug testing results that are negative for a prohibited substance described in subsection (b)(1)(A)(ii), (b)(1)(A)(iii), or (b)(1)(B).

(e) Drug testing results obtained under this section are confidential and may not be disclosed for any purpose other than the purpose described in this section.

(f) A child care home that does not comply with this section is subject to:

(1) denial of an application for a license; or

(2) suspension or revocation of a license issued;

under this chapter.

As added by P.L.18-2003, SEC.29. Amended by P.L.6-2004, SEC.4; P.L.16-2006, SEC.5.

IC 12-17.2-5-3.7 Safe sleeping practices; violations; penalties

Sec. 3.7. (a) A licensee that cares for children who are less than twelve (12) months of age shall:

(1) complete the training course provided or approved by the division under IC 12-17.2-2-1(10) concerning safe sleeping practices as required by section 6.3(a)(3) or 6.5(9) of this chapter, whichever is applicable; and

(2) ensure that all caregivers of children who are less than twelve (12) months of age follow safe sleeping practices.

(b) If a licensee violates subsection (a), the division may do the following with respect to each violation determined during an inspection of the child care home:

(1) On the first inspection during which a violation is determined during a licensure period, issue a formal warning letter stating the division's intent to take administrative action and impose a civil penalty for any future violation.

(2) On the second inspection during which a violation is determined during a licensure period, impose a civil penalty of fifty dollars ($50) for each violation determined

during the inspection.

(3) On the third inspection during which a violation is determined during a licensure period, impose a civil penalty of seventy-five dollars ($75) for each violation determined during the inspection.

(4) On the fourth inspection during which a violation is determined during a licensure period:

(A) place the child care home's license on probation for not more than six (6) months; and

(B) impose a civil penalty of one hundred dollars ($100) for each violation determined during the inspection.

(5) On the fifth inspection during which a violation is determined during a licensure period:

(A) suspend or revoke the child care home's license for one (1) year; and

(B) impose a civil penalty of two hundred fifty dollars ($250) for each violation determined during the inspection.

(c) The division shall send to the licensee written notice:

(1) of an action taken under subsection (b), specifying the reason for the action and amount of any monetary civil penalty; and

(2) that failure to pay any monetary civil penalty may result in revocation of the child care home's license for not more than two (2) years.

(d) The division shall deposit all civil penalties collected under this section in the division of family resources child care fund established by IC 12-17.2-2-3.

(e) In addition to the actions described in subsection (b), the division may seek further disciplinary action provided for under this article, as determined by the director.

As added by P.L.53-2018, SEC.8. Amended by P.L.134-2024, SEC.7.

IC 12-17.2-5-4 Grounds for denial of license applications

Sec. 4. (a) The following constitute sufficient grounds for a denial of a license application:

(1) A determination by the department of child services established by IC 31-25-1-1 of child abuse or neglect (as defined in IC 31-9-2-14) by:

(A) the applicant;

(B) a member of the applicant's household;

(C) an employee of the applicant who may be present on the premises of the child care home during operating hours of the child care home; or

(D) a volunteer of the applicant who may be present on the premises of the child care home during operating hours of the child care home.

(2) A criminal conviction of the applicant, or an employee or volunteer of the applicant who may be present on the premises of the child care home during operating hours of the child care home, or a member of the applicant's household, of any of the following:

(A) A felony:

(i) related to the health or safety of a child;

(ii) that is a sex offense (as defined in IC 11-8-8-5.2);

(iii) that is a dangerous felony; or

(iv) that is not a felony otherwise described in items (i) through (iii), and less than ten (10) years have elapsed from the date the person was discharged from probation, imprisonment, or parole, whichever discharge date is latest.

(B) A misdemeanor related to the health or safety of a child.

(C) A misdemeanor for operating a child care center without a license under IC 12-17.2-4-35, or a substantially similar offense committed in another jurisdiction if the offense is directly or indirectly related to jeopardizing the health or safety of a child.

(D) A misdemeanor for operating a child care home without a license under section

35 of this chapter, or a substantially similar offense committed in another jurisdiction if the offense is directly or indirectly related to jeopardizing the health or safety of a child.

(3) A determination by the division that the applicant made false statements in the applicant's application for licensure.

(4) A determination by the division that the applicant made false statements in the records required by the division.

(5) A determination by the division that the applicant previously operated a:

(A) child care center without a license under IC 12-17.2-4; or

(B) child care home without a license under this chapter.

(b) Notwithstanding subsection (a)(2), if:

(1) a license application is denied due to a criminal conviction of:

(A) an employee or a volunteer of the applicant; or

(B) a member of the applicant's household; and

(2) the division determines that the:

(A) employee or volunteer has been dismissed by the applicant; or

(B) member of the applicant's household is no longer a member of the applicant's household;

the criminal conviction of the former employee, former volunteer, or former member does not require denial of a license application.

As added by P.L.1-1993, SEC.141. Amended by P.L.136-1993, SEC.17; P.L.1-1997, SEC.69; P.L.109-2002, SEC.11; P.L.146-2006, SEC.7; P.L.124-2007, SEC.5; P.L.287-2013, SEC.14; P.L.121-2020, SEC.8; P.L.156-2020, SEC.59; P.L.74-2022, SEC.10.

IC 12-17.2-5-5 Incomplete applications

Sec. 5. The division may not act on an incomplete application. The division shall return an incomplete application with a notation as to omissions. The return of an incomplete application shall be without prejudice.

As added by P.L.1-1993, SEC.141.

IC 12-17.2-5-6 Investigation of applicants

Sec. 6. The division shall investigate a person seeking licensure to determine whether the person is in compliance with this article. The investigation shall be conducted any time the home is in operation in announced or unannounced visits. Activities may include onsite inspections, record reading, observation, and interviewing. The division may require that evidence of compliance with the rules be presented in a form and manner specified in the rules.

As added by P.L.1-1993, SEC.141.

IC 12-17.2-5-6.3 Class I child care home

Sec. 6.3. (a) To qualify for a license to operate a class I child care home under this chapter, a person must do the following:

(1) Provide documentation to the division that the licensee has received a high school diploma or a high school equivalency certificate as described in IC 12-14-5-2.

(2) Provide documentation to the division that the licensee:

(A) has completed;

(B) is enrolled in; or

(C) agrees to complete within the next three (3) years;

a child development associate credential program or a similar program approved by the division.

(3) Complete the training course taught or approved by the division concerning safe sleeping practices for a child within the person's care as described in IC 12-17.2-2-1(10).

The division may grant a waiver or variance of the requirement under subdivision (2).

(b) A class I child care home may serve three (3) school age children under IC 12-7-2-33.7 if the child care home meets the following conditions:

(1) Provides at least thirty-five (35) square feet for each child.

(2) Maintains the child to staff ratio required under rules adopted by the division for each age group of children in attendance.

(3) Has an illuminated exit sign over each required exit or emergency lighting for each required exit.

As added by P.L.247-2001, SEC.8. Amended by P.L.162-2005, SEC.3; P.L.74-2022, SEC.11.

IC 12-17.2-5-6.5 Qualification for licensure of class II child care home

Sec. 6.5. To qualify for a license to operate a class II child care home under this chapter, a person must do the following:

(1) Provide all child care services on the first story of the child care home unless the class II child care home meets the exceptions to the first story requirements contained in the Indiana building code adopted by the fire prevention and building safety commission in effect at the time the class II child care home provider applies for licensure.

(2) Provide a smoke detection system that is:

(A) hard wired to the building's electrical system; and

(B) wired in a manner that activates all of the detector devices in the building when one (1) detector device is activated.

(3) Provide a fire extinguisher in each room that is used to provide child care services.

(4) Meet:

(A) the exit requirements for an E-3 building occupancy classification under the Indiana building code adopted by the fire prevention and building safety commission, except for any illumination requirements, in effect at the time the class II child care home provider initially applies for licensure; and

(B) the illumination requirements established in section 6.3(b)(3) of this chapter.

(5) Provide a minimum of thirty-five (35) square feet for each child.

(6) Conduct fire drills required under article 37 of the Indiana fire prevention code adopted by the fire prevention and building safety commission in effect at the time the class II child care home provider applies for licensure.

(7) Apply for a license before July 1, 1996, or after June 30, 2001.

(8) Comply with rules adopted by the division of family resources for class II child care homes.

(9) Complete the training course taught or approved by the division concerning safe sleeping practices for a child within the person's care as described in IC 12-17.2-2-1(10).

As added by P.L.136-1993, SEC.18. Amended by P.L.106-1996, SEC.2; P.L.247-2001, SEC.9; P.L.162-2005, SEC.4; P.L.145-2006, SEC.101; P.L.74-2022, SEC.12; P.L.134-2024, SEC.8.

IC 12-17.2-5-7 Issuance of licenses

Sec. 7. The division shall issue a license to a person who meets all of the license requirements when an investigation shows the applicant to be in compliance under this article.

As added by P.L.1-1993, SEC.141.

IC 12-17.2-5-7.5 License indication of class I or II child care home; sanctions for noncompliance with number of children or requirements of home within class

Sec. 7.5. (a) The license issued to a person for the operation of a child care home under

section 7 of this chapter shall indicate whether the child care home is licensed as a class I child care home or a class II child care home.

(b) A person who:

(1) holds a license to operate a class I child care home; and

(2) at any time serves a number of children greater than the number allowed under IC 12-7-2-33.7;

is subject to sanctions under section 33 of this chapter, a civil penalty under section 34 of this chapter, and the criminal penalty set forth in section 35 of this chapter.

(c) A person who:

(1) holds a license to operate a class II child care home; and

(2) at any time:

(A) serves a number of children greater than the number allowed under IC 12-7-2-33.8; or

(B) fails to comply with the requirements for class II child care homes set forth in section 6.5 of this chapter;

is subject to sanctions under section 33 of this chapter, a civil penalty under section 34 of this chapter, and the criminal penalty set forth in section 35 of this chapter.

As added by P.L.136-1993, SEC.19.

IC 12-17.2-5-8 Eligibility for waivers and variances

Sec. 8. A child care home may be eligible to receive a waiver or variance from the requirements of this chapter by complying with IC 12-17.2-2-10.

As added by P.L.1-1993, SEC.141.

IC 12-17.2-5-9 Denial of licenses

Sec. 9. (a) The division shall deny a license when an applicant fails to meet the requirements for a license.

(b) The division shall provide the applicant with written notice, sent by electronic mail to the electronic mail address provided by the applicant in the application, that the application has been denied. The division shall include in the notice the reasons for the denial and a request that the applicant confirm receipt of the notice by electronic mail sent to an electronic mail address specified in the notice. If the applicant does not confirm receipt of the notice by electronic mail not later than three (3) working days after the division sends the notice, the division shall provide the notice to the applicant by certified mail or personal service.

(c) An administrative hearing concerning the denial of a license shall be provided upon written request by the applicant. The request must be made within thirty (30) calendar days after:

(1) the applicant confirms receipt of the notice sent by electronic mail under subsection (b); or

(2) the division:

(A) mails the notice to the applicant; or

(B) provides the notice to the applicant by personal service;

under subsection (b).

(d) The administrative hearing shall be held within sixty (60) calendar days after receiving the written request.

(e) The administrative hearing shall be held in accordance with IC 4-21.5-3.

(f) The division shall issue a decision within sixty (60) calendar days after the conclusion of the hearing.

As added by P.L.1-1993, SEC.141. Amended by P.L.183-2021, SEC.7.

IC 12-17.2-5-10 Delegation of investigations; issuance or notification of denial of licenses; supervision and monitoring

Sec. 10. (a) The division may delegate the investigation of child care homes to a person. The person is responsible for completing a child care home licensing study that shows substantial compliance with child care rules and is the basis of a recommendation for licensure to the division.

(b) The division shall issue the license or notify the person if a license is not to be issued, giving the reasons for the denial.

(c) After licensure, the person shall supervise and monitor the child care home in relation to the rules for licensure and shall recommend subsequent licensing and enforcement actions.
As added by P.L.1-1993, SEC.141.

IC 12-17.2-5-11 Investigation of unlicensed premises

Sec. 11. The division shall investigate any premises that the division has reason to believe are being used for child care without a license in circumstances where a license is required.
As added by P.L.1-1993, SEC.141.

IC 12-17.2-5-12 Expiration, transferability, display, and renewal of licenses; other information

Sec. 12. (a) A license for a child care home expires two (2) years after the date of issuance, unless revoked, modified to a probationary or suspended status, or voluntarily returned.

(b) A license issued under this chapter:

(1) is not transferable;

(2) applies only to the licensee and the location stated in the application; and

(3) remains the property of the division.

(c) A current license shall be publicly displayed.

(d) When a licensee submits a timely application for renewal, the current license shall remain in effect until the division issues a license or denies the application.

(e) A licensee shall publicly display and make available, as a handout, written documentation of:

(1) any changes in the status of the licensee's license; and

(2) a telephone number and an Internet site where information may be obtained from the division regarding:

(A) the current status of the licensee's license;

(B) any complaints filed with the division concerning the licensee; and

(C) violations of this article by the licensee; and

(3) a telephone number of the office of the Indiana child care resource and referral program of the county in which the child care home is located.

As added by P.L.1-1993, SEC.141. Amended by P.L.241-2003, SEC.14.

IC 12-17.2-5-13 Provisional licenses

Sec. 13. (a) The division may grant a provisional license to an applicant who is not able to demonstrate compliance with a rule because the child care home is not in full operation.

(b) The provisional license shall be granted for not more than one (1) year and is subject to review every three (3) months.
As added by P.L.1-1993, SEC.141.

IC 12-17.2-5-14 Probationary licenses

Sec. 14. (a) The division may grant a probationary license to a licensee who is temporarily unable to comply with a rule if:

(1) the noncompliance does not present an immediate threat to the health and well-being of the children;

(2) the licensee files a plan with the division to correct the areas of noncompliance within the probationary period; and

(3) the division approves the plan.

(b) A probationary license is valid for not more than six (6) months. The division may extend a probationary license for one (1) additional period of six (6) months.

(c) An existing license is invalidated when a probationary license is issued.

(d) At the expiration of the probationary license, the division shall reinstate the original license to the end of the original term of the license, issue a new license, or revoke the license.

(e) Upon receipt of a probationary license, the licensee shall return to the division the previously issued license.

(f) The division shall:

(1) upon issuing a probationary license under this section, provide written notice to the licensee that the division will provide the notice required under subdivision (2); and

(2) not more than seven (7) days after issuing a probationary license under this section, publish notice under IC 5-3-1 and provide written notice to the parent or guardian of each child enrolled in the child care home of the:

(A) issuance of the probationary license; and

(B) reason for the issuance of the probationary license.

As added by P.L.1-1993, SEC.141. Amended by P.L.241-2003, SEC.15.

IC 12-17.2-5-15 Inspections

Sec. 15. The division shall do the following:

(1) Make annual onsite inspections.

(2) Keep written records of the division's monitoring activities and inspections.

As added by P.L.1-1993, SEC.141.

IC 12-17.2-5-16 Cooperation by licensees

Sec. 16. The licensee shall cooperate with the division in carrying out these activities, including permitting the division to conduct announced or unannounced inspections.

As added by P.L.1-1993, SEC.141.

IC 12-17.2-5-17 Unscheduled visits by parents and guardians

Sec. 17. Unscheduled visits by a custodial parent or guardian of a child shall be permitted at any time the child care home is in operation.

As added by P.L.1-1993, SEC.141.

IC 12-17.2-5-17.5 Supervision of children

Sec. 17.5. A licensee shall ensure that a child in the licensee's care is continually supervised by a caregiver.

As added by P.L.18-2003, SEC.30.

IC 12-17.2-5-18 Records

Sec. 18. (a) A licensee shall keep records regarding each child in the control and care of the licensee as the division requires and shall report to the division, upon request, the facts the division requires with reference to children.

(b) The division shall keep records regarding children and facts learned about children and their parents or relatives confidential.

(c) The following are permitted access to records regarding children and facts learned about children:

(1) A state agency involved in the licensing of the child care home.

(2) A legally mandated child protection agency.

(3) A law enforcement agency.

(4) An agency having the legal responsibility to care for a child placed at the child care home.

(5) The parent, guardian, or custodian of the child at the child care home.
As added by P.L.1-1993, SEC.141.

IC 12-17.2-5-18.1 Immunizations

Sec. 18.1. (a) After December 31, 2002, a licensee shall maintain and annually update documentation provided by the physician of each child who is cared for in a child care home where the licensee provides child care that the child has received complete age appropriate immunizations, including:

(1) conjugated pneumococcal vaccine; and

(2) varicella vaccine or a demonstrated immunity to varicella.

The Indiana department of health shall determine for each age level the immunizations that constitute complete age appropriate immunizations.

(b) A licensee meets the requirement of subsection (a) if:

(1) a child's parent:

(A) objects to immunizations for religious reasons; and

(B) provides documentation of the parent's objection;

(2) the child's physician provides documentation of a medical reason the child should not be immunized; or

(3) the child's physician provides documentation that the child is currently in the process of receiving complete age appropriate immunizations;

and the licensee maintains and annually updates the documentation provided by the parent or physician under this subsection.

As added by P.L.121-2002, SEC.3. Amended by P.L.18-2003, SEC.31; P.L.56-2023, SEC.121.

IC 12-17.2-5-18.2 Certifications required

Sec. 18.2. (a) At least one (1) adult individual who maintains current certification in a course of pediatric cardiopulmonary resuscitation applicable to all age groups of children cared for by the child care home shall be present at all times when a child is in the care of a child care home. Certifications accepted under this subsection must include a live return demonstration of skills.

(b) An individual who is employed or volunteers as a caregiver at a child care home:

(1) must, not more than ninety (90) days after the individual begins employment or volunteer duties, be trained in pediatric cardiopulmonary resuscitation applicable to all age groups of children cared for by the child care home; and

(2) shall maintain current certification in pediatric first aid applicable to all age groups of children cared for by the child care home.

As added by P.L.18-2003, SEC.32. Amended by P.L.246-2023, SEC.6; P.L.26-2025, SEC.15.

IC 12-17.2-5-18.6 Duties of child care home regarding missing child reports

Sec. 18.6. (a) Upon receiving a report under IC 31-36-1-4, a child care home shall thoroughly inspect the report. If the child care home finds that a child on the report required under IC 31-36-1-4 is enrolled at the child care home, the child care home shall immediately notify the Indiana clearinghouse for information on missing children, missing veterans at risk, and missing endangered adults.

(b) Upon receiving a report under IC 31-36-1-4, a child care home shall attach a notice to the child's enrollment records stating that the child has been reported missing. The child care home shall remove the notice when the center is notified under IC 31-36-2-6 that the child has been found.

(c) If a request for the enrollment records of a missing child is received, the child care home shall:

(1) obtain:

(A) the name, address, and telephone number of the person making the request; and

(B) the reason that the person is requesting the school records; and

(2) immediately notify the Indiana clearinghouse for information on missing children, missing veterans at risk, and missing endangered adults.

(d) The child care home may not issue a copy of the enrollment records of a child reported missing without authorization from the Indiana clearinghouse for information on missing children, missing veterans at risk, and missing endangered adults and may not inform the person making the request that a notice that the child has been reported missing has been attached to the child's records.

As added by P.L.12-1994, SEC.9. Amended by P.L.1-1997, SEC.70; P.L.43-2009, SEC.15; P.L.40-2024, SEC.23.

IC 12-17.2-5-18.7 Violations posing immediate threat to life or well-being of child; orders

Sec. 18.7. (a) The division shall adopt rules under IC 4-22-2 to establish a list of violations of this article that would pose an immediate threat to the life or well-being of a child in the care of a licensee.

(b) If an employee or agent of the division determines that a violation described in subsection (a) exists, the division shall:

(1) issue an emergency or another temporary order under IC 4-21.5-4 requiring the licensee to immediately cease operation of the child care home; and

(2) contact the parent or guardian of each child enrolled in the child care home to inform the parent or guardian:

(A) that the division has issued an order to require the licensee to cease operation of the child care home; and

(B) of the reason for the order to cease operation;

pending the outcome of proceedings conducted under sections 20 through 22 of this chapter.

(c) An emergency or another temporary order issued by an employee or agent of the division must be approved by the director.

(d) An approval under subsection (c) may be communicated orally to the employee or agent issuing the order. However, the division shall maintain a written record of the approval.

(e) The list established under subsection (a) must include the presence of firearms, ammunition, or other weapons in a place that is accessible to a child in the care of a licensee.

As added by P.L.241-2003, SEC.16. Amended by P.L.25-2018, SEC.8.

IC 12-17.2-5-19 Notice of enforcement actions; informal meetings

Sec. 19. (a) Except as provided in section 18.7 or 29 of this chapter, the division shall give a licensee thirty (30) calendar days written notice of an enforcement action. The division shall send the notice by electronic mail to the electronic mail address provided in the licensee's application for the license, and include in the notice a request that the licensee confirm receipt of the notice by electronic mail sent to an electronic mail address specified in the notice. If the licensee does not confirm receipt of the notice by electronic mail not later than three (3) working days after the division sends the notice, the division shall provide the notice to the licensee by certified mail or personal service.

(b) The licensee shall also be provided with the opportunity for an informal meeting with the division. The licensee must request the meeting within ten (10) working days after:

(1) the licensee confirms receipt of the notice sent by electronic mail under subsection (a); or

(2) the division:

(A) mails the notice to the licensee; or

(B) provides the notice to the licensee by personal service;

under subsection (a).

As added by P.L.1-1993, SEC.141. Amended by P.L.241-2003, SEC.17; P.L.183-2021, SEC.8.

IC 12-17.2-5-20 Administrative hearings

Sec. 20. (a) An administrative hearing concerning the decision of the division to impose a sanction under this chapter shall be provided upon a written request by the child care home. The request must be made within thirty (30) calendar days after receiving notice under section 18.7 or 19 of this chapter. The written request must be made separately from an informal meeting request made under section 19 of this chapter.

(b) The administrative hearing shall be held within sixty (60) calendar days after receiving the written request.

As added by P.L.1-1993, SEC.141. Amended by P.L.241-2003, SEC.18.

IC 12-17.2-5-21 Procedure for administrative hearings

Sec. 21. A hearing requested under section 20 of this chapter shall be held in accordance with IC 4-21.5-3.

As added by P.L.1-1993, SEC.141.

IC 12-17.2-5-22 Issuance of decisions

Sec. 22. The division shall issue a decision within sixty (60) calendar days after the conclusion of the hearing.

As added by P.L.1-1993, SEC.141.

IC 12-17.2-5-23 Cessation of operations upon suspension of license

Sec. 23. If a license is suspended, a licensed child care home shall cease operation and may not display the license.

As added by P.L.1-1993, SEC.141.

IC 12-17.2-5-24 Reinstatement of suspended licenses

Sec. 24. To reinstate a suspended license, the following must occur:

(1) The licensee must, within thirty (30) days of the notice of the suspension, submit a plan of corrective action to the division for approval.

(2) The plan must outline the steps and timetable for immediate correction of the violations that caused the division to suspend the license.

(3) The division must approve the plan.

As added by P.L.1-1993, SEC.141.

IC 12-17.2-5-25 Actions of division following suspensions of licenses

Sec. 25. Following the suspension, the division shall do one (1) of the following:

(1) Reinstate the license for the term of the original license.

(2) Revoke the license.

(3) Issue a new license.

(4) Deny a reapplication.

As added by P.L.1-1993, SEC.141.

IC 12-17.2-5-26 Cessation of operations upon revocation of license

Sec. 26. A child care home shall cease operation when the license of the child care home is revoked.

As added by P.L.1-1993, SEC.141.

IC 12-17.2-5-27 Notice of license revocation or suspension

Sec. 27. (a) After a license is revoked or suspended, the division shall publish notice under IC 5-3-1 and notify in writing each person responsible for the children in care that the license has been revoked or suspended.

(b) The written notice shall be sent to the last known address of the person responsible for the child in care and shall state that the license of the child care home has been revoked

or suspended.
As added by P.L.1-1993, SEC.141. Amended by P.L.241-2003, SEC.19.

IC 12-17.2-5-28 Judicial review

Sec. 28. A final decision of the office of administrative law proceedings made after a hearing is subject to judicial review under IC 4-21.5-5.
As added by P.L.1-1993, SEC.141. Amended by P.L.92-2025, SEC.13.

IC 12-17.2-5-29 Investigation of unlicensed facilities; injunctions; civil penalties; removal of children

Sec. 29. (a) The division shall investigate a report of an unlicensed child care home and report the division's findings to the attorney general and to the division's attorney and the prosecuting attorney in the county where the child care home is located.

(b) The attorney general or the county department of public welfare attorney may do the following:

(1) Seek the issuance of a search warrant to assist in the investigation.

(2) File an action for injunctive relief to stop the operation of a child care home if there is reasonable cause to believe that:

(A) the child care home is operating without a license required under this article; or

(B) a licensee's noncompliance with this article and the rules adopted under this article creates an imminent danger of serious bodily injury to a child or an imminent danger to the health of a child.

(3) Seek in a civil action a civil penalty not to exceed one hundred dollars ($100) a day for each day a child care home is operating without a license required under this article.

(c) The division may provide for the removal of children from child care homes described in subsection (b).

(d) An opportunity for an informal meeting with the division shall be available after the injunctive relief is ordered.

(e) The civil penalties collected under this section shall be deposited in the division of family resources child care fund established by IC 12-17.2-2-3.

(f) Section 34 of this chapter does not apply to the civil penalties imposed under this section.
As added by P.L.1-1993, SEC.141. Amended by P.L.145-2006, SEC.102; P.L.1-2007, SEC.124.

IC 12-17.2-5-30 Expiration of injunctions for operation without a license

Sec. 30. A court order granted under section 29(b)(2)(A) of this chapter expires when the child care home is issued a license.
As added by P.L.1-1993, SEC.141.

IC 12-17.2-5-31 Expiration of injunctions for creation of imminent danger

Sec. 31. A court order granted under section 29(b)(2)(B) of this chapter expires upon the later of the following:

(1) Sixty (60) calendar days after the order is issued.

(2) When a final division decision is issued under sections 20 through 22 of this chapter if notice of an enforcement action is issued under section 19 of this chapter.
As added by P.L.1-1993, SEC.141.

IC 12-17.2-5-32 Grounds for revocation of licenses

Sec. 32. (a) The following constitute sufficient grounds for revocation of a license:

(1) A determination by the department of child services of child abuse or neglect (as defined in IC 31-9-2-14) by:

(A) the licensee;

(B) a member of the licensee's household;

(C) an employee of the licensee who may be present on the premises of the child care home during operating hours of the child care home; or

(D) a volunteer of the licensee who may be present on the premises of the child care home during operating hours of the child care home.

(2) A criminal conviction of the licensee, an employee or volunteer of the licensee who may be present on the premises of the child care home during operating hours of the child care home, or a member of the licensee's household of any of the following:

(A) A felony:

(i) related to the health or safety of a child;

(ii) that is a sex offense (as defined in IC 11-8-8-5.2);

(iii) that is a dangerous felony; or

(iv) that is not a felony otherwise described in items (i) through (iii), and less than ten (10) years have elapsed from the date the person was discharged from probation, imprisonment, or parole, whichever discharge date is latest.

(B) A misdemeanor related to the health or safety of a child.

(C) A misdemeanor for operating a child care center without a license under IC 12-17.2-4-35, or a substantially similar offense committed in another jurisdiction if the offense is directly or indirectly related to jeopardizing the health or safety of a child.

(D) A misdemeanor for operating a child care home without a license under section 35 of this chapter, or a substantially similar offense committed in another jurisdiction if the offense is directly or indirectly related to jeopardizing the health or safety of a child.

(3) A determination by the division that the licensee made false statements in the licensee's application for licensure.

(4) A determination by the division that the licensee made false statements in the records required by the division.

(5) A determination by the division that the licensee previously operated a:

(A) child care center without a license under IC 12-17.2-4; or

(B) child care home without a license under this chapter.

(b) Notwithstanding subsection (a)(2), if:

(1) a license is revoked due to a criminal conviction of:

(A) an employee or a volunteer of the licensee's; or

(B) a resident of the licensee's household; and

(2) the division determines that the:

(A) employee or volunteer has been dismissed by the licensee; or

(B) member of the licensee's household is no longer a member of the licensee's household;

the criminal conviction of the former employee, former volunteer, or former member does not require revocation of a license.

As added by P.L.1-1993, SEC.141. Amended by P.L.136-1993, SEC.20; P.L.1-1997, SEC.71; P.L.109-2002, SEC.12; P.L.146-2006, SEC.8; P.L.124-2007, SEC.6; P.L.287-2013, SEC.15; P.L.121-2020, SEC.9; P.L.74-2022, SEC.13.

IC 12-17.2-5-33 Disciplinary sanctions

Sec. 33. (a) A licensee shall operate a child care home in compliance with the rules established under this article and is subject to the disciplinary sanctions under subsection (b) if the division finds that the licensee has violated this article.

(b) The division may impose any of the following sanctions when the division finds that a licensee has committed a violation under subsection (a):

(1) After complying with the procedural provisions in sections 19 through 22 of this chapter:

(A) suspend the license for not more than six (6) months; or

(B) revoke the license.

(2) Seek civil remedies under section 29 of this chapter.

(c) A person may not apply for, and the division may not grant, a license under this chapter less than one (1) year after the date on which the person's previous license under IC 12-17.2-4 or this chapter is revoked. However, the division may waive the one (1) year period at the division's discretion.

As added by P.L.1-1993, SEC.141. Amended by P.L.25-2018, SEC.9.

IC 12-17.2-5-34 Civil penalty for violation of article

Sec. 34. (a) In addition to the other penalties imposed under this chapter, the division may impose a civil penalty of not more than one thousand dollars ($1,000) for the violation of this article.

(b) The division shall deposit the civil penalties collected under this section in the division of family resources child care fund established by IC 12-17.2-2-3.

As added by P.L.1-1993, SEC.141. Amended by P.L.145-2006, SEC.103.

IC 12-17.2-5-35 Violations of chapter

Sec. 35. A person who knowingly or intentionally violates this chapter commits a Class B misdemeanor.

As added by P.L.1-1993, SEC.141.

IC 12-17.2-5-36 Prohibition of care home classification for E building occupancy

Sec. 36. The fire prevention and building safety commission may not adopt rules that classify a child care home as an E building occupancy classification.

As added by P.L.136-1993, SEC.21.

IC 12-17.2-5-37 Investigation of abuse or neglect; child care home

Sec. 37. (a) The department of child services shall conduct an investigation of a claim of abuse or neglect at a child care home.

(b) After an investigation under subsection (a), the department of child services shall make a determination of whether or not abuse or neglect occurred at the child care home.

(c) If the department of child services makes a determination under IC 31-33-8-12 that abuse or neglect at the child care home is substantiated, the department shall send a copy of its report to the appropriate licensing office at the division.

As added by P.L.146-2006, SEC.9.

IC 12-17.2-6 Chapter 6. Regulation of Child Care Ministries

12-17.2-6-1	Licensure of ministries
12-17.2-6-2	Operation of unlicensed ministries; registration application and duration
12-17.2-6-2.1	Required maintenance of electronic mail address
12-17.2-6-3	Registration of licensed ministries
12-17.2-6-4	Applicant inspection; periodic inspection of registered child care ministry
12-17.2-6-5	Rules for fire prevention and inspection of unlicensed ministries
12-17.2-6-6	Inspection notices for unlicensed ministries
12-17.2-6-7	Notice to parents and guardians by unlicensed ministries
12-17.2-6-7.5	Required annual certification
12-17.2-6-8	Liability for injuries to children
12-17.2-6-9	Loss of exemption for violation of chapter
12-17.2-6-10	Advertising requirements for exempt ministries
12-17.2-6-11	Immunization of children
12-17.2-6-12	Registration fees of division
12-17.2-6-13	Registration fees of fire marshal
12-17.2-6-14	National criminal history check for employees of child care ministry; reporting requirements; prohibition on employing certain persons
12-17.2-6-14.1	Safe sleeping practices; violations; penalties
12-17.2-6-15	Unscheduled visits by parents and guardians
12-17.2-6-16	Application denial; causes
12-17.2-6-17	Notice of application denial; hearing
12-17.2-6-18	Incomplete application
12-17.2-6-19	Revocation of registration; causes
12-17.2-6-20	Emergency or temporary order requiring cessation of operation
12-17.2-6-21	Enforcement actions
12-17.2-6-22	Notice of enforcement action
12-17.2-6-23	Hearing
12-17.2-6-24	Hearing procedure
12-17.2-6-25	Issuance of enforcement decision
12-17.2-6-26	Suspension of registration; cessation of operation
12-17.2-6-27	Reinstatement of suspended registration; corrective action
12-17.2-6-28	Actions following suspension of registration
12-17.2-6-29	Revocation of registration; cessation of operation
12-17.2-6-30	Notice of suspension or revocation
12-17.2-6-31	Judicial review
12-17.2-6-32	Class B misdemeanor

IC 12-17.2-6-1 Licensure of ministries

Sec. 1. A child care ministry is exempt from licensure under this article if the child care ministry complies with this chapter. However, a child care ministry may apply for licensure. If a license is issued to the child care ministry, the child care ministry shall comply with state laws and rules governing licensure of the type of facility that the ministry operates.

As added by P.L.1-1993, SEC.141.

IC 12-17.2-6-2 Operation of unlicensed ministries; registration application and duration

Sec. 2. (a) An unlicensed child care ministry under section 1 of this chapter may not operate unless the child care ministry has registered with and met the requirements of the division and the department of homeland security. Registration application forms shall be provided by the division and the department of homeland security.

(b) A registration application under this section must include a current and valid electronic mail address for the applicant.

(c) Registration under this section expires two (2) years after the date of issuance unless revoked, modified to a probationary or suspended status, or voluntarily returned.

As added by P.L.1-1993, SEC.141. Amended by P.L.1-2006, SEC.193; P.L.53-2018, SEC.9; P.L.183-2021, SEC.9; P.L.187-2021, SEC.45.

IC 12-17.2-6-2.1 Required maintenance of electronic mail address

Sec. 2.1. A child care ministry registered under this chapter shall, for the duration of the child care ministry's registration under this chapter, maintain the electronic mail address provided by the child care ministry in the child care ministry's application for registration.
As added by P.L.183-2021, SEC.10.

IC 12-17.2-6-3 Registration of licensed ministries

Sec. 3. The operator of a licensed child care ministry under section 1 of this chapter shall register under section 2 of this chapter at least ninety (90) days before the expiration of the child care ministry's license or ninety (90) days before surrendering the license.
As added by P.L.1-1993, SEC.141.

IC 12-17.2-6-4 Applicant inspection; periodic inspection of registered child care ministry

Sec. 4. (a) The division shall inspect a child care ministry for which a registration application is made under section 2 of this chapter to ensure that the child care ministry complies with the rules of the division adopted under IC 12-17.2-2-5(a).

(b) The division shall make an inspection of a registered child care ministry:

(1) at least semiannually; and

(2) additionally as determined necessary by the division, but not more than four (4) inspections per year per child care ministry;

to ensure that the child care ministry complies with the rules of the division adopted under IC 12-17.2-2-5(a).
As added by P.L.1-1993, SEC.141. Amended by P.L.16-2006, SEC.6; P.L.53-2018, SEC.10.

IC 12-17.2-6-5 Rules for fire prevention and inspection of unlicensed ministries

Sec. 5. (a) As used in this section, "primary use of the building" means the occupancy classification that is:

(1) most closely related to the intended use of the building; and

(2) determined by the rules of the fire prevention and building safety commission in effect at the time that the child care ministry is first registered.

(b) The state fire marshal shall inspect a child care ministry registered under section 2 of this chapter to ensure that the child care ministry complies with the requirements of subsection (c).

(c) Except as provided in the following, a registered child care ministry shall comply with all rules of the fire prevention and building safety commission applicable to the primary use of the building:

(1) A registered child care ministry with an occupant load of at least fifty (50) shall do either of the following:

(A) Install and maintain a fire alarm system in compliance with the rules of the fire prevention and building safety commission.

(B) Provide a notice on a form prescribed by the department of homeland security to the parents of each child who attends the ministry stating that the ministry does not have the same level of fire safety protection as a licensed child care center.

(2) Each registered child care ministry with an occupant load of less than fifty (50) shall do either of the following:

(A) Install and maintain in good operating condition at least one (1) battery operated smoke detector in each room and corridor used by the ministry.

(B) Provide a notice on a form prescribed by the department of homeland security to the parents of each child who attends the ministry stating that the ministry does not have the same level of fire safety protection as a licensed child care center.

(3) Each registered child care ministry shall comply with the rules of the fire prevention

and building safety commission concerning fire drills.

For purposes of this subsection, occupant load is determined by dividing the total square footage of the area used by the child care ministry by thirty-five (35) and rounding any result that is not a whole number up to the next whole number.

(d) The state fire marshal shall make an inspection of a child care ministry registered under section 2 of this chapter at least annually.

(e) During an inspection, the state fire marshal shall inspect the structure in which the child care ministry is conducted for fire safety and life safety with respect to the structure's primary use.

As added by P.L.1-1993, SEC.141. Amended by P.L.159-1995, SEC.2; P.L.1-2006, SEC.194; P.L.187-2021, SEC.46.

IC 12-17.2-6-6 Inspection notices for unlicensed ministries

Sec. 6. Upon the completion of the inspections required under this chapter, a notice signed by the inspectors from the division and the department of homeland security shall be issued to the operator of each child care ministry found to be in compliance. The notice shall be placed in a conspicuous place in the child care ministry, and must be in substantially the following form:

"THIS UNLICENSED REGISTERED CHILD CARE MINISTRY has been inspected and complies with state rules concerning health and sanitation in child care ministries.

DATE _____

SIGNATURE _____

DIVISION OF FAMILY RESOURCES

THIS UNLICENSED REGISTERED CHILD CARE MINISTRY has been inspected and complies with state law concerning fire safety and life safety.

DATE _____

SIGNATURE _____

DEPARTMENT OF HOMELAND SECURITY".

As added by P.L.1-1993, SEC.141. Amended by P.L.159-1995, SEC.3; P.L.1-2006, SEC.195; P.L.145-2006, SEC.104; P.L.187-2021, SEC.47.

IC 12-17.2-6-7 Notice to parents and guardians by unlicensed ministries

Sec. 7. The operator of a child care ministry registered under section 2 of this chapter shall provide a notice to the parent or guardian of a child enrolled in the child care ministry. The notice must be signed by the parent or guardian when the child is enrolled in the child care ministry and must be kept on file at the child care ministry until two (2) years after the last day the child attends the child care ministry. This notice must be maintained by the child care ministry and made available to the division upon request. The notice must be in the following form:

"I understand that this child care ministry is not licensed under the laws of Indiana. However, I understand that this child care ministry must comply with the state rules concerning sanitation and fire and life safety for the primary use of the structure in which it is conducted. I understand that it is my responsibility to ensure that the nutritional and health needs of my child are met while my child is at the child care ministry.

SIGNATURE _____".

As added by P.L.1-1993, SEC.141.

IC 12-17.2-6-7.5 Required annual certification

Sec. 7.5. (a) At least one (1) adult individual who maintains current certification in a course of pediatric cardiopulmonary resuscitation applicable to all age groups of children cared for by the child care ministry shall be present at all times when a child is in the care of

a child care ministry. Certifications accepted under this subsection must include a live return demonstration of skills.

(b) An individual who is employed or volunteers as a caregiver at a child care ministry:

(1) must, not more than ninety (90) days after the individual begins employment or volunteer duties, be trained in pediatric cardiopulmonary resuscitation applicable to all age groups of children cared for by the child care ministry; and

(2) shall maintain current certification in pediatric first aid applicable to all age groups of children cared for by the child care ministry.

As added by P.L.9-2020, SEC.5. Amended by P.L.246-2023, SEC.7; P.L.26-2025, SEC.16.

IC 12-17.2-6-8 Liability for injuries to children

Sec. 8. A child care ministry is not absolved from liability for injury to a child while the child is at the child care ministry if the cause of the injury is negligence or intentional wrongdoing on the part of the child care ministry or an employee of the child care ministry.

As added by P.L.1-1993, SEC.141.

IC 12-17.2-6-9 Loss of exemption for violation of chapter

Sec. 9. A child care ministry is not exempt under section 1 of this chapter if the operator or an employee of the child care ministry violates this chapter.

As added by P.L.1-1993, SEC.141.

IC 12-17.2-6-10 Advertising requirements for exempt ministries

Sec. 10. A child care ministry that is exempt from licensing under this chapter must clearly state in all of its paid promotional advertising that the child care ministry is providing child care as an extension of the ministry's church or religious ministry. A child care ministry that is exempt from licensing under this chapter must be referred to in all of its paid promotional advertising as a child care ministry.

As added by P.L.1-1993, SEC.141.

IC 12-17.2-6-11 Immunization of children

Sec. 11. (a) The parent or guardian of a child shall, when the child is enrolled in a child care ministry, provide the child care ministry with proof that the child has received the required immunizations against the following:

(1) Diphtheria.

(2) Whooping cough.

(3) Tetanus.

(4) Measles.

(5) Rubella.

(6) Poliomyelitis.

(7) Mumps.

(b) A child enrolled in a child care ministry may not be required to undergo an immunization required under this section if the parents object for religious reasons. The objection must be:

(1) made in writing;

(2) signed by the child's parent or guardian; and

(3) delivered to the child care ministry.

(c) If a physician certifies that a particular immunization required by this section is or may be detrimental to the child's health, the requirements of this section for that particular immunization are inapplicable to that child until the immunization is found to be no longer detrimental to the child's health.

As added by P.L.1-1993, SEC.141.

IC 12-17.2-6-12 Registration fees of division

Sec. 12. (a) The division shall charge a child care ministry a fifty dollar ($50) fee for processing a registration under section 2 of this chapter.

(b) The division shall deposit the fees collected under subsection (a) in the division of family resources child care fund established by IC 12-17.2-2-3.

As added by P.L.1-1993, SEC.141. Amended by P.L.145-2006, SEC.106.

IC 12-17.2-6-13 Registration fees of fire marshal

Sec. 13. (a) The state fire marshal shall charge a child care ministry a fifty dollar ($50) fee for processing a registration under section 2 of this chapter.

(b) The state fire marshal shall deposit the fees collected under subsection (a) in the fire and building services fund established by IC 22-12-6-1.

As added by P.L.1-1993, SEC.141.

IC 12-17.2-6-14 National criminal history check for employees of child care ministry; reporting requirements; prohibition on employing certain persons

Sec. 14. (a) A child care ministry must do the following:

(1) Subject to subsection (c), require, at no expense to the state, an employee or volunteer who may be present on the premises of the child care ministry during operating hours of the child care ministry to submit fingerprints for a national criminal history background check by the Federal Bureau of Investigation.

(2) Report to the division any:

(A) police investigations;

(B) arrests; and

(C) criminal convictions;

of which the operator or director of the child care ministry is aware regarding an employee or volunteer described in subdivision (1).

(3) Refrain from employing, or allowing to serve as a volunteer, an individual who may be present on the premises of the child care ministry during operating hours of the child care ministry and who:

(A) has been convicted of a felony:

(i) related to the health or safety of a child;

(ii) that is a sex offense (as defined in IC 11-8-8-5.2);

(iii) that is a dangerous felony; or

(iv) that is not a felony otherwise described in items (i) through (iii), and less than ten (10) years have elapsed from the date the person was discharged from probation, imprisonment, or parole, whichever discharge date is latest;

(B) has been convicted of a misdemeanor related to the health or safety of a child;

(C) has been convicted of a misdemeanor under IC 12-17.2-4-35 for operating a child care center without a license, or of a substantially similar offense committed in another jurisdiction if the offense is directly or indirectly related to jeopardizing the health or safety of a child;

(D) has been convicted of a misdemeanor under IC 12-17.2-5-35 for operating a child care home without a license, or of a substantially similar offense committed in another jurisdiction if the offense is directly or indirectly related to jeopardizing the health or safety of a child; or

(E) is a person against whom an allegation of child abuse or neglect has been substantiated under IC 31-33, or under a substantially similar provision in another jurisdiction.

(b) A child care ministry shall require an individual described in subsection (a)(1) to apply for a national criminal history background check before the individual is employed or allowed to volunteer and every three (3) years thereafter that the individual is continuously employed or allowed to volunteer.

(c) A child care ministry that is registered under this chapter on July 1, 2013, shall, at no expense to the state, meet the requirements under subsection (a)(1) not later than July 1, 2014.

As added by P.L.1-1993, SEC.141. Amended by P.L.136-1993, SEC.22 and P.L.61-1993, SEC.12; P.L.124-2007, SEC.7; P.L.287-2013, SEC.16; P.L.158-2013, SEC.179; P.L.168-2014, SEC.28; P.L.121-2020, SEC.10.

IC 12-17.2-6-14.1 Safe sleeping practices; violations; penalties

Sec. 14.1. (a) The operator of a child care ministry that cares for children who are less than twelve (12) months of age shall:

(1) complete the training course provided or approved by the division under IC 12-17.2-2-1(10) concerning safe sleeping practices; and

(2) ensure that all caregivers of children who are less than twelve (12) months of age follow safe sleeping practices.

(b) If an operator of a child care ministry violates subsection (a), the division may do the following with respect to each violation determined during an inspection of the child care ministry:

(1) On the first inspection during which a violation is determined during a registration period, issue a formal warning letter stating the division's intent to take administrative action and impose a civil penalty for any future violation.

(2) On the second inspection during which a violation is determined during a registration period, impose a civil penalty of fifty dollars ($50) for each violation determined during the inspection.

(3) On the third inspection during which a violation is determined during a registration period, impose a civil penalty of seventy-five dollars ($75) for each violation determined during the inspection.

(4) On the fourth inspection during which a violation is determined during a registration period:

(A) suspend the child care ministry's registration for not more than six (6) months; and

(B) impose a civil penalty of one hundred dollars ($100) for each violation determined during the inspection.

(5) On the fifth inspection during which a violation is determined during a registration period:

(A) suspend or revoke the child care ministry's registration for one (1) year; and

(B) impose a civil penalty of two hundred fifty dollars ($250) for each violation determined during the inspection.

(c) The division shall send to the operator of a child care ministry written notice:

(1) of an action taken under subsection (b), specifying the reason for the action and amount of any monetary civil penalty; and

(2) that failure to pay any monetary civil penalty may result in revocation of the child care ministry's registration for not more than two (2) years.

(d) The division shall deposit all civil penalties collected under this section in the division of family resources child care fund established by IC 12-17.2-2-3.

(e) In addition to the actions described in subsection (b), the division may seek further disciplinary action provided for under this article, as determined by the director.

As added by P.L.53-2018, SEC.11.

IC 12-17.2-6-15 Unscheduled visits by parents and guardians

Sec. 15. Unscheduled visits by a custodial parent or guardian of a child shall be permitted at any time a child care ministry is in operation.

As added by P.L.1-1993, SEC.141.

IC 12-17.2-6-16 Application denial; causes

Sec. 16. (a) The following constitute sufficient grounds for denial of an application for registration under this chapter:

(1) A determination by the department of child services of child abuse or neglect (as defined in IC 31-9-2-14) by:

(A) the applicant;

(B) an employee of the applicant who may be present on the premises of the child care ministry during operating hours of the child care ministry; or

(C) a volunteer of the applicant who may be present on the premises of the child care ministry during operating hours of the child care ministry.

(2) A criminal conviction of the applicant, or an employee or volunteer of the applicant who may be present on the premises of the child care ministry during operating hours of the child care ministry, of any of the following:

(A) A felony:

(i) related to the health or safety of a child;

(ii) that is a sex offense (as defined in IC 11-8-8-5.2);

(iii) that is a dangerous felony; or

(iv) that is not a felony otherwise described in items (i) through (iii), and less than ten (10) years have elapsed from the date the person was discharged from probation, imprisonment, or parole, whichever discharge date is latest.

(B) A misdemeanor related to the health or safety of a child.

(C) A misdemeanor for operating a child care ministry without a registration under this chapter, or a substantially similar offense in another jurisdiction if the offense is directly or indirectly related to jeopardizing the health or safety of a child.

(D) A misdemeanor for operating a child care center without a license under IC 12-17.2-4-35, or a substantially similar offense in another jurisdiction if the offense is directly or indirectly related to jeopardizing the health or safety of a child.

(E) A misdemeanor for operating a child care home without a license under IC 12-17.2-5-35, or a substantially similar offense in another jurisdiction if the offense is directly or indirectly related to jeopardizing the health or safety of a child.

(3) A determination by the division that the applicant made false statements in the applicant's application for registration.

(4) A determination by the division that the applicant made false statements in the records required by the division.

(5) A determination by the division that the applicant previously operated a:

(A) child care ministry without a registration under this chapter;

(B) child care center without a license under IC 12-17.2-4; or

(C) child care home without a license under IC 12-17.2-5.

(b) Notwithstanding subsection (a)(2), if:

(1) a registration application is denied due to a criminal conviction of an employee or a volunteer of the applicant; and

(2) the division determines that the employee or volunteer has been dismissed by the applicant;

the criminal conviction of the former employee or former volunteer does not require denial of the registration application.

As added by P.L.53-2018, SEC.12. Amended by P.L.121-2020, SEC.11.

IC 12-17.2-6-17 Notice of application denial; hearing

Sec. 17. (a) The division shall deny registration under this chapter if an applicant fails to meet the requirements for registration.

(b) The division shall provide the applicant with written notice, sent by electronic mail to the electronic mail address provided by the applicant in the application, that the application has been denied. The division shall include in the notice the reasons for the denial

and a request that the applicant confirm receipt of the notice by electronic mail sent to an electronic mail address specified in the notice. If the applicant does not confirm receipt of the notice by electronic mail not later than three (3) working days after the division sends the notice, the division shall provide the notice to the applicant by certified mail or personal service.

(c) An administrative hearing concerning the denial of a registration must be provided upon written request by the applicant. The request must be made not more than thirty (30) calendar days after:

(1) the applicant confirms receipt of the notice sent by electronic mail under subsection (b); or

(2) the division:

(A) mails the notice to the applicant; or

(B) provides the notice to the applicant by personal service;

under subsection (b).

(d) The administrative hearing must be scheduled not more than sixty (60) calendar days after the division receives the written request.

(e) The administrative hearing must be held in accordance with IC 4-21.5-3.

(f) The division shall issue a decision not more than sixty (60) calendar days after the conclusion of the hearing.

As added by P.L.53-2018, SEC.13. Amended by P.L.183-2021, SEC.11.

IC 12-17.2-6-18 Incomplete application

Sec. 18. The division may not act on an incomplete application for registration under this chapter. The division shall return an incomplete registration application with a notation as to omissions. The return of an incomplete registration application is without prejudice.

As added by P.L.53-2018, SEC.14.

IC 12-17.2-6-19 Revocation of registration; causes

Sec. 19. (a) The following constitute sufficient grounds for revocation of a registration under this chapter:

(1) A determination by the department of child services of child abuse or neglect (as defined in IC 31-9-2-14) by:

(A) the operator of the child care ministry;

(B) an employee of the child care ministry who may be present on the premises of the child care ministry during operating hours of the child care ministry; or

(C) a volunteer of the child care ministry who may be present on the premises of the child care ministry during operating hours of the child care ministry.

(2) A criminal conviction of the operator of the child care ministry, or an employee or volunteer of the child care ministry who may be present on the premises of the child care ministry during operating hours of the child care ministry, of any of the following:

(A) A felony:

(i) related to the health or safety of a child;

(ii) that is a sex offense (as defined in IC 11-8-8-5.2);

(iii) that is a dangerous felony; or

(iv) that is not a felony otherwise described in items (i) through (iii), and less than ten (10) years have elapsed from the date the person was discharged from probation, imprisonment, or parole, whichever discharge date is latest.

(B) A misdemeanor related to the health or safety of a child.

(C) A misdemeanor for operating a child care ministry without a registration under this chapter, or a substantially similar offense in another jurisdiction if the offense is directly or indirectly related to jeopardizing the health or safety of a child.

(D) A misdemeanor for operating a child care center without a license under IC 12-17.2-4-35, or a substantially similar offense in another jurisdiction if the

offense is directly or indirectly related to jeopardizing the health or safety of a child.

(E) A misdemeanor for operating a child care home without a license under IC 12-17.2-5-35, or a substantially similar offense in another jurisdiction if the offense is directly or indirectly related to jeopardizing the health or safety of a child.

(3) A determination by the division that the operator of the child care ministry made false statements in the child care ministry's registration application.

(4) A determination by the division that the operator of the child care ministry made false statements in the records required by the division.

(5) A determination by the division that the operator of the child care ministry previously operated a:

(A) child care ministry without a registration under this chapter;

(B) child care center without a license under IC 12-17.2-4; or

(C) child care home without a license under IC 12-17.2-5.

(b) Notwithstanding subsection (a)(2), if:

(1) a registration is revoked due to a criminal conviction of an employee or a volunteer of the child care ministry; and

(2) the division determines that the employee or volunteer has been dismissed by the child care ministry;

the criminal conviction of the former employee or former volunteer does not require revocation of the registration.

As added by P.L.53-2018, SEC.15. Amended by P.L.121-2020, SEC.12.

IC 12-17.2-6-20 Emergency or temporary order requiring cessation of operation

Sec. 20. (a) The division shall adopt rules under IC 4-22-2 to establish a list of violations of this article that would pose an immediate threat to the life or well-being of a child in the care of a child care ministry.

(b) If an employee or agent of the division determines that a violation described in subsection (a) exists, the division shall:

(1) issue an emergency or other temporary order under IC 4-21.5-4 requiring the operator to immediately cease operation of the child care ministry; and

(2) contact the parent or guardian of each child enrolled in the child care ministry to inform the parent or guardian:

(A) that the division has issued an order to require the operator to cease operation of the child care ministry; and

(B) of the reason for the order to cease operation;

pending the outcome of proceedings conducted under sections 22 through 25 of this chapter.

(c) An emergency or other temporary order issued by an employee or agent of the division must be approved by the director.

(d) An approval under subsection (c) may be communicated orally to the employee or agent issuing the order. However, the division shall maintain a written record of the approval.

As added by P.L.53-2018, SEC.16.

IC 12-17.2-6-21 Enforcement actions

Sec. 21. (a) The operator of a child care ministry:

(1) shall operate the child care ministry in compliance with the rules established under this article; and

(2) is subject to the disciplinary actions under subsection (b) if the division finds that the operator of the child care ministry has violated this article.

(b) If the division finds that the operator of a child care ministry has committed a violation described in subsection (a), the division may, after complying with the procedural provisions of sections 22 through 25 of this chapter:

(1) suspend the child care ministry's registration for not more than six (6) months; or

(2) revoke the child care ministry's registration.
As added by P.L.53-2018, SEC.17.

IC 12-17.2-6-22 Notice of enforcement action

Sec. 22. (a) Except as provided in section 20 of this chapter, the division shall give the operator of a child care ministry thirty (30) calendar days written notice of an enforcement action. The division shall send the notice by electronic mail to the electronic mail address provided in the child care ministry's application for the license, and include in the notice a request that the child care ministry confirm receipt of the notice by electronic mail sent to an electronic mail address specified in the notice. If the child care ministry does not confirm receipt of the notice by electronic mail not later than three (3) working days after the division sends the notice, the division shall provide the notice to the child care ministry by certified mail or personal service.

(b) The operator of the child care ministry must also be provided with the opportunity for an informal meeting with the division. The operator of the child care ministry must request the informal meeting not more than ten (10) working days after:

(1) the child care ministry confirms receipt of the notice sent by electronic mail under subsection (a); or

(2) the division:

(A) mails the notice to the child care ministry; or

(B) provides the notice to the child care ministry by personal service;

under subsection (a).

As added by P.L.53-2018, SEC.18. Amended by P.L.183-2021, SEC.12.

IC 12-17.2-6-23 Hearing

Sec. 23. (a) An administrative hearing concerning the decision of the division to impose a sanction under this chapter must be provided upon a written request by the child care ministry. The request must be made not more than thirty (30) calendar days after the child care ministry receives notice under section 20 or 22 of this chapter. The written request must be made separately from an informal meeting request made under section 22 of this chapter.

(b) An administrative hearing requested under subsection (a) must be held not more than sixty (60) calendar days after the division receives the written request.
As added by P.L.53-2018, SEC.19.

IC 12-17.2-6-24 Hearing procedure

Sec. 24. A hearing requested under section 23 of this chapter must be held in accordance with IC 4-21.5-3.
As added by P.L.53-2018, SEC.20.

IC 12-17.2-6-25 Issuance of enforcement decision

Sec. 25. The division shall issue a decision not more than sixty (60) calendar days after the conclusion of a hearing held under section 23 of this chapter.
As added by P.L.53-2018, SEC.21.

IC 12-17.2-6-26 Suspension of registration; cessation of operation

Sec. 26. If the registration of a child care ministry under this chapter is suspended, the child care ministry shall cease operation and may not display the registration.
As added by P.L.53-2018, SEC.22.

IC 12-17.2-6-27 Reinstatement of suspended registration; corrective action

Sec. 27. To reinstate a suspended registration under this chapter the following must occur:

(1) The operator of the child care ministry must, not more than thirty (30) days after receiving the notice of the suspension under section 22 of this chapter, submit a plan

of corrective action to the division for approval.

(2) The plan of corrective action must outline the steps and timetable for immediate correction of the violations that caused the division to suspend the registration.

(3) The plan of corrective action must be approved by the division.

As added by P.L.53-2018, SEC.23.

IC 12-17.2-6-28 Actions following suspension of registration

Sec. 28. Following the suspension of a registration under this chapter, the division shall do one (1) of the following:

(1) Reinstate the registration for the term of the original registration.

(2) Revoke the registration.

(3) Issue a new registration.

(4) Deny a reapplication for registration.

As added by P.L.53-2018, SEC.24.

IC 12-17.2-6-29 Revocation of registration; cessation of operation

Sec. 29. If the registration of a child care ministry under this chapter is revoked, the child care ministry shall cease operation.

As added by P.L.53-2018, SEC.25.

IC 12-17.2-6-30 Notice of suspension or revocation

Sec. 30. (a) After the registration of a child care ministry under this chapter is revoked or suspended, the division shall:

(1) publish notice under IC 5-3-1; and

(2) send written notice to each person responsible for a child in care;

of the revocation or suspension.

(b) The written notice sent under subsection (a) must:

(1) be sent to the last known address of the person responsible for the child in care; and

(2) state that the registration of the child care ministry has been revoked or suspended.

As added by P.L.53-2018, SEC.26.

IC 12-17.2-6-31 Judicial review

Sec. 31. A final decision of the division made after a hearing under this chapter is subject to judicial review under IC 4-21.5-5.

As added by P.L.53-2018, SEC.27.

IC 12-17.2-6-32 Class B misdemeanor

Sec. 32. A person who knowingly or intentionally violates this chapter commits a Class B misdemeanor.

As added by P.L.53-2018, SEC.28.

IC 12-17.2-7.2 Chapter 7.2. Prekindergarten Program

12-17.2-7.2-0.4 "CCDF"
12-17.2-7.2-0.5 "Child care employee"
12-17.2-7.2-0.6 "Child of a child care employee"
12-17.2-7.2-1 "Eligible child"
12-17.2-7.2-2 "Eligible provider"
12-17.2-7.2-2.1 "Extended enrollment period"
12-17.2-7.2-2.5 "Limited eligibility child"
12-17.2-7.2-3 "Office"
12-17.2-7.2-4 "Paths to QUALITY program"
12-17.2-7.2-4.7 "Fund"
12-17.2-7.2-5 "Prekindergarten program"
12-17.2-7.2-5.5 "Potential eligible provider or existing eligible provider"
12-17.2-7.2-5.7 "Priority enrollment period"
12-17.2-7.2-6 "Qualified early education services"
12-17.2-7.2-7 Prekindergarten program; establishment; administration; prekindergarten vouchers and provider expansion grants
12-17.2-7.2-7.1 Repealed
12-17.2-7.2-7.2 Eligibility for prekindergarten vouchers; parent or guardian requirements and agreement; priority for prekindergarten vouchers
12-17.2-7.2-7.3 Eligible provider agreement
12-17.2-7.2-7.4 Potential eligible provider or existing eligible provider requirements; expansion plans; agreement; restrictions; repayment for noncompliance; federal grants
12-17.2-7.2-7.5 Rules
12-17.2-7.2-7.6 Monitoring educational outcomes of expansion plans; report
12-17.2-7.2-7.8 Random onsite inspections; determination of ineligibility
12-17.2-7.2-8 Eligibility determinations; amount of prekindergarten voucher or grant; funding from donations and gifts
12-17.2-7.2-8.1 Prekindergarten voucher amount for limited eligibility children; priority enrollment period and extended enrollment period
12-17.2-7.2-9 Repealed
12-17.2-7.2-10 Application for federal waivers
12-17.2-7.2-11 Effect of prekindergarten voucher on eligibility for choice scholarship
12-17.2-7.2-12 Requirement for longitudinal study
12-17.2-7.2-13 Reporting requirements
12-17.2-7.2-13.1 Monthly informational report
12-17.2-7.2-13.5 Prekindergarten program fund
12-17.2-7.2-14 Repealed

IC 12-17.2-7.2-0.4 "CCDF"

Sec. 0.4. As used in this chapter, "CCDF" refers to the federal Child Care and Development Fund program administered under 45 CFR 98 and 45 CFR 99.

As added by P.L.92-2024, SEC.10.

IC 12-17.2-7.2-0.5 "Child care employee"

Sec. 0.5. As used in this chapter, "child care employee" means an individual who:

(1) receives compensation as a full-time employee of an entity licensed or regulated under this article, as determined by the office; or

(2) receives compensation as a part-time employee of an entity licensed or regulated under this article while also pursuing postsecondary study or educational training in child care or early childhood education, as determined by the office.

As added by P.L.92-2024, SEC.11.

IC 12-17.2-7.2-0.6 "Child of a child care employee"

Sec. 0.6. As used in this chapter, "child of a child care employee" means an individual who:

(1) is at least four (4) years of age and less than five (5) years of age on August 1 of the state fiscal year for which a prekindergarten voucher is sought for the individual under the prekindergarten program;
(2) is a resident of Indiana or otherwise has legal settlement in Indiana, as determined under IC 20-26-11;
(3) receives qualified early education services from an eligible provider, as determined by the office;
(4) has a parent or guardian who agrees to ensure that the child meets the attendance requirements determined by the office;
(5) resides with a parent or guardian who is a child care employee, as determined by the office;
(6) has a household income that does not exceed eighty-five percent (85%) of Indiana's state median income for the household's family size; and
(7) meets the requirements of section 7.2(c) of this chapter.

As added by P.L.92-2024, SEC.12.

IC 12-17.2-7.2-1 "Eligible child"

Sec. 1. As used in this chapter, "eligible child" refers to an individual who:
(1) in the case of an individual who is enrolled before May 1, 2025:
(A) is at least four (4) years of age and less than five (5) years of age on August 1 of the state fiscal year for which a grant is sought under the prekindergarten program;
(B) is a resident of Indiana or otherwise has legal settlement in Indiana, as determined under IC 20-26-11;
(C) is a member of a household with an annual income that does not exceed one hundred fifty percent (150%) of the federal poverty level;
(D) receives qualified early education services from an eligible provider, as determined by the office;
(E) has a parent or guardian who participates in a parental engagement and involvement component provided by the eligible provider;
(F) has a parent or guardian who agrees to ensure that the child meets the attendance requirements determined by the office; and
(G) meets the requirements under section 7.2(a) and 7.2(c) of this chapter; and
(2) in the case of an individual who is enrolled on or after May 1, 2025:
(A) is at least four (4) years of age and less than five (5) years of age on August 1 of the state fiscal year for which a grant is sought under the prekindergarten program;
(B) is a resident of Indiana or otherwise has legal settlement in Indiana, as determined under IC 20-26-11;
(C) is a member of a household with an annual income that does not exceed one hundred thirty-five percent (135%) of the federal poverty level;
(D) receives qualified early education services from an eligible provider, as determined by the office;
(E) has a parent or guardian who participates in a parental engagement and involvement component provided by the eligible provider;
(F) has a parent or guardian who agrees to ensure that the child meets the attendance requirements determined by the office; and
(G) meets the requirements under section 7.2(a) and 7.2(c) of this chapter.

As added by P.L.202-2014, SEC.2. Amended by P.L.184-2017, SEC.13; P.L.268-2019, SEC.1; P.L.201-2023, SEC.138; P.L.1-2025, SEC.173; P.L.213-2025, SEC.121.

IC 12-17.2-7.2-2 "Eligible provider"

Sec. 2. As used in this chapter, "eligible provider" refers to a provider that satisfies the following conditions:
(1) The provider is:

(A) a:
(i) child care center licensed under IC 12-17.2-4;
(ii) child care home licensed under IC 12-17.2-5; or
(iii) child care ministry registered under IC 12-17.2-6;
that meets the standards of quality recognized by a Level 3 or Level 4 paths to QUALITY program rating;
(B) a public school, including a charter school;
(C) a nonpublic school that is accredited by the state board of education or a national or regional accreditation agency that is recognized by the state board of education; or
(D) a nonpublic school that is accredited to provide qualified early education services by an accrediting agency approved by the office of the secretary.
(2) The provider:
(A) provides qualified early education services to eligible children, limited eligibility children, and children of child care employees;
(B) complies with the agreement with the office concerning the delivery of qualified education services and the use of a prekindergarten voucher provided under this chapter; and
(C) complies with CCDF provider eligibility standards in accordance with federal requirements for health and safety.

As added by P.L.202-2014, SEC.2. Amended by P.L.169-2016, SEC.1; P.L.184-2017, SEC.14; P.L.268-2019, SEC.2; P.L.92-2024, SEC.13.

IC 12-17.2-7.2-2.1 "Extended enrollment period"

Sec. 2.1. As used in this chapter, "extended enrollment period" refers to the period set forth by the office beginning not later than June 1 of each calendar year.

As added by P.L.268-2019, SEC.3.

IC 12-17.2-7.2-2.5 "Limited eligibility child"

Sec. 2.5. As used in this chapter, "limited eligibility child" refers to an individual who:
(1) is at least four (4) years of age and less than five (5) years of age on August 1 of the state fiscal year for which a prekindergarten voucher is sought for the individual under the prekindergarten program;
(2) is a resident of Indiana or otherwise has legal settlement in Indiana, as determined under IC 20-26-11;
(3) receives qualified early education services from an eligible provider, as determined by the office;
(4) has a parent or guardian who agrees to ensure that the child meets the attendance requirements determined by the office;
(5) has a parent or guardian who participates in a parental engagement and involvement component provided by the eligible provider;
(6) is a member of a household with an annual income that does not exceed one hundred eighty-five percent (185%) of the federal poverty level;
(7) meets the requirements of section 7.2(b) and 7.2(c) of this chapter; and
(8) is not an eligible child or a child of a child care employee.

As added by P.L.268-2019, SEC.4. Amended by P.L.246-2023, SEC.8; P.L.92-2024, SEC.14.

IC 12-17.2-7.2-3 "Office"

Sec. 3. As used in this chapter, "office" means the office of the secretary of family and social services.

As added by P.L.202-2014, SEC.2.

IC 12-17.2-7.2-4 "Paths to QUALITY program"

Sec. 4. As used in this chapter, "paths to QUALITY program" has the meaning set forth in IC 12-17.2-2-14.2(b).
As added by P.L.202-2014, SEC.2.

IC 12-17.2-7.2-4.7 "Fund"

Sec. 4.7. As used in this chapter, "fund" refers to the prekindergarten program fund established by section 13.5 of this chapter.
As added by P.L.184-2017, SEC.15. Amended by P.L.246-2023, SEC.9.

IC 12-17.2-7.2-5 "Prekindergarten program"

Sec. 5. As used in this chapter, "prekindergarten program" refers to the prekindergarten program established under section 7 of this chapter.
As added by P.L.202-2014, SEC.2. Amended by P.L.184-2017, SEC.16; P.L.246-2023, SEC.10.

IC 12-17.2-7.2-5.5 "Potential eligible provider or existing eligible provider"

Sec. 5.5. As used in this chapter, "potential eligible provider or existing eligible provider" refers to an entity that qualifies as a potential eligible provider or existing eligible provider under section 7.4(a) of this chapter.
As added by P.L.184-2017, SEC.17.

IC 12-17.2-7.2-5.7 "Priority enrollment period"

Sec. 5.7. As used in this chapter, "priority enrollment period" refers to the period set forth by the office beginning not later than April 1 of each calendar year, except for calendar year 2024, during which the priority enrollment period may begin later than April 1, 2024.
As added by P.L.268-2019, SEC.5. Amended by P.L.216-2021, SEC.4; P.L.92-2024, SEC.15.

IC 12-17.2-7.2-6 "Qualified early education services"

Sec. 6. As used in this chapter, "qualified early education services" refers to a program of early education services that:

(1) is provided by an eligible provider to:
  (A) an eligible child;
  (B) a limited eligibility child; or
  (C) a child of a child care employee;

(2) includes a parental engagement and involvement component in the delivery of early education services that is based on the requirements and guidelines established by the office;

(3) administers the kindergarten readiness assessment adopted by the state board of education;

(4) aligns with the early learning development framework for prekindergarten approved by the department of education; and

(5) meets the design parameters for inclusion in the longitudinal study described in section 12 of this chapter, as determined by the office.

As added by P.L.202-2014, SEC.2. Amended by P.L.184-2017, SEC.18; P.L.268-2019, SEC.6; P.L.92-2024, SEC.16; P.L.214-2025, SEC.7.

IC 12-17.2-7.2-7 Prekindergarten program; establishment; administration; prekindergarten vouchers and provider expansion grants

Sec. 7. (a) The prekindergarten program is established to provide:

(1) prekindergarten vouchers for qualified early education services in a manner consistent with how funds are distributed under the CCDF child care voucher program; and

(2) grants for expansion plans as described in section 7.4(a)(2) of this chapter.

(b) The office shall administer the prekindergarten program. The prekindergarten program may include:

(1) eligible providers in Indiana; and

(2) potential eligible providers or existing eligible providers as described in section 7.4 of this chapter.

(c) Beginning July 1, 2020, the total number of prekindergarten vouchers provided during the immediately preceding state fiscal year shall include the number of prekindergarten vouchers issued under a preschool program established in March 2015 that operates in a consolidated city.

(d) The prekindergarten program includes eligible providers in any county in Indiana.

(e) Subject to the requirements of this chapter, the office shall determine:

(1) the eligibility requirements, application process, and selection process for providing prekindergarten vouchers under the prekindergarten program and awarding grants under section 7.4 of this chapter;

(2) the administration and reporting requirements for:

(A) eligible providers; and

(B) potential eligible providers or existing eligible providers;

participating in the prekindergarten program; and

(3) with the assistance of the early learning advisory committee, an appropriate outcomes based accountability system for:

(A) eligible providers; and

(B) potential eligible providers or existing eligible providers.

(f) The office shall, subject to the availability of funding, determine the number of eligible children, limited eligibility children, and children of child care employees who will participate in the prekindergarten program.

As added by P.L.202-2014, SEC.2. Amended by P.L.184-2017, SEC.19; P.L.268-2019, SEC.7; P.L.246-2023, SEC.11; P.L.92-2024, SEC.17.

IC 12-17.2-7.2-7.1 Repealed

As added by P.L.184-2017, SEC.20. Repealed by P.L.268-2019, SEC.8.

IC 12-17.2-7.2-7.2 Eligibility for prekindergarten vouchers; parent or guardian requirements and agreement; priority for prekindergarten vouchers

Sec. 7.2. (a) For an eligible child to qualify for a prekindergarten voucher under this chapter, the eligible child must reside with a parent or guardian who is working or attending a job training or an educational program.

(b) For a limited eligibility child to qualify for a prekindergarten voucher under this chapter, the limited eligibility child must reside with a parent or guardian who:

(1) is working or attending a job training or an educational program; or

or

(2) receives Social Security Disability Insurance, Supplemental Security Income benefits, or disability benefits from the United States Department of Veterans Affairs.

(c) Before the office may provide a prekindergarten voucher to an eligible child, a limited eligibility child, or a child of a child care employee under this chapter, the office shall require that a parent or guardian of the child agree to the following:

(1) The child will attend the prekindergarten program of an eligible provider selected by the parent or guardian for the full duration of the prekindergarten program year.

(2) The parent or guardian will not transfer to another prekindergarten program during the prekindergarten program year.

(3) The child will attend the prekindergarten program at least eighty-five percent (85%) of the days that the prekindergarten program is provided.

(4) The parent or guardian will allow the child to participate in an external evaluation

conducted by researchers, including the kindergarten readiness assessment and measuring of developmental and academic progress.

(5) The parent or guardian will participate in family engagement and involvement activities offered by the selected prekindergarten program, including meetings with the child's teacher to discuss the child's progress or any other conference concerning the child that is requested by the eligible provider.

(6) The parent or guardian will complete the necessary forms for the child to receive a student test number from the department of education.

(7) The parent or guardian will send the child to kindergarten.

(8) The parent or guardian will read to the child each week.

(9) Any other condition the office determines is appropriate.

(d) Priority shall be given to a child of a child care employee under this section.

(e) Priority may be given to an eligible or limited eligibility child under this section if a parent or guardian of the eligible or limited eligibility child is:

(1) involved in activities that improve the parent's or guardian's education; or

(2) involved in job training.

As added by P.L.184-2017, SEC.21. Amended by P.L.268-2019, SEC.9; P.L.92-2024, SEC.18; P.L.213-2025, SEC.122.

IC 12-17.2-7.2-7.3 Eligible provider agreement

Sec. 7.3. The office shall require, for an eligible provider to enroll in the prekindergarten program, that the eligible provider agree to the following:

(1) Comply on a continuing basis with the requirements under this chapter and rules for participation established by the office.

(2) Maintain eligibility under this chapter throughout the prekindergarten program year.

(3) Report immediately any changes in eligibility status to the office, including the eligible provider's loss of national or regional accreditation.

(4) Participate in any training and mandatory meetings required by the office.

(5) Participate in all onsite visits conducted by the office, including fiscal auditing activities with regard to the prekindergarten program and prekindergarten program activity monitoring.

(6) Allow the family of an eligible child, a limited eligibility child, or a child of a child care employee enrolled in the prekindergarten program of the eligible provider to visit at any time the prekindergarten program is in operation.

(7) Maintain accurate online attendance records through the attendance portal for eligible children, limited eligibility children, and children of child care employees enrolled in the prekindergarten program and submit attendance records as required by the office.

(8) Offer parental engagement and involvement activities in the prekindergarten program of the eligible provider in alignment with the family engagement framework adopted by the early learning advisory committee established by IC 12-17.2-3.8-5.

(9) Complete, within the period established by the office, the Indiana early childhood family engagement toolkit, including the family engagement self-assessment, adopted by the early learning advisory committee.

(10) Share information on the family engagement self-assessment described in subdivision (9) as required by the office.

(11) Participate in research studies as required by the office.

(12) Enforce minimum attendance requirements of at least eighty-five percent (85%) of the days that the prekindergarten program of the eligible provider is offered to an eligible child, a limited eligibility child, or a child of a child care employee.

(13) Inform the office that an eligible child, a limited eligibility child, or a child of a child care employee has withdrawn from the prekindergarten program of the eligible provider not later than five (5) days after the child is withdrawn.

(14) That retroactive repayment to the state may be required or future payments may be adjusted as a result of the withdrawal of an eligible child, a limited eligibility child, or a child of a child care employee or changes in the law.

(15) Maintain records of participation by the family of an eligible child, a limited eligibility child, or a child of a child care employee in family engagement activities and submit records as required by the office.

(16) Promote the social, emotional, and behavioral health of an eligible child, a limited eligibility child, or a child of a child care employee and eliminate or severely limit the use of expulsion, suspension, and other exclusionary discipline practices.

(17) Use the exclusionary discipline practices described in subdivision (16) only as a last resort in extraordinary circumstances when there is a determination of a serious safety threat that cannot otherwise be reduced or eliminated by the provision of reasonable modifications.

(18) Inform and receive approval from the office before the eligible provider expels, suspends, or uses other exclusionary discipline practices.

(19) Assist a parent or guardian, upon request by the parent or guardian, in obtaining information from, referral to, or both information from and referral to, the public school that serves the attendance area in which the parent or guardian resides for an educational evaluation and determination of eligibility for special education services if developmental delays or reasons to suspect a disability are observed by the parent, guardian, or teacher of an eligible child, a limited eligibility child, or a child of a child care employee during the prekindergarten program year.

As added by P.L.184-2017, SEC.22. Amended by P.L.268-2019, SEC.10; P.L.246-2023, SEC.12; P.L.92-2024, SEC.19.

IC 12-17.2-7.2-7.4 Potential eligible provider or existing eligible provider requirements; expansion plans; agreement; restrictions; repayment for noncompliance; federal grants

Sec. 7.4. (a) To qualify as a potential eligible provider or existing eligible provider, an applicant must:

(1) provide an expansion plan to the office that details the potential eligible provider's or existing eligible provider's plan to:

(A) increase the capacity of providers of qualified early education services to serve a greater number of eligible or limited eligibility children;

(B) increase the number of providers of qualified early education services; or

(C) increase the capacity as described in clause (A) and increase the number as described in clause (B);

(2) comply with the agreement with the office concerning the plan under subdivision (1) and the use of a grant awarded under this chapter;

(3) agree:

(A) to operate as an eligible provider; or

(B) that the applicant intends to operate as an eligible provider;

(4) agree that the applicant will not use any grant funds awarded under this section for capital expenditures; and

(5) comply with any other standards and procedures established under this chapter.

(b) Subject to subsections (c) and (d), the office may award a grant to an applicant that meets the requirements of subsection (a).

(c) The office may not use more than a total of twenty percent (20%) of the money in the fund each state fiscal year:

(1) for grants awarded under this chapter to potential eligible providers and existing eligible providers for expansion plans; and

(2) to meet any state match amounts required for a federal grant described in subsection (f).

(d) The office may not award grant funds under this section to an applicant for any of the following:

(1) The purchase of land or a building.

(2) The construction or expansion of a building.

(e) If a potential eligible provider or existing eligible provider fails to:

(1) use the grant funds in accordance with the expansion plan described in subsection (a); or

(2) comply with the agreement entered into with the office under subsection (a);

the potential eligible provider or existing eligible provider shall repay to the office the total amount of the grant awarded to the potential eligible provider or existing eligible provider under this chapter.

(f) The office may use money in the fund that is allocated for expansion plans under this section for a state fiscal year to meet any state match amounts required for a federal grant if the purpose of the federal grant is that the grant money be used for increasing:

(1) the capacity;

(2) the number; or

(3) both the capacity and number;

of providers of early education services for children four (4) years of age.

As added by P.L.184-2017, SEC.23. Amended by P.L.268-2019, SEC.11; P.L.246-2023, SEC.13.

IC 12-17.2-7.2-7.5 Rules

Sec. 7.5. The office may adopt rules under IC 4-22-2 concerning the implementation and the administration of the prekindergarten program.

As added by P.L.35-2016, SEC.49. Amended by P.L.184-2017, SEC.24; P.L.246-2023, SEC.14.

IC 12-17.2-7.2-7.6 Monitoring educational outcomes of expansion plans; report

Sec. 7.6. (a) The office shall monitor the educational outcomes resulting from the implementation of expansion plans described in section 7.4(a) of this chapter by potential eligible providers or existing eligible providers that receive a grant under this chapter over the period established by the office to evaluate the contribution that the expansion plans make toward improved educational outcomes.

(b) Beginning in 2018, the office shall annually provide the:

(1) governor; and

(2) legislative council in an electronic format under IC 5-14-6;

a report of the findings of the office concerning the educational outcomes under subsection (a).

As added by P.L.184-2017, SEC.25.

IC 12-17.2-7.2-7.8 Random onsite inspections; determination of ineligibility

Sec. 7.8. (a) The office shall make random onsite inspections each year, as determined necessary by the office, at the facility of:

(1) an eligible provider that receives a prekindergarten voucher under this chapter; or

(2) a potential eligible provider or existing eligible provider that receives a grant under section 7.4 of this chapter.

(b) The office may determine that an eligible provider is not eligible to receive a prekindergarten voucher under the prekindergarten program or that a potential eligible provider or existing eligible provider is not eligible to receive a grant under section 7.4 of this chapter if the eligible provider or the potential eligible provider or existing eligible provider:

(1) fails to comply with this chapter; or

(2) refuses to allow, during normal business hours, the office or an agent of the office

to inspect the facility at which the eligible provider or potential eligible provider or existing eligible provider operates a child care program for eligible children, limited eligibility children, or children of child care employees.

As added by P.L.184-2017, SEC.26. Amended by P.L.268-2019, SEC.12; P.L.246-2023, SEC.15; P.L.92-2024, SEC.20.

IC 12-17.2-7.2-8 Eligibility determinations; amount of prekindergarten voucher or grant; funding from donations and gifts

Sec. 8. (a) The office shall determine:

(1) which applicants shall be provided a:

(A) prekindergarten voucher under this chapter; or

(B) grant under section 7.4 of this chapter; and

(2) subject to subsection (b) and to the availability of funding, the amount of each prekindergarten voucher or grant.

(b) At least five percent (5%) but not more than fifty percent (50%) of the:

(1) tuition for eligible or limited eligibility children under the prekindergarten program; or

(2) expansion plan described in section 7.4(a) of this chapter;

during the state fiscal year must be paid from donations, gifts, grants, bequests, and other funds received from a private entity or person, from the United States government, or from other sources (excluding funds from a prekindergarten voucher or grant provided under this chapter and excluding other state funding). The office may receive and administer grants on behalf of the prekindergarten program. The grants shall be distributed by the office to fulfill the requirements of this subsection.

(c) The amount of a prekindergarten voucher provided under the prekindergarten program to an eligible child, a limited eligibility child, or a child of a child care employee:

(1) who attends a prekindergarten program full time must equal at least two thousand five hundred dollars ($2,500) during the state fiscal year; and

(2) may not exceed six thousand eight hundred dollars ($6,800) from state money provided under this chapter during the state fiscal year.

As added by P.L.202-2014, SEC.2. Amended by P.L.85-2017, SEC.61; P.L.184-2017, SEC.27; P.L.268-2019, SEC.13; P.L.92-2024, SEC.21.

IC 12-17.2-7.2-8.1 Prekindergarten voucher amount for limited eligibility children; priority enrollment period and extended enrollment period

Sec. 8.1. (a) If funds are appropriated by the general assembly, prekindergarten vouchers provided to limited eligibility children may not exceed:

(1) twenty percent (20%) of the amount appropriated for a particular state fiscal year if families with children four (4) years of age are on the waiting list for funds available under the CCDF; or

(2) forty percent (40%) of the amount appropriated for a particular state fiscal year if there is no waiting list for children four (4) years of age for funds available under the CCDF.

(b) During the priority enrollment period, the office shall provide prekindergarten vouchers to eligible children and children of child care employees in the prekindergarten program on a first-come, first-served basis. The office shall date stamp and reserve applications for limited eligibility children received during the priority enrollment period for processing during the extended enrollment period.

(c) During the extended enrollment period, the office shall provide prekindergarten vouchers to eligible children, children of child care employees, and limited eligibility children in the prekindergarten program on a first-come, first-served basis to the extent of available funding and in accordance with the limit established by subsection (a).

As added by P.L.268-2019, SEC.14. Amended by P.L.216-2021, SEC.5; P.L.246-2023, SEC.16; P.L.92-2024, SEC.22.

IC 12-17.2-7.2-9 Repealed

As added by P.L.202-2014, SEC.2. Repealed by P.L.85-2017, SEC.62.

IC 12-17.2-7.2-10 Application for federal waivers

Sec. 10. The office shall apply for any available waivers under the federal CCDF voucher program and the federal Head Start program.

As added by P.L.202-2014, SEC.2. Amended by P.L.92-2024, SEC.23.

IC 12-17.2-7.2-11 Effect of prekindergarten voucher on eligibility for choice scholarship

Sec. 11. The receipt of a prekindergarten voucher under the prekindergarten program does not qualify, nor have an effect on the qualification or eligibility, of a child for a choice scholarship under IC 20-51-4.

As added by P.L.202-2014, SEC.2. Amended by P.L.184-2017, SEC.28; P.L.165-2021, SEC.142; P.L.201-2023, SEC.139; P.L.246-2023, SEC.17; P.L.9-2024, SEC.335; P.L.92-2024, SEC.24.

IC 12-17.2-7.2-12 Requirement for longitudinal study

Sec. 12. (a) At least once every five (5) years, the office, in cooperation with the department of education, shall carry out a longitudinal study of students who participate in the prekindergarten program to determine the achievement levels of those students in kindergarten and later grades.

(b) The longitudinal study must include a comparison of test and assessment results in grade 3 of:

(1) the eligible children who participated in the prekindergarten program; and

(2) a control group determined by the office that consists of children who did not participate in the prekindergarten program.

(c) The office may, after consulting with the state board of education, enter into a contract with one (1) or more persons to carry out the longitudinal study under this section. The office may expend not more than one million dollars ($1,000,000) from the funds appropriated under section 9 of this chapter (repealed) to carry out the longitudinal study.

As added by P.L.202-2014, SEC.2. Amended by P.L.85-2017, SEC.63; P.L.184-2017, SEC.29; P.L.246-2023, SEC.18.

IC 12-17.2-7.2-13 Reporting requirements

Sec. 13. (a) The office shall, before November 1 of each year, submit a report to the governor, the budget committee, the state board of education, the department of education, and, in an electronic format under IC 5-14-6, the general assembly regarding the prekindergarten program.

(b) The report under subsection (a) must include the following:

(1) The total number of children who received a prekindergarten voucher under the prekindergarten program for the immediately preceding state fiscal year, disaggregated by county.

(2) The total amount of funds budgeted for and spent under the prekindergarten program during the immediately preceding state fiscal year.

(3) The balance remaining in the fund at the end of the immediately preceding state fiscal year.

As added by P.L.202-2014, SEC.2. Amended by P.L.184-2017, SEC.30; P.L.268-2019, SEC.15; P.L.246-2023, SEC.19; P.L.92-2024, SEC.25.

IC 12-17.2-7.2-13.1 Monthly informational report

Sec. 13.1. The office shall post monthly on the office's website the total enrollment of and number of prekindergarten vouchers awarded to:

(1) eligible children;

(2) limited eligibility children; and

(3) children of child care employees;

for each county that participates in the prekindergarten program.

As added by P.L.268-2019, SEC.16. Amended by P.L.246-2023, SEC.20; P.L.92-2024, SEC.26.

IC 12-17.2-7.2-13.5 Prekindergarten program fund

Sec. 13.5. (a) The prekindergarten program fund is established to:

(1) provide prekindergarten vouchers to eligible children, limited eligibility children, and children of child care employees for qualified early education services under this chapter;

(2) carry out the longitudinal study described in section 12 of this chapter;

(3) provide grants to potential eligible providers and existing eligible providers as set forth in section 7.4 of this chapter; and

(4) make payments to reimburse costs incurred to provide in-home early education services under IC 12-17.2-7.5.

(b) The fund consists of:

(1) money appropriated to the fund by the general assembly; and

(2) grants or gifts to the fund.

(c) The fund shall be administered by the office.

(d) The expenses of administering the fund shall be paid from money in the fund.

(e) Money in the fund is continuously appropriated for the purposes provided under this article.

(f) The treasurer of state shall invest the money in the fund not currently needed to meet the obligations of the fund in the same manner as other public funds may be invested.

As added by P.L.184-2017, SEC.31. Amended by P.L.268-2019, SEC.17; P.L.108-2019, SEC.200; P.L.156-2020, SEC.60; P.L.246-2023, SEC.21; P.L.92-2024, SEC.27.

IC 12-17.2-7.2-14 Repealed

As added by P.L.202-2014, SEC.2. Repealed by P.L.246-2023, SEC.22.

IC 12-17.2-7.5 Chapter 7.5. Technology Based In-Home Early Education

12-17.2-7.5-1 "In-home early education services"
12-17.2-7.5-2 "Office"
12-17.2-7.5-3 Review in-home early education services
12-17.2-7.5-4 Reimbursement program; reimbursement rates; funding
12-17.2-7.5-5 Longitudinal study; costs; requirements

IC 12-17.2-7.5-1 "In-home early education services"

Sec. 1. As used in this chapter, "in-home early education services" means a technology based program of early education that:

(1) is designed to improve a child's transition into elementary education;

(2) includes a parental engagement and involvement component;

(3) is provided to a child at the child's home or a similar home setting; and

(4) meets the design parameters for inclusion in the longitudinal study described in section 5 of this chapter, as determined by the office.

As added by P.L.184-2017, SEC.32.

IC 12-17.2-7.5-2 "Office"

Sec. 2. As used in this chapter, "office" refers to the office of the secretary of family and social services.

As added by P.L.184-2017, SEC.32.

IC 12-17.2-7.5-3 Review in-home early education services

Sec. 3. The office shall review in-home early education services that are available in Indiana.

As added by P.L.184-2017, SEC.32.

IC 12-17.2-7.5-4 Reimbursement program; reimbursement rates; funding

Sec. 4. (a) After completing the review under section 3 of this chapter, the office may develop and implement a reimbursement program to reimburse costs that are incurred by a parent or guardian of a child to provide in-home early education services to the child.

(b) If the office develops and implements a reimbursement program under subsection (a), the office may not give preference to a child located in a county that does not have a child care provider that meets the standards of quality recognized by a Level 3 or Level 4 Paths to QUALITY program rating located in the county.

(c) The office may develop reimbursement rates for the reimbursement of in-home early education services.

(d) Reimbursement by the office under this section may be funded from any of the following sources:

(1) Federal grants.

(2) State appropriations.

(3) Money from a political subdivision (as defined in IC 36-1-2-13).

(4) Money from the prekindergarten program fund established by IC 12-17.2-7.2-13.5.

As added by P.L.184-2017, SEC.32. Amended by P.L.165-2021, SEC.143; P.L.246-2023, SEC.23.

IC 12-17.2-7.5-5 Longitudinal study; costs; requirements

Sec. 5. (a) If the office implements a reimbursement program under section 4(a) of this chapter, the office shall require the provider of the in-home early education services to contract with a third party to conduct a longitudinal study, as prescribed by the office, of students who receive the in-home early education services to determine the achievement levels of those students in kindergarten and later grades. The cost of the longitudinal study

may not be paid by the office.

(b) The longitudinal study under this section must include a comparison of test and assessment results in grade 3 of:

(1) the children who received in-home early education services; and

(2) a control group that consists of children who did not receive in-home early education services.

(c) The provider of the in-home early education services shall provide the results of the longitudinal study under this section to the office.

As added by P.L.184-2017, SEC.32.

IC 12-17.2-7.6 Chapter 7.6. Micro Facility Pilot Program

12-17.2-7.6-1	"Micro facility"
12-17.2-7.6-2	"Pilot program"
12-17.2-7.6-3	Micro facility pilot program; establishment and administration; development of regulatory model; selection of participating licensees; expiration of waivers or variances
12-17.2-7.6-3.1	Minimum number of participants selected for the pilot program
12-17.2-7.6-4	Evaluation of regulatory model; report
12-17.2-7.6-5	Expiration

IC 12-17.2-7.6-1 "Micro facility"

Sec. 1. As used in this chapter, "micro facility" means an entity licensed under this article that provides child care for not less than three (3) children and not more than thirty (30) children for at least four (4) hours per day.

As added by P.L.92-2024, SEC.28.

IC 12-17.2-7.6-2 "Pilot program"

Sec. 2. As used in this chapter, "pilot program" refers to the pilot program established under section 3 of this chapter.

As added by P.L.92-2024, SEC.28.

IC 12-17.2-7.6-3 Micro facility pilot program; establishment and administration; development of regulatory model; selection of participating licensees; expiration of waivers or variances

Sec. 3. (a) Not later than January 1, 2025, after soliciting and considering recommendations from appropriate stakeholders, the office of the secretary shall develop a regulatory model that:

(1) is applicable only to micro facilities;

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

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

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

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

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

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

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

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

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

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

(A) operates an existing micro facility; or

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

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

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

(A) allow a selected licensee described in subdivision (1)(A) to operate the licensee's existing micro facility; and

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

under the regulatory model developed under subsection (a); and

(3) the office of the secretary shall:

(A) monitor the operation of the micro facilities operating under the regulatory model under subdivision (2); and

(B) evaluate the degree to which the operation of the micro facilities under the regulatory model serves the balance described in subsection (a)(3).

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

(1) that are geographically diverse from one another; and

(2) in which there exists a critical shortage of child care providers.

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

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

(2) December 31, 2026.

As added by P.L.92-2024, SEC.28.

IC 12-17.2-7.6-3.1 Minimum number of participants selected for the pilot program

Sec. 3.1. If as of July 1, 2025:

(1) at least five (5) licensees have applied to participate in the pilot program under section 3(c)(1) of this chapter; and

(2) the office of the secretary has selected less than five (5) of the applicant licensees to participate in the pilot program under section 3(c)(2) of this chapter;

the office of the secretary shall, not later than July 1, 2025, and subject to section 3(d) of this chapter, select additional applicant licensees for participation in the pilot program such that at least five (5) licensees are participating in the pilot program.

As added by P.L.140-2025, SEC.5.

IC 12-17.2-7.6-4 Evaluation of regulatory model; report

Sec. 4. Not later than October 1, 2026, the office of the secretary shall do the following:

(1) Make a determination as to whether the operation of the micro facilities under the regulatory model developed under section 3(a) of this chapter served the balance described in section 3(a)(3) of this chapter.

(2) Based on the office of the secretary's determination under subdivision (1), make a determination as to whether the office of the secretary will adopt rules specific to micro facilities that incorporate some or all aspects of the regulatory model developed under section 3(a) of this chapter.

(3) Submit to the executive director of the legislative services agency, for distribution to the members of the general assembly, a report regarding the pilot program that describes the office of the secretary's determinations under subdivisions (1) and (2). The office of the secretary's report under this subdivision must be in an electronic format under IC 5-14-6.

As added by P.L.92-2024, SEC.28.

IC 12-17.2-7.6-5 Expiration

Sec. 5. This chapter expires January 1, 2027.

As added by P.L.92-2024, SEC.28.

IC 12-17.4 ARTICLE 17.4. REPEALED

Repealed by P.L.145-2006, SEC.376.

IC 12-17.5 ARTICLE 17.5. REPEALED

Repealed by P.L.1-1994, SEC.66.

IC 12-17.6 ARTICLE 17.6. CHILDREN'S HEALTH INSURANCE PROGRAM

Ch. 1. Definitions
Ch. 2. Program Administration
Ch. 3. Eligibility, Outreach, and Enrollment
Ch. 4. Benefits, Crowd Out, and Cost Sharing
Ch. 5. Provider Contracts
Ch. 6. Provider Sanctions, Theft, Kickbacks, and Bribes
Ch. 7. Funding
Ch. 8. Appeals and Hearings
Ch. 9. Confidentiality and Release of Information

IC 12-17.6-1 Chapter 1. Definitions

12-17.6-1-1 Applicability of definitions
12-17.6-1-2 "Crowd out"
12-17.6-1-2.6 "Emergency"
12-17.6-1-3 "Fund"
12-17.6-1-4 "Office"
12-17.6-1-5 "Program"
12-17.6-1-6 "Provider"

IC 12-17.6-1-1 Applicability of definitions

Sec. 1. The definitions in this chapter apply throughout this article.

As added by P.L.273-1999, SEC.177.

IC 12-17.6-1-2 "Crowd out"

Sec. 2. "Crowd out" means the extent to which:

(1) families substitute coverage offered under the program for employer sponsored health insurance coverage for children; or

(2) employers:

(A) reduce or eliminate health insurance benefits for children under an employer based health insurance plan; or

(B) increase the employee's share of the cost of benefits for children under an employer based health insurance plan relative to the total cost of the plan;

as a result of the program.

As added by P.L.273-1999, SEC.177.

IC 12-17.6-1-2.6 "Emergency"

Sec. 2.6. "Emergency" means a medical condition that manifests itself by acute symptoms of such severity, including severe pain, that the absence of immediate medical attention could reasonably be expected by a prudent lay person who possesses an average knowledge of health and medicine to:

(1) place an individual's health in serious jeopardy;

(2) result in serious impairment to the individual's bodily functions; or

(3) result in serious dysfunction of a bodily organ or part of the individual.

As added by P.L.95-2000, SEC.2. Amended by P.L.223-2001, SEC.12 and P.L.283-2001, SEC.32.

IC 12-17.6-1-3 "Fund"

Sec. 3. "Fund" refers to the children's health insurance program fund established by IC 12-17.6-7-1.

As added by P.L.273-1999, SEC.177.

IC 12-17.6-1-4 "Office"

Sec. 4. "Office" refers to the office of Medicaid policy and planning established by IC 12-8-6.5-1.

As added by P.L.273-1999, SEC.177. Amended by P.L.35-2016, SEC.50.

IC 12-17.6-1-5 "Program"

Sec. 5. "Program" refers to the children's health insurance program established by IC 12-17.6-2.

As added by P.L.273-1999, SEC.177.

IC 12-17.6-1-6 "Provider"

Sec. 6. "Provider" has the meaning set forth in IC 12-7-2-149.1(2).

As added by P.L.273-1999, SEC.177. Amended by P.L.241-2003, SEC.20.

IC 12-17.6-2 Chapter 2. Program Administration

12-17.6-2-1 Administration of program
12-17.6-2-2 Design and administration of health benefits coverage system
12-17.6-2-3 Use of same factors as Medicaid managed care program for children
12-17.6-2-4 Feasibility studies
12-17.6-2-5 Program review requirements
12-17.6-2-6 Performance criteria and monitoring
12-17.6-2-7 Evaluation of program
12-17.6-2-8 Contracts with community entities
12-17.6-2-9 Creative methods reflective of community level objectives
12-17.6-2-10 Program to subsidize employer sponsored coverage
12-17.6-2-11 Rules; transfer of rules
12-17.6-2-12 Annual report

IC 12-17.6-2-1 Administration of program

Sec. 1. The secretary shall administer the children's health insurance program through the office of Medicaid policy and planning.

As added by P.L.273-1999, SEC.177. Amended by P.L.35-2016, SEC.51.

IC 12-17.6-2-2 Design and administration of health benefits coverage system

Sec. 2. The secretary, through the office, shall design and administer a system to provide health benefits coverage for children eligible for the program.

As added by P.L.273-1999, SEC.177. Amended by P.L.35-2016, SEC.52.

IC 12-17.6-2-3 Use of same factors as Medicaid managed care program for children

Sec. 3. To the greatest extent possible, the office shall use the same:

(1) eligibility determination;

(2) enrollment;

(3) provider networks; and

(4) claims payment systems;

as are used by the Medicaid managed care program for children.

As added by P.L.273-1999, SEC.177.

IC 12-17.6-2-4 Feasibility studies

Sec. 4. The office shall evaluate the feasibility of the following:

(1) Establishing a program to subsidize employer sponsored coverage under the program.

(2) Expanding health insurance coverage under the program to other populations as provided under section 2105(c)(3) of the federal Social Security Act.

As added by P.L.273-1999, SEC.177.

IC 12-17.6-2-5 Program review requirements

Sec. 5. Reviews of the program shall:

(1) be conducted in compliance with federal requirements; and

(2) include an analysis of the extent to which crowd out is occurring.

As added by P.L.273-1999, SEC.177.

IC 12-17.6-2-6 Performance criteria and monitoring

Sec. 6. The office shall do the following:

(1) Establish performance criteria and evaluation measures.

(2) Monitor program performance.

(3) Adopt a formula that:

(A) specifies the premiums, if any, to be paid by the parent or guardian of a child enrolled in the program; and

(B) is based on the child's family income.

As added by P.L.273-1999, SEC.177.

IC 12-17.6-2-7 Evaluation of program

Sec. 7. (a) The office shall contract with an independent organization to evaluate the program.

(b) The office shall report the results of each evaluation to the:

(1) children's health policy board established by IC 4-23-27-2; and

(2) interim study committee on public health, behavioral health, and human services established by IC 2-5-1.3-4 in an electronic format under IC 5-14-6.

(c) This section does not modify the requirements of other statutes relating to the confidentiality of medical records.

As added by P.L.273-1999, SEC.177. Amended by P.L.66-2002, SEC.11; P.L.205-2013, SEC.212; P.L.53-2014, SEC.111.

IC 12-17.6-2-8 Contracts with community entities

Sec. 8. The office may, in administering the program, contract with community entities, including private entities, for the following:

(1) Outreach for and enrollment in the managed care program.

(2) Provision of services.

(3) Consumer education and public health education.

As added by P.L.273-1999, SEC.177.

IC 12-17.6-2-9 Creative methods reflective of community level objectives

Sec. 9. (a) The office shall incorporate creative methods, reflective of community level objectives and input, to do the following:

(1) Encourage beneficial and appropriate use of health care services.

(2) Pursue efforts to enhance provider availability.

(b) In determining the best approach for each area, the office shall do the following:

(1) Evaluate distinct market areas.

(2) Weigh the advantages and disadvantages of alternative delivery models, including the following:

(A) Risk based managed care only.

(B) Primary care gatekeeper model only.

(C) A combination of clauses (A) and (B).

As added by P.L.273-1999, SEC.177.

IC 12-17.6-2-10 Program to subsidize employer sponsored coverage

Sec. 10. (a) The office may establish a program to subsidize employer sponsored coverage for:

(1) eligible individuals; and

(2) the families of eligible individuals;

consistent with federal law.

(b) If the office establishes a program under subsection (a), the employer sponsored benefit package must comply with federal law.

As added by P.L.273-1999, SEC.177.

IC 12-17.6-2-11 Rules; transfer of rules

Sec. 11. (a) The secretary shall adopt rules under IC 4-22-2 to implement the program.

(b) A rule adopted before April 15, 2016, by the office of children's health insurance program is transferred to the office of the secretary.

As added by P.L.273-1999, SEC.177. Amended by P.L.35-2016, SEC.53; P.L.93-2024, SEC.114.

IC 12-17.6-2-12 Annual report

Sec. 12. Not later than April 1, the office shall provide a report describing the program's activities during the preceding calendar year to the:

(1) budget committee;

(2) legislative council;

(3) children's health policy board established by IC 4-23-27-2; and

(4) interim study committee on public health, behavioral health, and human services established by IC 2-5-1.3-4 in an electronic format under IC 5-14-6.

A report provided under this section to the legislative council must be in an electronic format under IC 5-14-6.

As added by P.L.273-1999, SEC.177. Amended by P.L.66-2002, SEC.12; P.L.28-2004, SEC.110; P.L.205-2013, SEC.213; P.L.53-2014, SEC.112.

IC 12-17.6-3 Chapter 3. Eligibility, Outreach, and Enrollment

12-17.6-3-1 Applicability of chapter
12-17.6-3-2 Eligibility requirements
12-17.6-3-2.4 Assistance to child or pregnant woman who is not lawful permanent resident
12-17.6-3-2.5 529 Education savings plan
12-17.6-3-3 Termination of eligibility; continuous eligibility until 19 years of age
12-17.6-3-4 Outreach strategies
12-17.6-3-5 Enrollment

IC 12-17.6-3-1 Applicability of chapter

Sec. 1. This chapter does not apply until January 1, 2000.

As added by P.L.273-1999, SEC.177.

IC 12-17.6-3-2 Eligibility requirements

Sec. 2. (a) To be eligible to enroll in the program, a child must meet the following requirements:

(1) The child is less than nineteen (19) years of age.

(2) The child is a member of a family with an annual income of:

(A) more than one hundred fifty percent (150%); and

(B) not more than:

(i) two hundred fifty percent (250%); or

(ii) the maximum percentage approved by the federal Centers for Medicare and Medicaid Services if the approved amount is less than two hundred fifty percent (250%);

of the federal income poverty level.

(3) The child is a resident of Indiana.

(4) The child meets all eligibility requirements under Title XXI of the federal Social Security Act.

(5) The child's family agrees to pay any cost sharing amounts required by the office.

(b) The office may adjust eligibility requirements based on available program resources under rules adopted under IC 4-22-2.

As added by P.L.273-1999, SEC.177. Amended by P.L.218-2007, SEC.41; P.L.117-2008, SEC.3; P.L.229-2011, SEC.146.

IC 12-17.6-3-2.4 Assistance to child or pregnant woman who is not lawful permanent resident

Sec. 2.4. (a) An individual who:

(1) is less than nineteen (19) years of age;

(2) is lawfully residing in the United States, as set forth in 42 U.S.C. 1396b(v)(4);

(3) is otherwise eligible for the program under this article; and

(4) meets any other requirement under federal law;

is entitled to receive assistance under this article without a waiting period as allowed under 42 U.S.C. 1397gg(e)(1).

(b) The office of the secretary shall apply for any amendment to the state's children's health insurance program or waiver necessary to implement this section.

As added by P.L.213-2023, SEC.3.

IC 12-17.6-3-2.5 529 Education savings plan

Sec. 2.5. Except as otherwise provided under federal law, the money in an account (as defined in IC 21-9-2-2) of an education savings program (as defined in IC 21-9-2-11) may not be considered as a resource or asset in determining an applicant's or recipient's eligibility for the program.

As added by P.L.70-2017, SEC.4.

IC 12-17.6-3-3 Termination of eligibility; continuous eligibility until 19 years of age

Sec. 3. (a) Subject to subsections (b) and (c), a child who is eligible for the program shall receive services from the program until the earlier of the following:

(1) The child becomes financially ineligible.

(2) The child becomes nineteen (19) years of age.

(b) Subsection (a) applies only if the child and the child's family comply with enrollment requirements.

(c) After a child who is less than nineteen (19) years of age is determined to be eligible for the program, the child is not required to submit eligibility information more frequently than once in a twelve (12) month period until the child becomes nineteen (19) years of age.

As added by P.L.273-1999, SEC.177. Amended by P.L.107-2002, SEC.25; P.L.218-2007, SEC.42; P.L.213-2023, SEC.4.

IC 12-17.6-3-4 Outreach strategies

Sec. 4. The office shall implement outreach strategies that build on community resources.

As added by P.L.273-1999, SEC.177.

IC 12-17.6-3-5 Enrollment

Sec. 5. A child may, in any manner determined by the office, apply to receive health care services from the program if the child meets the eligibility requirements of section 2 of this chapter.

As added by P.L.273-1999, SEC.177. Amended by P.L.210-2015, SEC.55.

IC 12-17.6-4 Chapter 4. Benefits, Crowd Out, and Cost Sharing

12-17.6-4-1	Applicability of chapter
12-17.6-4-2	Services covered; prohibition on treatment limitations or financial requirements; mental health services
12-17.6-4-2.5	Prescription drug requirements
12-17.6-4-3	Limits on premium and cost sharing amounts
12-17.6-4-4	Powers of office; cost sharing and crowd out
12-17.6-4-5	Prohibited referrals; mechanisms to minimize incentive for employer to eliminate or reduce coverage
12-17.6-4-6	Community health centers
12-17.6-4-7	Selection of primary dental provider encouraged
12-17.6-4-8	Use of generic drugs and preferred drug list required
12-17.6-4-10	Repealed

IC 12-17.6-4-1 Applicability of chapter

Sec. 1. This chapter does not apply until January 1, 2000.

As added by P.L.273-1999, SEC.177.

IC 12-17.6-4-2 Services covered; prohibition on treatment limitations or financial requirements; mental health services

Sec. 2. (a) The benefit package provided under the program shall focus on age appropriate preventive, primary, and acute care services.

(b) The office shall offer health insurance coverage for the following basic services:

(1) Inpatient and outpatient hospital services.

(2) Physicians' services provided by a physician (as defined in 42 U.S.C. 1395x(r)).

(3) Laboratory and x-ray services.

(4) Well-baby and well-child care, including:

(A) age appropriate immunizations; and

(B) periodic screening, diagnosis, and treatment services according to a schedule developed by the office.

The office may offer services in addition to those listed in this subsection if appropriations to the program exist to pay for the additional services.

(c) The office shall offer health insurance coverage for the following additional services if the coverage for the services has an actuarial value equal to or greater than the actuarial value of the services provided by the benchmark program determined by the children's health policy board established by IC 4-23-27-2:

(1) Prescription drugs.

(2) Mental health services.

(3) Vision services.

(4) Hearing services.

(5) Dental services.

(d) Notwithstanding subsections (b) and (c), the office may not impose treatment limitations or financial requirements on the coverage of services for a mental illness if similar treatment limitations or financial requirements are not imposed on coverage for services for other illnesses. Coverage for mental illness under the program must include the following:

(1) Inpatient mental health services and substance abuse services provided in an institution that:

(A) treats mental disease; and

(B) has more than sixteen (16) beds;

unless coverage is prohibited by federal law.

(2) Psychiatric residential treatment services.

(3) Community mental health rehabilitation services.

(4) Outpatient mental health services and substance abuse services, with no greater

limitations on the number of units per rolling year than are required under the Medicaid program.

However, the office may require prior authorization for the services specified in subdivisions (1) through (4).

As added by P.L.273-1999, SEC.177. Amended by P.L.103-2009, SEC.1.

IC 12-17.6-4-2.5 Prescription drug requirements

Sec. 2.5. Prescription drugs provided under the program are subject to the requirements of IC 12-15-35.5.

As added by P.L.6-2002, SEC.5.

IC 12-17.6-4-3 Limits on premium and cost sharing amounts

Sec. 3. Premium and cost sharing amounts established by the office are limited by the following:

(1) Deductibles, coinsurance, or other cost sharing is not permitted with respect to benefits for:

(A) well-baby and well-child care, including age appropriate immunizations; and

(B) services provided for treatment of an emergency in an emergency department of a hospital licensed under IC 16-21.

(2) Premiums and other cost sharing may be imposed based on family income. However, the total annual aggregate cost sharing with respect to all children in a family under this article may not exceed five percent (5%) of the family's income for the year.

As added by P.L.273-1999, SEC.177. Amended by P.L.95-2000, SEC.3.

IC 12-17.6-4-4 Powers of office; cost sharing and crowd out

Sec. 4. The office may do the following:

(1) Determine cost sharing amounts.

(2) Determine waiting periods that may not exceed three (3) months and exceptions to the requirement of waiting periods for potential enrollees in the program.

(3) Adopt additional methods for complying with federal requirements relating to crowd out.

As added by P.L.273-1999, SEC.177.

IC 12-17.6-4-5 Prohibited referrals; mechanisms to minimize incentive for employer to eliminate or reduce coverage

Sec. 5. (a) It is a violation of IC 27-4-1-4 if an insurer, or an insurance producer or insurance broker compensated by the insurer, knowingly or intentionally refers an insured or the dependent of an insured to the program for health insurance coverage when the insured already receives health insurance coverage through an employer's health care plan that is underwritten by the insurer.

(b) The office shall coordinate with the children's health policy board under IC 4-23-27 to evaluate the need for mechanisms that minimize the incentive for an employer to eliminate or reduce health care coverage for an employee's dependents.

As added by P.L.273-1999, SEC.177. Amended by P.L.178-2003, SEC.3.

IC 12-17.6-4-6 Community health centers

Sec. 6. Community health centers shall be used to provide health care services.

As added by P.L.273-1999, SEC.177.

IC 12-17.6-4-7 Selection of primary dental provider encouraged

Sec. 7. The office shall encourage the parent of a child who is enrolled in the program to select a primary dental provider for the child before the child is eighteen (18) months of age.

As added by P.L.169-2001, SEC.3.

IC 12-17.6-4-8 Use of generic drugs and preferred drug list required

Sec. 8. (a) The office shall require the use of generic drugs in the program.

(b) The office shall use the preferred drug list implemented under IC 12-15-35-28.7.

As added by P.L.291-2001, SEC.158. Amended by P.L.107-2002, SEC.26.

IC 12-17.6-4-10 Repealed

As added by P.L.107-2002, SEC.27. Repealed by P.L.229-2011, SEC.272.

IC 12-17.6-5 Chapter 5. Provider Contracts

12-17.6-5-1 Applicability of chapter
12-17.6-5-2 Required information
12-17.6-5-3 Compliance with enrollment requirements
12-17.6-5-4 Direct access of enrollee to provider

IC 12-17.6-5-1 Applicability of chapter

Sec. 1. This chapter does not apply until January 1, 2000.

As added by P.L.273-1999, SEC.177.

IC 12-17.6-5-2 Required information

Sec. 2. A provider agreement must include information that the office finds necessary to facilitate carrying out this article.

As added by P.L.273-1999, SEC.177.

IC 12-17.6-5-3 Compliance with enrollment requirements

Sec. 3. A provider who participates in the program, including a provider who is a member of a managed care organization, must comply with the enrollment requirements that are established under IC 12-15.

As added by P.L.273-1999, SEC.177.

IC 12-17.6-5-4 Direct access of enrollee to provider

Sec. 4. (a) A provider that participates in the Medicaid program is considered a provider for both the Medicaid program and the program under this article.

(b) If an enrollee in the Medicaid managed care program for children has direct access to a provider who has entered into a provider agreement under IC 12-15-11, an enrollee in the program has direct access to the same provider.

As added by P.L.273-1999, SEC.177.

IC 12-17.6-6 Chapter 6. Provider Sanctions, Theft, Kickbacks, and Bribes

12-17.6-6-1 Applicability of chapter
12-17.6-6-2 Provider sanctions
12-17.6-6-3 Ineligibility to participate in program
12-17.6-6-4 Administrative review
12-17.6-6-5 Judicial review
12-17.6-6-6 Provider to notify recipients of services for which office will not pay
12-17.6-6-7 Duration of final directive
12-17.6-6-8 Conditions for reinstatement of provider under sanction
12-17.6-6-9 Provider filing agreements under sanction
12-17.6-6-10 Ineligibility of provider under sanction to submit claims
12-17.6-6-11 Prima facie evidence of intent to deprive state of value
12-17.6-6-12 Violations

IC 12-17.6-6-1 Applicability of chapter

Sec. 1. This chapter does not apply until January 1, 2000.

As added by P.L.273-1999, SEC.177.

IC 12-17.6-6-2 Provider sanctions

Sec. 2. If after investigation the office finds that a provider has violated this article or rule adopted under this article, the office may impose at least one (1) of the following sanctions:

(1) Deny payment to the provider for program services provided during a specified time.

(2) Reject a prospective provider's application for participation in the program.

(3) Terminate a provider agreement allowing a provider's participation in the program.

(4) Assess a civil penalty against the provider in an amount not to exceed three (3) times the amount paid to the provider that exceeds the amount that was legally due.

(5) Assess an interest charge, at a rate not to exceed the rate established by IC 24-4.6-1-101(2) for judgments on money, on the amount paid to the provider that exceeds the amount that was legally due. The interest charge accrues from the date of the overpayment to the provider.

As added by P.L.273-1999, SEC.177.

IC 12-17.6-6-3 Ineligibility to participate in program

Sec. 3. In addition to any sanction imposed on a provider under section 2 of this chapter, a provider convicted of an offense under IC 35-43-5 relating to the program is ineligible to participate in the program for ten (10) years after the conviction.

As added by P.L.273-1999, SEC.177. Amended by P.L.174-2021, SEC.11.

IC 12-17.6-6-4 Administrative review

Sec. 4. A provider may appeal a sanction imposed under section 2 of this chapter under rules concerning Medicaid provider appeals that are adopted by the secretary under IC 4-22-2.

As added by P.L.273-1999, SEC.177.

IC 12-17.6-6-5 Judicial review

Sec. 5. After exhausting all administrative remedies, a provider may obtain judicial review of a sanction under IC 4-21.5-5.

As added by P.L.273-1999, SEC.177.

IC 12-17.6-6-6 Provider to notify recipients of services for which office will not pay

Sec. 6. A final directive made by the office that:

(1) denies payment to a provider for medical services provided during a specified period; or

(2) terminates a provider agreement permitting a provider's participation in the program;

must direct the provider to inform each eligible recipient of services, before services are provided, that the office will not pay for those services if provided.

As added by P.L.273-1999, SEC.177.

IC 12-17.6-6-7 Duration of final directive

Sec. 7. Subject to section 8 of this chapter, a final directive:

(1) denying payment to a provider;

(2) rejecting a prospective provider's application for participation in the program; or

(3) terminating a provider agreement allowing a provider's participation in the program;

must be for a sufficient time, in the opinion of the office, to allow for the correction of all deficiencies or to prevent further abuses.

As added by P.L.273-1999, SEC.177.

IC 12-17.6-6-8 Conditions for reinstatement of provider under sanction

Sec. 8. Except as provided in section 10 of this chapter, a provider sanctioned under section 2 of this chapter may not be declared reinstated as a provider under this article until the office has received the following:

(1) Full repayment of the amount paid to the provider in excess of the proper and legal amount due, including any interest charge assessed by the office.

(2) Full payment of a civil penalty assessed under section 2(4) of this chapter.

As added by P.L.273-1999, SEC.177.

IC 12-17.6-6-9 Provider filing agreements under sanction

Sec. 9. Except as provided in section 10 of this chapter, a provider sanctioned under section 2 of this chapter may file an agreement as provided in IC 12-17.6-5.

As added by P.L.273-1999, SEC.177.

IC 12-17.6-6-10 Ineligibility of provider under sanction to submit claims

Sec. 10. A provider who has been:

(1) convicted of a crime relating to the provision of services under this chapter; or

(2) subjected to a sanction under section 2 of this chapter on three (3) separate occasions by directive of the office;

is ineligible to submit claims for the program.

As added by P.L.273-1999, SEC.177.

IC 12-17.6-6-11 Prima facie evidence of intent to deprive state of value

Sec. 11. Evidence that a person or provider received money or other benefits as a result of a violation of:

(1) a provision of this article; or

(2) a rule established by the office under this article;

constitutes prima facie evidence, for purposes of IC 35-43-4-2, that the person or provider intended to deprive the state of a part of the value of the money or benefits.

As added by P.L.273-1999, SEC.177.

IC 12-17.6-6-12 Violations

Sec. 12. A person who furnishes items or services to an individual for which payment is or may be made under this chapter and who knowingly or intentionally solicits, offers, or receives a:

(1) kickback or bribe in connection with the furnishing of the items or services or the

making or receipt of the payment; or

(2) rebate of a fee or charge for referring the individual to another person for the furnishing of items or services;

commits a Class A misdemeanor.

As added by P.L.273-1999, SEC.177.

IC 12-17.6-7 Chapter 7. Funding

12-17.6-7-1 Children's health insurance program fund established
12-17.6-7-2 Administration of fund
12-17.6-7-3 Contents of fund
12-17.6-7-4 Investments
12-17.6-7-5 Reversion of money

IC 12-17.6-7-1 Children's health insurance program fund established

Sec. 1. The children's health insurance program fund is established for the purpose of paying expenses relating to:

(1) the program;

(2) services offered through the program for children enrolled in the program; and

(3) services and administration eligible for reimbursement under Title XXI of the federal Social Security Act for children enrolled in Medicaid under IC 12-15-2-14.

As added by P.L.273-1999, SEC.177.

IC 12-17.6-7-2 Administration of fund

Sec. 2. The secretary, through the office, shall administer the fund.

As added by P.L.273-1999, SEC.177. Amended by P.L.35-2016, SEC.54.

IC 12-17.6-7-3 Contents of fund

Sec. 3. The fund consists of the following:

(1) Amounts appropriated by the general assembly.

(2) Amounts appropriated by the federal government.

(3) Fees, charges, gifts, grants, donations, money received from any other source, and other income funds as may become available.

As added by P.L.273-1999, SEC.177.

IC 12-17.6-7-4 Investments

Sec. 4. The treasurer of state shall invest the money in the fund not currently needed to meet the obligations of the fund in the same manner as other public funds may be invested.

As added by P.L.273-1999, SEC.177.

IC 12-17.6-7-5 Reversion of money

Sec. 5. Money in the fund at the end of a state fiscal year does not revert to the state general fund.

As added by P.L.273-1999, SEC.177.

IC 12-17.6-8 Chapter 8. Appeals and Hearings

12-17.6-8-1 Applicability of chapter
12-17.6-8-2 Right to appeal
12-17.6-8-3 Applicability of IC 4-21.5
12-17.6-8-4 Setting matter for hearing
12-17.6-8-5 Hearing procedure
12-17.6-8-6 Powers and duties

IC 12-17.6-8-1 Applicability of chapter

Sec. 1. This chapter does not apply until January 1, 2000.

As added by P.L.273-1999, SEC.177.

IC 12-17.6-8-2 Right to appeal

Sec. 2. An applicant for or a recipient of services under the program may appeal to the office if at least one (1) of the following occurs:

(1) An application or a request is not acted upon by the office within a reasonable time after the application or request is filed.

(2) The application is denied.

(3) The applicant or recipient is dissatisfied with the action of the office.

As added by P.L.273-1999, SEC.177.

IC 12-17.6-8-3 Applicability of IC 4-21.5

Sec. 3. The secretary shall conduct hearings and appeals concerning the program under IC 4-21.5.

As added by P.L.273-1999, SEC.177.

IC 12-17.6-8-4 Setting matter for hearing

Sec. 4. The office shall, upon receipt of notice of appeal under section 2 of this chapter, set the matter for hearing and give the applicant or recipient an opportunity for a fair hearing in the county in which the applicant or recipient resides.

As added by P.L.273-1999, SEC.177.

IC 12-17.6-8-5 Hearing procedure

Sec. 5. (a) At a hearing held under section 4 of this chapter, the applicant or recipient and the office may introduce additional evidence.

(b) A hearing held under section 4 of this chapter shall be conducted under rules adopted by the secretary for applicants and recipients of Medicaid that are not inconsistent with IC 4-21.5 and the program.

As added by P.L.273-1999, SEC.177.

IC 12-17.6-8-6 Powers and duties

Sec. 6. The secretary, through the office:

(1) may make necessary additional investigations; and

(2) shall make decisions concerning the:

(A) granting of program services; and

(B) amount of program services to be granted;

to an applicant or a recipient that the office believes are justified and in conformity with the program.

As added by P.L.273-1999, SEC.177. Amended by P.L.35-2016, SEC.55.

IC 12-17.6-9 Chapter 9. Confidentiality and Release of Information

12-17.6-9-1 Applicability of chapter
12-17.6-9-2 Confidentiality of information in general
12-17.6-9-3 Disclosure of information authorized
12-17.6-9-4 Disclosure of information of general nature
12-17.6-9-5 Information available to providers
12-17.6-9-6 Limits on information available to providers
12-17.6-9-7 Confidentiality of information obtained by providers
12-17.6-9-8 Limitation of provisions to ensure eligibility for federal financial participation

IC 12-17.6-9-1 Applicability of chapter

Sec. 1. This chapter does not apply until January 1, 2000.

As added by P.L.273-1999, SEC.177.

IC 12-17.6-9-2 Confidentiality of information in general

Sec. 2. The following concerning a program applicant or recipient under the program are confidential, except as otherwise provided in this chapter:

(1) An application.

(2) An investigation report.

(3) An information.

(4) A record.

As added by P.L.273-1999, SEC.177.

IC 12-17.6-9-3 Disclosure of information authorized

Sec. 3. The use and the disclosure of the information described in this chapter to persons authorized by law in connection with the official duties relating to:

(1) financial audits;

(2) legislative investigations; or

(3) other purposes directly connected with the administration of the program;

is authorized.

As added by P.L.273-1999, SEC.177.

IC 12-17.6-9-4 Disclosure of information of general nature

Sec. 4. (a) The release and use of information of a general nature shall be provided as needed for adequate interpretation or development of the program.

(b) The information described in subsection (a) includes the following:

(1) Total program expenditures.

(2) The number of recipients.

(3) Statistical and social data used in connection with studies.

(4) Reports or surveys on health and welfare problems.

As added by P.L.273-1999, SEC.177.

IC 12-17.6-9-5 Information available to providers

Sec. 5. The office shall make available the following to providers for immediate access to information indicating whether an individual is eligible for the program:

(1) A twenty-four (24) hour telephone system.

(2) A computerized data retrieval system.

As added by P.L.273-1999, SEC.177.

IC 12-17.6-9-6 Limits on information available to providers

Sec. 6. Information released under section 5 of this chapter is limited to the following:

(1) Disclosure of whether an individual is eligible for the program.

(2) The date the individual became eligible for the program and the individual's

program number.

(3) Restrictions, if any, on the scope of services to be reimbursed under the program for the individual.

As added by P.L.273-1999, SEC.177.

IC 12-17.6-9-7 Confidentiality of information obtained by providers

Sec. 7. Information obtained by a provider under this chapter concerning an individual's eligibility for the program is confidential and may not be disclosed to any person.

As added by P.L.273-1999, SEC.177.

IC 12-17.6-9-8 Limitation of provisions to ensure eligibility for federal financial participation

Sec. 8. If it is established that a provision of this chapter causes the program to be ineligible for federal financial participation, the provision is limited or restricted to the extent that is essential to make the program eligible for federal financial participation.

As added by P.L.273-1999, SEC.177.

IC 12-17.7 ARTICLE 17.7. REPEALED

Repealed by P.L.255-2003, SEC.55.

IC 12-17.8 ARTICLE 17.8. REPEALED

Repealed by P.L.255-2003, SEC.55.

IC 12-18 ARTICLE 18. FAMILY PROTECTION SERVICES

Ch. 1. Repealed
Ch. 2. Repealed
Ch. 3. Repealed
Ch. 4. Repealed
Ch. 5. Repealed
Ch. 6. Repealed
Ch. 7. Repealed
Ch. 8. Domestic Violence Fatality Review Team
Ch. 9. Statewide Domestic Violence Fatality Review Committee

IC 12-18-1 Chapter 1. Repealed

[Pre-1992 Revision Citations:
12-18-1-1 New
12-18-1-2 formerly 12-3-25-1(a) part
12-18-1-3 formerly 12-3-25-1(a) part
12-18-1-4 formerly 12-3-25-1(b); 31-6-12-1(b)
12-18-1-5 formerly 12-3-25-1(c)
12-18-1-6 formerly 31-6-12-2(b)
12-18-1-7 formerly 12-3-25-2.]

Repealed by P.L.91-1996, SEC.8.

IC 12-18-2 Chapter 2. Repealed

[Pre-1992 Revision Citations:

12-18-2-1	New
12-18-2-2	New
12-18-2-3	formerly 12-3-25-3(a) part
12-18-2-4	formerly 12-3-25-3(a) part, (b)
12-18-2-5	formerly 12-3-25-3(c)
12-18-2-6	formerly 12-3-25-3(d)
12-18-2-7	formerly 12-3-25-4
12-18-2-8	formerly 12-3-25-5
12-18-2-9	formerly 12-3-25-6.]

Repealed by P.L.91-1996, SEC.8.

IC 12-18-3 Chapter 3. Repealed

[Pre-1992 Revision Citations:

12-18-3-1	formerly 12-3-26-2(a) part
12-18-3-2	formerly 12-3-26-2(a) part, (b) part
12-18-3-3	formerly 12-3-26-2(b) part
12-18-3-4	formerly 12-3-26-2(b) part
12-18-3-5	formerly 12-3-26-2(b) part
12-18-3-6	formerly 12-3-26-2(c)
12-18-3-7	formerly 12-3-26-2(b) part
12-18-3-8	formerly 12-3-26-3.]

Repealed by P.L.130-2009, SEC.28.

IC 12-18-4 Chapter 4. Repealed

[Pre-1992 Revision Citations:

12-18-4-1	New
12-18-4-2	formerly 12-3-26-4(a) part
12-18-4-3	formerly 12-3-26-4(a) part
12-18-4-4	formerly 12-3-26-4(b)
12-18-4-5	formerly 4-23-17.5-4(b); 4-23-17.5-4(d)
12-18-4-6	formerly 12-3-26-4(c)
12-18-4-7	formerly 12-3-26-5(a)
12-18-4-8	formerly 12-3-26-5(b)
12-18-4-9	formerly 12-3-26-6(a)
12-18-4-10	formerly 12-3-26-6(b)
12-18-4-11	formerly 12-3-26-6(c)
12-18-4-12	formerly 12-3-26-7
12-18-4-13	formerly 12-3-26-8
12-18-4-14	formerly 12-3-26-9.]

Repealed by P.L.130-2009, SEC.28.

IC 12-18-5 Chapter 5. Repealed

[Pre-1992 Revision Citations:

12-18-5-1	New
12-18-5-2	formerly 12-3-27-1 part
12-18-5-3	formerly 12-3-27-1 part
12-18-5-4	formerly 12-3-27-1 part
12-18-5-5	formerly 12-3-27-1 part
12-18-5-6	formerly 12-3-27-2
12-18-5-7	formerly 12-3-27-3.]

Repealed by P.L.130-2009, SEC.28.

IC 12-18-6 Chapter 6. Repealed

[Pre-1992 Revision Citations:

12-18-6-1	formerly 16-7-3.6-1(c)
12-18-6-2	New
12-18-6-3	formerly 16-7-3.6-1(d)
12-18-6-4	formerly 16-7-3.6-1(e)
12-18-6-5	formerly 16-7-3.6-1.5
12-18-6-6	formerly 16-7-3.6-1(b)
12-18-6-7	formerly 16-7-3.6-2
12-18-6-8	formerly 16-7-3.6-3
12-18-6-9	formerly 16-7-3.6-4 part
12-18-6-10	formerly 16-7-3.6-4 part
12-18-6-11	formerly 16-7-3.6-5(a)
12-18-6-12	formerly 16-7-3.6-5(b)
12-18-6-13	formerly 16-7-3.6-5(c)
12-18-6-14	formerly 16-7-3.6-6
12-18-6-15	formerly 16-7-3.6-7(a)
12-18-6-16	formerly 16-7-3.6-7(b)
12-18-6-17	formerly 16-7-3.6-7(c)
12-18-6-18	formerly 16-7-3.6-7(d)
12-18-6-19	formerly 16-7-3.6-8(a), (b)
12-18-6-20	formerly 16-7-3.6-8(c)
12-18-6-21	formerly 16-7-3.6-8(d)
12-18-6-22	formerly 16-7-3.6-9
12-18-6-23	formerly 16-7-3.6-10(a)
12-18-6-24	formerly 16-7-3.6-10(b)
12-18-6-25	formerly 16-7-3.6-10(c)
12-18-6-26	formerly 16-7-3.6-10(d)
12-18-6-27	formerly 16-7-3.6-10(e)
12-18-6-28	formerly 16-7-3.6-10(f)
12-18-6-29	formerly 16-7-3.6-10(g)
12-18-6-30	formerly 16-7-3.6-11(a)
12-18-6-31	formerly 16-7-3.6-11(b)
12-18-6-32	formerly 16-7-3.6-11(c)
12-18-6-33	formerly 16-7-3.6-12
12-18-6-34	formerly 16-7-3.6-13
12-18-6-35	formerly 16-7-3.6-14
12-18-6-36	formerly 16-7-3.6-15
12-18-6-37	formerly 16-7-3.6-16
12-18-6-38	formerly 16-7-3.6-17(a), (b)
12-18-6-39	formerly 16-7-3.6-17(c)
12-18-6-40	formerly 16-7-3.6-17(d)
12-18-6-41	formerly 16-7-3.6-17(e)
12-18-6-42	formerly 16-7-3.6-17(f)
12-18-6-43	formerly 16-7-3.6-18
12-18-6-44	formerly 16-7-3.6-20.]

Repealed by P.L.47-1993, SEC.14.

IC 12-18-7 Chapter 7. Repealed

[Pre-1992 Revision Citations:

12-18-7-1	formerly 16-7-3.7-1 part
12-18-7-2	formerly 16-7-3.7-2
12-18-7-3	formerly 16-7-3.7-3
12-18-7-4	formerly 16-7-3.7-4
12-18-7-5	formerly 16-7-3.7-5
12-18-7-6	formerly 16-7-3.7-6.]

Repealed by P.L.47-1993, SEC.14.

IC 12-18-8 Chapter 8. Domestic Violence Fatality Review Team

12-18-8-1	"Coalition"
12-18-8-2	"Domestic violence"
12-18-8-3	"Family or household member"
12-18-8-4	Repealed
12-18-8-5	"Local domestic violence fatality review team"
12-18-8-6	County domestic violence fatality review teams
12-18-8-7	Duties
12-18-8-8	Information that a domestic violence fatality review team may include in a review; immunity
12-18-8-9	Disclosure of recommendations of a domestic violence fatality review team
12-18-8-10	Members of local domestic violence fatality review team
12-18-8-11	Additional members of a local domestic violence fatality review team
12-18-8-12	Chairperson
12-18-8-13	Meetings
12-18-8-14	Data collection
12-18-8-15	Annual report
12-18-8-16	Repealed
12-18-8-17	Local domestic violence fatality review team; immunity
12-18-8-18	Privileged communications of local domestic violence fatality review team
12-18-8-19	Local domestic violence fatality review team; confidentiality

IC 12-18-8-1 "Coalition"

Sec. 1. As used in this chapter, "coalition" refers to the Indiana coalition against domestic violence.

As added by P.L.181-2003, SEC.6.

IC 12-18-8-2 "Domestic violence"

Sec. 2. As used in this chapter, "domestic violence" has the meaning set forth in IC 34-6-2.1-50.

As added by P.L.181-2003, SEC.6. Amended by P.L.186-2025, SEC.98.

IC 12-18-8-3 "Family or household member"

Sec. 3. (a) As used in this chapter, an individual is a "family or household member" of another person if the individual:

(1) is a current or former spouse of the other person;
(2) is dating or has dated the other person;
(3) is or was engaged in a sexual relationship with the other person;
(4) is related by blood or adoption to the other person;
(5) is or was related by marriage to the other person;
(6) cohabits or formerly cohabited with the other person; or
(7) has or previously had an established legal relationship:
  (A) as a guardian of the other person;
  (B) as a ward of the other person;
  (C) as a custodian of the other person;
  (D) as a foster parent of the other person; or
  (E) in a capacity with respect to the other person similar to those listed in clauses (A) through (D).

(b) As used in this chapter, an individual is a "family or household member" of both persons to whom subsection (a)(1), (a)(2), (a)(3), (a)(4), (a)(5), (a)(6), or (a)(7) applies if the individual is a minor child of one (1) of the persons.

As added by P.L.181-2003, SEC.6.

IC 12-18-8-4 Repealed

As added by P.L.181-2003, SEC.6. Amended by P.L.97-2004, SEC.53. Repealed by P.L.258-2017, SEC.4.

IC 12-18-8-5 "Local domestic violence fatality review team"

Sec. 5. As used in this chapter, "local domestic violence fatality review team" means the county or regional domestic violence fatality review team established under this chapter.
As added by P.L.181-2003, SEC.6.

IC 12-18-8-6 County domestic violence fatality review teams

Sec. 6. (a) A county may establish a county domestic violence fatality review team for the purpose of reviewing a death resulting from or in connection with domestic violence. The team shall review only:

(1) a fatality in which the death results from:

(A) domestic violence; or

(B) suicide, in a case of domestic violence; or

(2) a near fatality, in a case in which a victim of domestic violence suffers a life threatening injury.

(b) The legislative body (as defined in IC 36-1-2-9) of a county must determine by majority vote if the county will establish a local domestic violence fatality review team.

(c) If a county elects not to establish a county domestic violence fatality review team, the county may join with one (1) or more other counties that have not established a county domestic violence fatality review team and form a regional domestic violence fatality review team.

(d) To establish a regional domestic violence fatality review team as described in subsection (c), the legislative body of each county comprising the region must cast a majority of votes in favor of establishing a regional domestic violence fatality review team.
As added by P.L.181-2003, SEC.6. Amended by P.L.44-2004, SEC.1; P.L.162-2011, SEC.1; P.L.258-2017, SEC.5.

IC 12-18-8-7 Duties

Sec. 7. (a) A local domestic violence fatality review team shall do the following:

(1) Assist a local agency in identifying and reviewing a homicide, suicide, or near fatality that results from domestic violence.

(2) Develop recommendations for coordinated community prevention and intervention strategies to prevent future homicides, suicides, or near fatalities resulting from domestic violence.

(3) Collect data described in section 14 of this chapter related to a death or near fatality resulting from domestic violence.

(b) A local domestic violence fatality review team may develop a protocol to assist a person who performs an autopsy in:

(1) identifying a victim of domestic violence; and

(2) preparing a written report identifying a person as the victim of domestic violence and describing the cause of death.

(c) A local domestic violence fatality review team shall be operated in conjunction with a:

(1) local domestic violence shelter;

(2) domestic violence program; or

(3) domestic violence coordinated community response team.
As added by P.L.181-2003, SEC.6. Amended by P.L.258-2017, SEC.6.

IC 12-18-8-8 Information that a domestic violence fatality review team may include in a review; immunity

Sec. 8. (a) To complete its review of a death or near fatality that it believes to have

resulted from domestic violence, the local domestic violence fatality review team may review all applicable records and information related to the death or near fatality, including the following:

(1) Records held by the:

(A) Indiana department of health or local health department; and

(B) department of child services, subject to IC 31-33-18-2.

(2) Medical records.

(3) Law enforcement, court, and probation records.

(4) Autopsy reports.

(5) Records of the coroner.

(6) Mental health reports.

(b) Subject to IC 34-30-15, if the local domestic violence fatality review team requests records from a hospital, physician, coroner, law enforcement officer, or mental health professional regarding a death or near fatality that the local domestic violence fatality review team is investigating, the hospital, physician, coroner, law enforcement officer, or mental health professional shall provide the requested records to the local domestic violence fatality review team.

(c) A person who provides records in accordance with subsection (b) in good faith is not subject to liability in:

(1) a civil;

(2) an administrative;

(3) a disciplinary; or

(4) a criminal;

action that might otherwise be imposed as a result of the disclosure of the records.

(d) Except as otherwise provided in this article, information and records acquired by the local domestic violence fatality review team in the exercise of its duties under this chapter are confidential and exempt from disclosure.

(e) Records, information, documents, and reports acquired or produced by the local domestic violence fatality review team are not:

(1) subject to subpoena or discovery; or

(2) admissible as evidence;

in any judicial or administrative proceeding. Information that is otherwise discoverable or admissible from original sources is not immune from discovery or use in any proceeding merely because the information was presented during proceedings before the local domestic violence fatality review team.

As added by P.L.181-2003, SEC.6. Amended by P.L.97-2004, SEC.54; P.L.258-2017, SEC.7; P.L.56-2023, SEC.122.

IC 12-18-8-9 Disclosure of recommendations of a domestic violence fatality review team

Sec. 9. The recommendations of a local domestic violence fatality review team may be disclosed at the discretion of a majority of the members at the conclusion of a review.

As added by P.L.181-2003, SEC.6. Amended by P.L.97-2004, SEC.55.

IC 12-18-8-10 Members of local domestic violence fatality review team

Sec. 10. (a) A local domestic violence fatality review team consists of the following members:

(1) A survivor of domestic violence.

(2) A domestic violence direct service provider.

(3) A representative of law enforcement from the area served by the local domestic violence fatality review team.

(4) A prosecuting attorney or the prosecuting attorney's designee from the area served by the local domestic violence fatality review team.

(5) An expert in the field of forensic pathology, a coroner, or a deputy coroner.
(6) A medical practitioner with expertise in domestic violence.
(7) A judge who hears civil or criminal cases.
(8) An employee of the department of child services.

(b) If a local domestic violence fatality review team is established in one (1) county, the legislative body that voted to establish the local domestic violence fatality review team under section 6 of this chapter shall:

(1) adopt an ordinance for the appointment and reappointment of members of the local domestic violence fatality review team; and
(2) appoint members to the local domestic violence fatality review team under the ordinance adopted.

(c) If a local domestic violence fatality review team is established in a region, the county legislative bodies that voted to establish the local domestic violence fatality review team under section 6 of this chapter shall:

(1) each adopt substantially similar ordinances for the appointment and reappointment of members of the local domestic violence fatality review team; and
(2) appoint members to the local domestic violence fatality review team under the ordinances adopted.

(d) A local domestic violence fatality review team may not have more than fifteen (15) members.

As added by P.L.181-2003, SEC.6. Amended by P.L.97-2004, SEC.56; P.L.44-2004, SEC.2; P.L.234-2005, SEC.41.

IC 12-18-8-11 Additional members of a local domestic violence fatality review team

Sec. 11. In accordance with the ordinance adopted under section 10 of this chapter, a local domestic violence fatality review team may have the following additional members:

(1) A clergy member.
(2) A representative of county government.
(3) A representative from a county health department.
(4) A representative from a local bar association.
(5) A defense attorney.
(6) An educator.
(7) A probation officer.
(8) A representative from the business community.
(9) An animal control officer.
(10) An attorney who represents victims of domestic violence.
(11) A provider of a batterers intervention program.

As added by P.L.181-2003, SEC.6.

IC 12-18-8-12 Chairperson

Sec. 12. (a) Any member of a local domestic violence fatality review team may serve as chairperson. The chairperson shall be elected annually by the members of the local domestic violence fatality review team at the first meeting of the local domestic violence fatality review team.

(b) The local domestic violence fatality review team shall meet at the call of the chairperson.

(c) The local domestic violence fatality review team chairperson shall determine the agenda for each meeting.

As added by P.L.181-2003, SEC.6.

IC 12-18-8-13 Meetings

Sec. 13. (a) Except as provided in subsection (b), meetings of a local domestic violence

fatality review team are open to the public.

(b) Meetings of a local domestic violence fatality review team that involve:

(1) confidential records; or

(2) identifying information regarding a death;

shall be held as an executive session with the public excluded, except those persons necessary to carry out the fatality review.

(c) If an executive session is held under subsection (b), each individual who:

(1) attends a meeting of a local domestic violence fatality review team; and

(2) is not a member of the local domestic violence fatality review team;

shall sign a confidentiality agreement.

(d) A local domestic violence fatality review team shall keep all confidentiality statements signed under this section.

As added by P.L.181-2003, SEC.6. Amended by P.L.97-2004, SEC.57.

IC 12-18-8-14 Data collection

Sec. 14. The coalition shall collect and document information surrounding the deaths reviewed by a local domestic violence fatality review team. The coalition shall develop a data collection form that includes the following:

(1) Identifying and nonidentifying information.

(2) Information regarding the circumstances surrounding a death.

(3) Factors contributing to a death.

(4) Findings and recommendations.

As added by P.L.181-2003, SEC.6.

IC 12-18-8-15 Annual report

Sec. 15. The coalition's biennial report shall be made available to the public. The coalition may not charge more than the amount set by IC 5-14-3-8 to offset the cost of copying the annual report.

As added by P.L.181-2003, SEC.6. Amended by P.L.258-2017, SEC.8.

IC 12-18-8-16 Repealed

As added by P.L.44-2004, SEC.3. Repealed by P.L.258-2017, SEC.9.

IC 12-18-8-17 Local domestic violence fatality review team; immunity

Sec. 17. Members of a local domestic violence fatality review team and individuals who attend a meeting of a local domestic violence fatality review team as invitees of the chairperson:

(1) may discuss among themselves confidential matters that are before the local domestic violence fatality review team;

(2) are bound by all applicable laws regarding the confidentiality of matters reviewed by the local domestic violence fatality review team; and

(3) except when acting:

(A) with malice;

(B) in bad faith; or

(C) with gross negligence;

are immune from any civil or criminal liability that might otherwise be imposed as a result of communicating among themselves about confidential matters that are before the local domestic violence fatality review team.

As added by P.L.258-2017, SEC.10.

IC 12-18-8-18 Privileged communications of local domestic violence fatality review team

Sec. 18. The discussions, determinations, conclusions, and recommendations of a local

domestic violence fatality review team or its members, concerning a review of a domestic violence fatality or near fatality, at a meeting of the local domestic violence fatality review team:

(1) are privileged; and

(2) are not:

(A) subject to subpoena or discovery; or

(B) admissible as evidence;

in any judicial or administrative proceeding.

As added by P.L.258-2017, SEC.11.

IC 12-18-8-19 Local domestic violence fatality review team; confidentiality

Sec. 19. A local domestic violence fatality review team is subject to the confidentiality provisions of IC 31-33-18 with respect to the records held by the local domestic violence fatality review team.

As added by P.L.258-2017, SEC.12.

IC 12-18-9 Chapter 9. Statewide Domestic Violence Fatality Review Committee

12-18-9-1	Statewide domestic violence fatality review committee; duties and powers; members; reports; confidentiality; meetings
12-18-9-2	State domestic violence fatality review coordinator
12-18-9-3	Statewide domestic violence fatality review committee purpose
12-18-9-4	Statewide domestic violence fatality review committee members
12-18-9-5	Statewide domestic violence fatality review committee confidentiality
12-18-9-6	Statewide domestic violence fatality review committee duties
12-18-9-7	Statewide domestic violence fatality review committee jurisdiction
12-18-9-8	Statewide domestic violence fatality review committee review factors
12-18-9-9	Membership
12-18-9-10	Chairperson; requirements
12-18-9-11	Statewide domestic violence fatality review committee meetings
12-18-9-12	Members; immunity
12-18-9-13	Reports
12-18-9-14	Privileged communications
12-18-9-15	Confidentiality
12-18-9-16	Compensation; per diem
12-18-9-17	Confidentiality

IC 12-18-9-1 Statewide domestic violence fatality review committee; duties and powers; members; reports; confidentiality; meetings

Sec. 1. As used in this chapter, "coalition" refers to the Indiana coalition against domestic violence or a successor organization.

As added by P.L.258-2017, SEC.13.

IC 12-18-9-2 State domestic violence fatality review coordinator

Sec. 2. As used in this chapter, "state domestic violence fatality review coordinator" refers to the individual employed by the coalition as the state domestic violence fatality review coordinator.

As added by P.L.258-2017, SEC.13.

IC 12-18-9-3 Statewide domestic violence fatality review committee purpose

Sec. 3. The statewide domestic violence fatality review committee is established to:

(1) identify similarities, trends, and factual patterns concerning the deaths of domestic violence victims in Indiana;

(2) create strategies and make recommendations for the prevention of injuries to and deaths of domestic violence victims;

(3) provide expertise, consultation, guidance, and training to local domestic violence fatality review teams; and

(4) advise and educate the general assembly, governor, and public on the status of domestic violence fatalities in Indiana.

As added by P.L.258-2017, SEC.13.

IC 12-18-9-4 Statewide domestic violence fatality review committee members

Sec. 4. (a) The statewide domestic violence fatality review committee consists of the following members:

(1) A coroner or deputy coroner.

(2) A representative from the Indiana department of health who specializes in injury prevention.

(3) A medical practitioner with expertise in domestic violence.

(4) A representative of law enforcement who has experience in responding to and

investigating domestic violence.

(5) The director of the department of child services or the director's designee.

(6) The executive director of the Indiana prosecuting attorneys council or the executive director's designee.

(7) A mental health provider.

(8) A representative of a domestic violence prevention program.

(9) The state domestic violence fatality review coordinator.

(10) The director of the Indiana criminal justice institute or the director's designee.

(11) A family violence specialist of the Indiana supreme court appointed by the chief justice of the Indiana supreme court.

(b) The governor shall appoint the members described in subsection (a)(1), (a)(2), (a)(3), (a)(4), (a)(7), and (a)(8). Members appointed under subsection (a)(1), (a)(3), and (a)(7) shall serve initial terms of three (3) years. Members appointed under subsection (a)(2), (a)(4), and (a)(8) shall serve initial terms of two (2) years. After the expiration of the initial terms specified by this subsection, each member appointed by the governor shall serve a two (2) year term. A member may be reappointed to serve a subsequent term.

(c) The member appointed under subsection (a)(11) shall serve at the pleasure of the chief justice of the Indiana supreme court.

As added by P.L.258-2017, SEC.13. Amended by P.L.56-2023, SEC.123.

IC 12-18-9-5 Statewide domestic violence fatality review committee confidentiality

Sec. 5. A member of the statewide domestic violence fatality review committee and any individuals invited to attend a meeting of the statewide domestic violence fatality review committee shall sign a confidentiality statement prepared by the state domestic violence fatality review coordinator.

As added by P.L.258-2017, SEC.13.

IC 12-18-9-6 Statewide domestic violence fatality review committee duties

Sec. 6. The statewide domestic violence fatality review committee shall do the following:

(1) Compile and analyze data recorded by local domestic violence fatality review teams in reviewing domestic violence fatalities.

(2) Review mortality records and examine all other records relevant to domestic violence fatalities in Indiana.

(3) Assist efforts by local domestic violence fatality review teams by:

(A) overseeing the creation of standardized forms and protocols necessary for the review of domestic violence deaths;

(B) providing expertise by answering questions related to a domestic violence death that a local domestic violence fatality review team is reviewing;

(C) establishing and sponsoring training programs for members of local domestic violence fatality review teams; and

(D) providing, upon request of a local domestic violence fatality review team, expertise in creating local prevention strategies.

(4) Upon request by a local domestic violence fatality review team, assist in or conduct a review of the death or near fatality of a possible domestic violence victim as provided under section 7 of this chapter.

(5) In the absence of a county or regional domestic violence fatality review team established under IC 12-18-8, conduct a review of the death or near fatality of a possible domestic violence victim as provided under section 7 of this chapter.

(6) Create strategies and make recommendations for the prevention of serious injuries or deaths from domestic violence.

As added by P.L.258-2017, SEC.13.

IC 12-18-9-7 Statewide domestic violence fatality review committee jurisdiction

Sec. 7. (a) Upon request by a local domestic violence fatality review team, the statewide domestic violence fatality review committee shall assist the local domestic violence fatality review team or conduct a review of a death or near fatality that occurred in Indiana as permitted by subsection (c).

(b) In the absence of a county or regional domestic violence fatality review team established under IC 12-18-8, the statewide domestic violence fatality review committee may conduct a review of a death or near fatality that occurred in Indiana as permitted by subsection (c).

(c) A death or near fatality occurring in Indiana may be reviewed by the statewide domestic violence fatality review committee under subsection (a) or (b) if:

(1) the death results from:

(A) domestic violence; or

(B) suicide, in a case of domestic violence; or

(2) the near fatality occurs when a victim of domestic violence suffers a life threatening injury.

(d) In conducting a domestic violence fatality review under this section, the statewide domestic violence fatality review committee may review all applicable records and information related to the death, including the following:

(1) Records held by the:

(A) Indiana department of health or local health department; and

(B) department of child services, subject to IC 31-33-18-2.

(2) Medical records.

(3) Law enforcement, court, and probation records.

(4) Autopsy reports.

(5) Records of the coroner.

(6) Mental health reports.

(e) Subject to IC 34-30-15, if the statewide domestic violence fatality review committee requests records from a hospital, physician, coroner, law enforcement officer, or mental health professional regarding a death that the statewide domestic violence fatality review committee is investigating, the hospital, physician, coroner, law enforcement officer, or mental health professional shall provide the requested records to the statewide domestic violence fatality review committee.

(f) A person who provides records in accordance with subsection (d) in good faith is not subject to liability in:

(1) a civil;

(2) an administrative;

(3) a disciplinary; or

(4) a criminal;

action that might otherwise be imposed as a result of the disclosure of the records.

(g) Except as otherwise provided in this article, information and records acquired by the statewide domestic violence fatality review committee in the exercise of its duties under this chapter are confidential and exempt from disclosure.

(h) Records, information, documents, and reports acquired or produced by the statewide domestic violence fatality review committee are not:

(1) subject to subpoena or discovery; or

(2) admissible as evidence;

in any judicial or administrative proceeding. Information that is otherwise discoverable or admissible from original sources is not immune from discovery or use in any proceeding merely because the information was presented during proceedings before the statewide domestic violence fatality review committee.

As added by P.L.258-2017, SEC.13. Amended by P.L.56-2023, SEC.124.

IC 12-18-9-8 Statewide domestic violence fatality review committee review factors

Sec. 8. In reviewing a death under this chapter, the statewide domestic violence fatality review committee shall:

(1) identify the factors that surrounded or contributed to the death;

(2) determine whether similar deaths could be prevented;

(3) if applicable, identify:

(A) agencies and entities that should be involved; and

(B) any other resources that should be used;

to adequately prevent deaths due to domestic violence; and

(4) if applicable, identify solutions to improve practice and policy and enhance coordination.

As added by P.L.258-2017, SEC.13.

IC 12-18-9-9 Membership

Sec. 9. (a) The governor shall select the chairperson of the statewide domestic violence fatality review committee.

(b) The statewide domestic violence fatality review committee shall meet at the call of the chairperson.

As added by P.L.258-2017, SEC.13.

IC 12-18-9-10 Chairperson; requirements

Sec. 10. The chairperson of the statewide domestic violence fatality review committee shall do the following:

(1) Work with the state domestic violence fatality review coordinator to prepare the agenda for each meeting of the statewide domestic violence fatality review committee.

(2) Work with the state domestic violence fatality review coordinator to:

(A) prepare the report of the statewide domestic violence fatality review committee required by section 13 of this chapter; and

(B) ensure compliance with section 11 of this chapter.

(3) Upon the conclusion of a review of a domestic violence fatality, destroy all records, information, and documents obtained by the statewide domestic violence fatality review committee under section 7 of this chapter.

As added by P.L.258-2017, SEC.13.

IC 12-18-9-11 Statewide domestic violence fatality review committee meetings

Sec. 11. (a) Except as provided in subsection (b), meetings of the statewide domestic violence fatality review committee are open to the public.

(b) A meeting of the statewide domestic violence fatality review committee that involves:

(1) confidential records; or

(2) identifying information regarding a domestic violence fatality that is confidential under state or federal law;

shall be held as an executive session.

(c) If a meeting is held as an executive session under subsection (b), each invitee who:

(1) attends the meeting; and

(2) is not a member of the statewide domestic violence fatality review committee;

shall sign a confidentiality statement prepared by the state domestic violence fatality review coordinator.

As added by P.L.258-2017, SEC.13.

IC 12-18-9-12 Members; immunity

Sec. 12. Members of the statewide domestic violence fatality review committee and individuals who attend a meeting of the statewide domestic violence fatality review

committee as invitees of the chairperson:

(1) may discuss among themselves confidential matters that are before the statewide domestic violence fatality review committee;

(2) are bound by all applicable laws regarding the confidentiality of matters reviewed by the statewide domestic violence fatality review committee; and

(3) except when acting:

(A) with malice;

(B) in bad faith; or

(C) with gross negligence;

are immune from any civil or criminal liability that might otherwise be imposed as a result of communicating among themselves about confidential matters that are before the statewide domestic violence fatality review committee.

As added by P.L.258-2017, SEC.13.

IC 12-18-9-13 Reports

Sec. 13. (a) The statewide domestic violence fatality review committee shall submit to the legislative council, the governor, the Indiana criminal justice institute, and the coalition before December 31 of each even-numbered year a report that includes the following information:

(1) A summary of the data collected and reviewed by the statewide domestic violence fatality review committee.

(2) Trends and patterns that have been identified by the statewide domestic violence fatality review committee concerning deaths due to domestic violence in Indiana.

(3) Recommended actions or resources to prevent domestic violence fatalities in Indiana.

(b) A report submitted under this section to the legislative council must be in an electronic format under IC 5-14-6.

(c) The statewide domestic violence fatality review committee shall provide a copy of a report submitted under this section to a member of the public upon request.

(d) The Indiana criminal justice institute shall make the report available on the Indiana criminal justice institute's website.

As added by P.L.258-2017, SEC.13. Amended by P.L.1-2025, SEC.174.

IC 12-18-9-14 Privileged communications

Sec. 14. (a) A report released under section 13 of this chapter may not contain identifying information relating to the fatalities reviewed by the statewide domestic violence fatality review committee or any local domestic violence fatality review team.

(b) Except as otherwise provided in this article, review data concerning a domestic violence fatality are confidential and may not be released.

As added by P.L.258-2017, SEC.13.

IC 12-18-9-15 Confidentiality

Sec. 15. The discussions, determinations, conclusions, and recommendations of the statewide domestic violence fatality review committee or its members, concerning a review of a domestic violence fatality, at a meeting of the statewide domestic violence fatality review committee:

(1) are privileged; and

(2) are not:

(A) subject to subpoena or discovery; or

(B) admissible as evidence;

in any judicial or administrative proceeding.

As added by P.L.258-2017, SEC.13.

IC 12-18-9-16 Compensation; per diem

Sec. 16. A member of the statewide domestic violence fatality review committee is not entitled to receive compensation or a per diem.

As added by P.L.258-2017, SEC.13.

IC 12-18-9-17 Confidentiality

Sec. 17. The statewide domestic violence fatality review committee is subject to the confidentiality provisions of IC 31-33-18 applying to records held by the statewide domestic violence fatality review committee.

As added by P.L.258-2017, SEC.13.

IC 12-19 ARTICLE 19. COUNTY WELFARE ADMINISTRATION AND FINANCING

Ch. 1. County Offices of Family Resources
Ch. 1.5. Repealed
Ch. 2. General Provisions
Ch. 3. Repealed
Ch. 4. Repealed
Ch. 5. Repealed
Ch. 6. Repealed
Ch. 7. Repealed
Ch. 7.5. Repealed

IC 12-19-1 Chapter 1. County Offices of Family Resources

12-19-1-1 Establishment of county offices
12-19-1-2 Repealed
12-19-1-3 County director; executive and administrative officer
12-19-1-4 County director; compensation
12-19-1-5 County director; travel expenses
12-19-1-6 County director; bond; oath
12-19-1-7 Appointment of assistants; compensation
12-19-1-8 Administration; costs of personal services; payment by division
12-19-1-9 Facilities, supplies, and equipment
12-19-1-10 Administration
12-19-1-11 Repealed
12-19-1-12 Repealed
12-19-1-13 Power to sue and be sued; rights, powers, and duties necessary to administer act; filing of suits; notices and summonses
12-19-1-14 Repealed
12-19-1-15 Gifts, devises, and bequests of personal property; investment; special fund; expenditures
12-19-1-16 Receipt and administration of money available to or for the benefit of persons receiving payments or services
12-19-1-17 Repealed
12-19-1-18 Designation of responsible person to act for and receive assistance on behalf of applicant or recipient; fee for services
12-19-1-19 Persons who may be designated under IC 12-19-1-18; costs of appointment proceedings
12-19-1-20 Responsible persons; financial reports; termination of powers; use of assistance money received
12-19-1-21 Property tax levies prohibited
12-19-1-22 Bonds and loans considered general obligations of counties

IC 12-19-1-1 Establishment of county offices

Sec. 1. The division shall establish county offices of family resources in each county.

[Pre-1992 Revision Citation: 12-1-3-1.]

As added by P.L.2-1992, SEC.13. Amended by P.L.4-1993, SEC.157; P.L.5-1993, SEC.170; P.L.146-2008, SEC.392; P.L.44-2009, SEC.13.

IC 12-19-1-2 Repealed

[Pre-1992 Revision Citation: 12-1-3-3(a) part.]

As added by P.L.2-1992, SEC.13. Amended by P.L.234-2005, SEC.42; P.L.138-2007, SEC.3; P.L.146-2008, SEC.393; P.L.44-2009, SEC.14. Repealed by P.L.210-2015, SEC.56.

IC 12-19-1-3 County director; executive and administrative officer

Sec. 3. The county director is the executive and administrative officer of the county office.

[Pre-1992 Revision Citation: 12-1-3-3(a) part.]

As added by P.L.2-1992, SEC.13. Amended by P.L.4-1993, SEC.158; P.L.5-1993, SEC.171; P.L.146-2008, SEC.394; P.L.44-2009, SEC.15.

IC 12-19-1-4 County director; compensation

Sec. 4. (a) A county director is entitled to receive as compensation for the county director's services an amount determined by the division that is within:

(1) the lawfully established appropriations; and

(2) the salary ranges of the pay plan adopted by the state personnel department and approved by the budget committee.

(b) Compensation paid to a county director shall be paid in the same manner that compensation is paid to other state employees.

[Pre-1992 Revision Citation: 12-1-3-3(b) part.]

As added by P.L.2-1992, SEC.13. Amended by P.L.146-2008, SEC.395; P.L.44-2009, SEC.16.

IC 12-19-1-5 County director; travel expenses

Sec. 5. (a) In addition to the compensation paid under this article, a county director may receive for each mile necessarily traveled in the discharge of the county director's duties the same amount per mile that other state employees receive.

(b) A county director is also entitled to a per diem for lodging and meal expenses if the county director's official duties require the county director to travel outside of the county where the county director's permanent office is located. The per diem for a county director's lodging and meals shall be paid at the rate set by law for other state employees.

[Pre-1992 Revision Citation: 12-1-3-3(b) part.]

As added by P.L.2-1992, SEC.13. Amended by P.L.146-2008, SEC.396; P.L.44-2009, SEC.17.

IC 12-19-1-6 County director; bond; oath

Sec. 6. Before beginning the discharge of the county director's official duties, a county director must do the following:

(1) Execute a bond payable to the state. The following apply to a bond executed under this section:

(A) The bond must be conditioned on the faithful discharge of the county director's official duties.

(B) The bond must be executed in an amount determined under rules adopted by the division.

(2) Take and subscribe an oath for the faithful discharge of the county director's official duties. The oath must be endorsed upon the county director's official bond.

(3) File the bond and oath executed under this section in the office of the clerk of the circuit court.

[Pre-1992 Revision Citation: 12-1-3-3(c).]

As added by P.L.2-1992, SEC.13.

IC 12-19-1-7 Appointment of assistants; compensation

Sec. 7. (a) The 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.

(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.

[Pre-1992 Revision Citation: 12-1-3-7.]

As added by P.L.2-1992, SEC.13. Amended by P.L.4-1993, SEC.159; P.L.5-1993, SEC.172; P.L.234-2005, SEC.43; P.L.145-2006, SEC.107; P.L.146-2008, SEC.397; P.L.44-2009, SEC.18; P.L.100-2012, SEC.32; P.L.210-2015, SEC.57.

IC 12-19-1-8 Administration; costs of personal services; payment by division

Sec. 8. The costs of personal services in the administration of a county office's duties described in section 7(a) of this chapter shall be paid by the division.

[Pre-1992 Revision Citation: 12-1-3-8(a).]

As added by P.L.2-1992, SEC.13. Amended by P.L.4-1993, SEC.160; P.L.5-1993, SEC.173; P.L.234-2005, SEC.44; P.L.146-2008, SEC.398; P.L.44-2009, SEC.19.

IC 12-19-1-9 Facilities, supplies, and equipment

Sec. 9. (a) The division shall provide the necessary facilities to house the county office.

(b) The division shall pay for the costs of the facilities, supplies, and equipment needed by each county office.

[Pre-1992 Revision Citations: subsection (a) formerly 12-1-3-4(b) part; subsection (b) formerly 12-1-3-8(b); subsection (c) formerly 12-1-4-6.]

As added by P.L.2-1992, SEC.13. Amended by P.L.4-1993, SEC.161; P.L.5-1993, SEC.174; P.L.273-1999, SEC.90; P.L.146-2008, SEC.399; P.L.44-2009, SEC.20.

IC 12-19-1-10 Administration

Sec. 10. Subject to the rules adopted by the director of the division, a county office shall administer the following:

(1) Assistance to dependent children in the homes of the dependent children.

(2) Assistance and services to elderly persons.

(3) Assistance to persons with disabilities.

(4) Care and treatment of the following persons, other than persons for whom the department of child services is providing services under IC 31 for the following:

(A) Dependent children.

(B) Children with disabilities.

(5) Any other welfare activities that are delegated to the county office by the division, including services concerning assistance to the blind.

[Pre-1992 Revision Citation: 12-1-3-4(a).]

As added by P.L.2-1992, SEC.13. Amended by P.L.4-1993, SEC.162; P.L.5-1993, SEC.175; P.L.23-1993, SEC.54; P.L.61-1993, SEC.60; P.L.1-1994, SEC.67; P.L.74-1994, SEC.4; P.L.234-2005, SEC.45; P.L.146-2008, SEC.400; P.L.44-2009, SEC.21.

IC 12-19-1-11 Repealed

[Pre-1992 Revision Citation: 12-1-3-4(b) part.]

As added by P.L.2-1992, SEC.13. Amended by P.L.4-1993, SEC.163; P.L.5-1993, SEC.176. Repealed by P.L.146-2008, SEC.804.

IC 12-19-1-12 Repealed

[Pre-1992 Revision Citation: 12-1-3-4(c).]

As added by P.L.2-1992, SEC.13. Amended by P.L.4-1993, SEC.164; P.L.5-1993, SEC.177; P.L.61-1993, SEC.61; P.L.1-1994, SEC.68. Repealed by P.L.146-2008, SEC.804.

IC 12-19-1-13 Power to sue and be sued; rights, powers, and duties necessary to administer act; filing of suits; notices and summonses

Sec. 13. (a) A county office may sue and be sued under the name of "The Office of Family Resources of _____ County".

(b) The county office has all other rights and powers and shall perform all other duties necessary to administer this chapter.

(c) A suit brought against a county office may be filed in any circuit or superior court with jurisdiction in the area served by the county office.

(d) A notice or summons in a suit brought against the county office must be served on the county director. It is not required to name the individual employees of the county office as either plaintiff or defendant.

[Pre-1992 Revision Citation: 12-1-3-6(a).]

As added by P.L.2-1992, SEC.13. Amended by P.L.4-1993, SEC.165; P.L.5-1993, SEC.178; P.L.146-2008, SEC.401; P.L.44-2009, SEC.22.

IC 12-19-1-14 Repealed

[Pre-1992 Revision Citation: 12-1-3-6(b).]

As added by P.L.2-1992, SEC.13. Amended by P.L.4-1993, SEC.166; P.L.5-1993, SEC.179; P.L.273-1999, SEC.91. Repealed by P.L.145-2006, SEC.376.

IC 12-19-1-15 Gifts, devises, and bequests of personal property; investment; special fund; expenditures

Sec. 15. (a) The division may receive and administer a gift, devise, or bequest of personal property, including the income from real property, that is to or for the benefit of an individual receiving payments or services through a county office.

(b) The division shall establish a special fund or an account in a trust fund for the money received under this section. The expenses of administering the fund or account shall be paid from money in the fund or account. The money may not be commingled with money received from taxation.

(c) The treasurer of state shall invest the money in the fund or account not currently needed to meet the obligations of the fund or account in the same manner as other public money may be invested. Interest that accrues from these investments shall be deposited in the fund or account.

(d) Money in the fund or account at the end of a state fiscal year does not revert to the state general fund.

(e) Subject to the approval of the judge or the court of the county having probate jurisdiction, money in the fund or account may be expended by the division in any manner consistent with the purposes of the fund or account created under this section and with the intention of the donor.

[Pre-1992 Revision Citation: 12-1-3-6(c).]

As added by P.L.2-1992, SEC.13. Amended by P.L.4-1993, SEC.167; P.L.5-1993, SEC.180; P.L.146-2008, SEC.402; P.L.44-2009, SEC.23.

IC 12-19-1-16 Receipt and administration of money available to or for the benefit of persons receiving payments or services

Sec. 16. (a) This section does not apply to money appropriated by the general assembly, including any federal grant.

(b) The family resources trust clearance fund is established to administer money available to or for the benefit of an individual receiving payments or services through a county office. The fund shall be administered by the division. Separate accounts in the fund shall be established, as appropriate, to carry out the purposes of the donors of the money deposited in the fund.

(c) The expenses of administering the fund shall be paid from money in the fund.

(d) Money in the fund may not be commingled with any other fund or with money received from taxation. The money may be expended by the county office in any manner consistent with the following:

(1) The purpose of the fund or with the intention of the donor of the money.

(2) Indiana law.

(e) The treasurer of state shall invest the money in the fund not currently needed to meet

the obligations of the fund in the same manner as other public money may be invested. Interest that accrues from these investments shall be deposited in the fund.

(f) Money in the fund at the end of a state fiscal year does not revert to the state general fund.

[Pre-1992 Revision Citation: 12-1-3-6(d).]

As added by P.L.2-1992, SEC.13. Amended by P.L.4-1993, SEC.168; P.L.5-1993, SEC.181; P.L.273-1999, SEC.92; P.L.146-2008, SEC.403; P.L.44-2009, SEC.24.

IC 12-19-1-17 Repealed

[Pre-1992 Revision Citation: 12-1-3-9.]

As added by P.L.2-1992, SEC.13. Amended by P.L.4-1993, SEC.169; P.L.5-1993, SEC.182. Repealed by P.L.273-1999, SEC.124.

IC 12-19-1-18 Designation of responsible person to act for and receive assistance on behalf of applicant or recipient; fee for services

Sec. 18. (a) After petition to and with the approval of the judge of a court of the county where an applicant for or recipient of public assistance resides, a county office may take the actions described in subsection (b) if:

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

(2) a recipient of public assistance:

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

(B) refuses to:

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

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

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

(1) Act for the applicant or recipient.

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

(A) This chapter.

(B) IC 12-10-6.

(C) IC 12-14-1 through IC 12-14-3.

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

(E) IC 12-14-13 through IC 12-14-19.

(F) IC 12-15.

(G) IC 16-35-2.

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

(1) in the monthly assistance award; or

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

[Pre-1992 Revision Citation: 12-1-3-11(a), (b).]

As added by P.L.2-1992, SEC.13. Amended by P.L.2-1993, SEC.111; P.L.4-1993, SEC.170; P.L.5-1993, SEC.183; P.L.273-1999, SEC.93; P.L.145-2006, SEC.108; P.L.146-2008, SEC.404; P.L.44-2009, SEC.25; P.L.210-2015, SEC.58; P.L.84-2016, SEC.62.

IC 12-19-1-19 Persons who may be designated under IC 12-19-1-18; costs of appointment proceedings

Sec. 19. (a) A responsible person approved under section 18 of this chapter preferably must be a relative or friend of good moral character whose interest is limited to the well-being of the applicant or recipient. However, the responsible person may not be any of the following:

(1) An employee of the county office.

(2) The superintendent of a county home.

(3) A person directly or indirectly financially connected with a health facility or an institution giving care to the recipient.

(4) A person directly or indirectly connected with the operation of a health facility or an institution giving care to the recipient.

(b) Costs may not be charged by a person or public official in proceedings concerning the appointment of a responsible person under section 18 of this chapter.

[Pre-1992 Revision Citation: 12-1-3-11(c), (d).]

As added by P.L.2-1992, SEC.13. Amended by P.L.4-1993, SEC.171; P.L.5-1993, SEC.184; P.L.146-2008, SEC.405; P.L.44-2009, SEC.26.

IC 12-19-1-20 Responsible persons; financial reports; termination of powers; use of assistance money received

Sec. 20. (a) A responsible person appointed under section 18 of this chapter shall make financial reports concerning the services provided by the responsible person at the time and in the manner prescribed by the court. A responsible person shall account to the court at least one (1) time every two (2) years. The court may make rules regulating the administration and accounting of money paid to a responsible person.

(b) The powers of a responsible person, other than the filing of a final account for the approval of the court, terminate on the appointment of a guardian for the recipient.

(c) Public assistance money received by a responsible person shall be used solely for the benefit of the recipient or the recipient's dependents.

[Pre-1992 Revision Citation: 12-1-3-11(e), (f).]

As added by P.L.2-1992, SEC.13. Amended by P.L.84-2016, SEC.63.

IC 12-19-1-21 Property tax levies prohibited

Sec. 21. (a) Notwithstanding any other law, after December 31, 1999, a county may not impose any of the following:

(1) A property tax levy for a county welfare fund.

(2) A property tax levy for a county welfare administration fund.

(b) Notwithstanding any other law, after December 31, 2008, a county may not impose any of the following:

(1) A property tax levy for a county medical assistance to wards fund.

(2) A property tax levy for a county family and children's services fund.

(3) A property tax levy for a children's psychiatric residential treatment services fund.

(4) A property tax levy for a children with special health care needs county fund.

As added by P.L.273-1999, SEC.62. Amended by P.L.146-2008, SEC.406.

IC 12-19-1-22 Bonds and loans considered general obligations of counties

Sec. 22. Each official and body responsible for the levying of taxes for the county must ensure that sufficient levies are made to meet the principal and interest on all bonds issued and loans made under this article before January 1, 2009, at the time fixed for the payment of the principal and interest, without regard to any other statute. If an official or a body fails or refuses to make or allow a sufficient levy required by this section, the bonds and loans and the interest on the bonds and loans shall be payable out of the county general fund without appropriation.

As added by P.L.273-1999, SEC.63. Amended by P.L.146-2008, SEC.407.

IC 12-19-1.5 Chapter 1.5. Repealed

Repealed by P.L.146-2008, SEC.803.

IC 12-19-2 Chapter 2. General Provisions

12-19-2-1 Bonds required of officers or other persons; premiums; payment
12-19-2-2 Officers and employees; personal liability
12-19-2-3 Officers and employees; administration of oaths and affirmations
12-19-2-4 Nepotism; persons ineligible for positions in division
12-19-2-5 Nepotism; ineligible persons
12-19-2-6 Nepotism; compensation prohibited

IC 12-19-2-1 Bonds required of officers or other persons; premiums; payment

Sec. 1. Unless expressly prohibited by law, the premiums on all bonds that an officer or other person is required to execute under this article shall be paid in the same manner as other expenses of the division are paid out of the appropriation for fixed charges.

[Pre-1992 Revision Citation: 12-1-4-2.]

As added by P.L.2-1992, SEC.13. Amended by P.L.4-1993, SEC.172; P.L.5-1993, SEC.185; P.L.146-2008, SEC.408.

IC 12-19-2-2 Officers and employees; personal liability

Sec. 2. The following are not personally liable, except to the state, for an official act done or omitted in connection with the performance of duties under this article:

(1) The director of the division.

(2) Officers and employees of the division.

(3) Officers and employees of a county office.

[Pre-1992 Revision Citation: 12-1-4-3.]

As added by P.L.2-1992, SEC.13. Amended by P.L.4-1993, SEC.173; P.L.5-1993, SEC.186; P.L.234-2005, SEC.46; P.L.146-2008, SEC.409; P.L.44-2009, SEC.27.

IC 12-19-2-3 Officers and employees; administration of oaths and affirmations

Sec. 3. An officer or employee of:

(1) the division; or

(2) a county office;

may administer oaths and affirmations required to carry out the purposes of this article or of any other statute imposing duties on the county office.

[Pre-1992 Revision Citation: 12-1-4-4.]

As added by P.L.2-1992, SEC.13. Amended by P.L.4-1993, SEC.174; P.L.5-1993, SEC.187; P.L.234-2005, SEC.47; P.L.146-2008, SEC.410; P.L.44-2009, SEC.28.

IC 12-19-2-4 Nepotism; persons ineligible for positions in division

Sec. 4. A person who is related to the director of the division in the following manner is not eligible for a position in the division:

(1) Husband or wife.

(2) Father or mother.

(3) Son or daughter.

(4) Son-in-law or daughter-in-law.

(5) Brother or sister.

(6) Niece or nephew.

(7) Uncle or aunt.

[Pre-1992 Revision Citation: 12-1-4-5 part.]

As added by P.L.2-1992, SEC.13.

IC 12-19-2-5 Nepotism; ineligible persons

Sec. 5. A person who is related to a county director in the following manner is not eligible for a position in the county office:

(1) Husband or wife.
(2) Father or mother.
(3) Son or daughter.
(4) Son-in-law or daughter-in-law.
(5) Brother or sister.
(6) Niece or nephew.
(7) Uncle or aunt.

[Pre-1992 Revision Citation: 12-1-4-5 part.]

As added by P.L.2-1992, SEC.13. Amended by P.L.4-1993, SEC.175; P.L.5-1993, SEC.188; P.L.146-2008, SEC.411; P.L.44-2009, SEC.29.

IC 12-19-2-6 Nepotism; compensation prohibited

Sec. 6. A person prohibited under section 5 of this chapter from employment with a county office may not receive compensation for services performed for the county office from appropriations made by the state or by the county.

[Pre-1992 Revision Citation: 12-1-4-5 part.]

As added by P.L.2-1992, SEC.13. Amended by P.L.4-1993, SEC.176; P.L.5-1993, SEC.189; P.L.146-2008, SEC.412; P.L.44-2009, SEC.30.

IC 12-19-3 Chapter 3. Repealed

[Pre-1992 Revision Citations:

12-19-3-1	formerly 12-1-11-1 part
12-19-3-2	formerly 12-1-11-1 part
12-19-3-3	formerly 12-1-11-2 part
12-19-3-4	formerly 12-1-11-2 part
12-19-3-5	formerly 12-1-11-2 part
12-19-3-6	formerly 12-1-11-2 part
12-19-3-7	formerly 12-1-11-2 part
12-19-3-8	formerly 12-1-11-3(a)
12-19-3-9	formerly 12-1-11-3(b)
12-19-3-10	formerly 12-1-11-4 part
12-19-3-11	formerly 12-1-11-4 part
12-19-3-12	formerly 12-1-11-5(a)
12-19-3-13	formerly 12-1-11-5(b)
12-19-3-14	formerly 12-1-11-5(c)
12-19-3-15	formerly 12-1-11-5(d)
12-19-3-16	formerly 12-1-11-6 part
12-19-3-17	formerly 12-1-11-6 part
12-19-3-18	formerly 12-1-11-6 part
12-19-3-19	formerly 12-1-11-7
12-19-3-20	formerly 12-1-11-8 part
12-19-3-21	formerly 12-1-11-8 part
12-19-3-22	formerly 12-1-11-9 part
12-19-3-23	formerly 12-1-11-9-part
12-19-3-24	formerly 12-1-11-9 part
12-19-3-25	formerly 12-1-11-10
12-19-3-26	formerly 12-1-11-11
12-19-3-27	formerly 12-1-11-12
12-19-3-28	formerly 12-1-11-13(a)
12-19-3-29	formerly 12-1-11-13(b)
12-19-3-30	formerly 12-1-11-13(c), (d).]

Repealed by P.L.273-1999, SEC.66.

IC 12-19-4 Chapter 4. Repealed

[Pre-1992 Revision Citations:
12-19-4-1 formerly 12-1-11.1-1 part
12-19-4-2 formerly 12-1-11.1-1 part
12-19-4-3 formerly 12-1-11.1-2
12-19-4-4 formerly 12-1-11.1-3
12-19-4-5 formerly 12-1-11.1-4.]

Repealed by P.L.273-1999, SEC.66.

IC 12-19-5 Chapter 5. Repealed

[Pre-1992 Revision Citations:

12-19-5-1	formerly 12-1-11.5-1
12-19-5-2	formerly 12-1-11.5-2
12-19-5-3	formerly 12-1-11.5-3
12-19-5-4	formerly 12-1-11.5-4(a) part
12-19-5-5	formerly 12-1-11.5-4(a) part, (b) part
12-19-5-6	formerly 12-1-11.5-4(b) part
12-19-5-7	formerly 12-1-11.5-5
12-19-5-8	formerly 12-1-11.5-6
12-19-5-9	formerly 12-1-11.5-7
12-19-5-10	formerly 12-1-11.5-8(a), (c) part
12-19-5-11	formerly 12-1-11.5-8(b), (c) part
12-19-5-12	formerly 12-1-11.5-9.]

Repealed by P.L.146-2008, SEC.806.

IC 12-19-6 Chapter 6. Repealed

[Pre-1992 Revision Citations:

12-19-6-1	formerly 12-1-18-2 part
12-19-6-2	formerly 12-1-18-2 part
12-19-6-3	formerly 12-1-18-2 part
12-19-6-4	formerly 12-1-7-49
12-19-6-5	formerly 12-1-7-53(a) part.]

Repealed by P.L.146-2008, SEC.804.

IC 12-19-7 Chapter 7. Repealed

Repealed by P.L.146-2008, SEC.806.

IC 12-19-7.5 Chapter 7.5. Repealed

Repealed by P.L.146-2008, SEC.806.

IC 12-20 ARTICLE 20. TOWNSHIP ASSISTANCE

Ch. 1. General Provisions
Ch. 2. Legal Actions Involving Township Trustee
Ch. 3. Office of Township Trustee
Ch. 4. Employees of Township Trustee
Ch. 5. Powers and Duties of Township Trustee in Administering Township Assistance
Ch. 5.5. Township Assistance Standards
Ch. 6. Application for Township Assistance
Ch. 7. Consent to Disclosure of Personal Information
Ch. 8. Legal Residence as Condition for Receipt of Township Assistance
Ch. 9. Eligibility of Nonresidents for Township Assistance
Ch. 10. Employment as Condition for Receipt of Township Assistance
Ch. 11. Workfare as Condition for Receipt of Township Assistance
Ch. 12. Job Training as Condition for Receipt of Township Assistance
Ch. 13. Rehabilitation, Training, and Work Programs Conducted by Township Trustee's Office
Ch. 14. Termination or Reduction of Township Assistance
Ch. 15. Appeal of Denial or Reduction in Amount of Township Assistance
Ch. 16. Provision of Various Forms of Township Assistance
Ch. 17. Temporary Aid
Ch. 18. Distribution of State and Federal Aid
Ch. 19. Participation in Federal Surplus Food Programs
Ch. 20. Payment of Township Assistance Claims
Ch. 21. Financing of Township Assistance
Ch. 22. Township Assistance Budgets and Appropriation of Township Assistance Money
Ch. 23. Repealed
Ch. 24. Township Borrowing for Township Assistance
Ch. 25. Township Assistance in Distressed Townships
Ch. 26. Revenue Raised for Township Assistance; Balance After Payment of Claims
Ch. 27. Recovery From Estate of Township Assistance Recipient
Ch. 28. Records and Reports
Ch. 29. Township Assistance Online Pilot Program

IC 12-20-1 Chapter 1. General Provisions

12-20-1-1 Purpose of article
12-20-1-2 Construction of article
12-20-1-3 Additional county auditor clerical help
12-20-1-4 Township assistance profiteering; township assistance fraud
12-20-1-5 References to "poor relief"; legal effect of name change
12-20-1-6 Payment of claims under prior law

IC 12-20-1-1 Purpose of article

Sec. 1. The purpose of this article is to provide necessary and prompt relief to the citizens and residents of Indiana.

[Pre-1992 Revision Citation: 12-2-1-34 part.]

As added by P.L.2-1992, SEC.14.

IC 12-20-1-2 Construction of article

Sec. 2. This article shall be liberally construed so that the article's purposes and policies may be accomplished as equitably and expeditiously as possible.

[Pre-1992 Revision Citations: 12-2-1-34 part; 12-2-1-39 part.]

As added by P.L.2-1992, SEC.14.

IC 12-20-1-3 Additional county auditor clerical help

Sec. 3. (a) Each county auditor is entitled to reasonable additional clerical help to carry out the auditor's responsibilities under this article, as determined to be necessary by each county's fiscal body.

(b) The county fiscal body shall make an appropriation for the payment of additional clerical help under this section.

[Pre-1992 Revision Citation: 12-2-1-31(e).]

As added by P.L.2-1992, SEC.14.

IC 12-20-1-4 Township assistance profiteering; township assistance fraud

Sec. 4. (a) This section does not apply to an attorney who is admitted to practice law in Indiana.

(b) A person who receives any item of value from an applicant or a recipient in connection with assisting that applicant or recipient in obtaining township assistance commits township assistance profiteering, a Class C misdemeanor.

(c) A person who unfairly profits from the:

(1) sale, lease, or rental of goods or shelter; or

(2) provision of services;

to a township assistance recipient commits township assistance fraud, a Level 6 felony. For purposes of this subsection, a person unfairly profits if the person receives payment from the township trustee for goods or services that the person does not provide or the person charges the township trustee more for the goods or services than the person would charge members of the public.

(d) In addition to any other penalty imposed for a conviction under subsection (c), a person who is convicted of township assistance fraud is ineligible to participate in the township assistance program for thirty (30) years after the date of the conviction.

As added by P.L.51-1996, SEC.14. Amended by P.L.73-2005, SEC.10; P.L.158-2013, SEC.180.

IC 12-20-1-5 References to "poor relief"; legal effect of name change

Sec. 5. (a) After June 30, 2005, a reference to "poor relief" in a statute, a rule, an interim guideline, a contract, an application for benefits, an eligibility standard, a tax levy, a fund, a bond issue or another form of indebtedness, or any other legal document or order shall be treated as a reference to "township assistance".

(b) The renaming of "poor relief" as "township assistance" does not affect:

(1) any rights or liabilities accrued;

(2) any penalties incurred;

(3) any violations committed;

(4) any proceedings begun;

(5) any contract;

(6) any application for or standard of benefits;

(7) any tax levy;

(8) any fund;

(9) any bond issue or other form of indebtedness; or

(10) any legal document or order.

As added by P.L.20-2010, SEC.7.

IC 12-20-1-6 Payment of claims under prior law

Sec. 6. A valid claim:

(1) for goods or services provided; and

(2) not paid;

under IC 12-2 (before its repeal) shall be paid under the corresponding provision of this article.

As added by P.L.220-2011, SEC.270.

IC 12-20-2 Chapter 2. Legal Actions Involving Township Trustee

12-20-2-1 Township as real party in interest
12-20-2-2 Repealed

IC 12-20-2-1 Township as real party in interest

Sec. 1. A suit or proceeding in favor of or against a township trustee concerning township assistance shall be conducted in favor of or against the township in the township's corporate name.

[Pre-1992 Revision Citation: 12-2-1-2.]

As added by P.L.2-1992, SEC.14. Amended by P.L.73-2005, SEC.11.

IC 12-20-2-2 Repealed

[Pre-1992 Revision Citation: 12-2-1-34 part.]

As added by P.L.2-1992, SEC.14. Repealed by P.L.51-1996, SEC.77.

IC 12-20-3 Chapter 3. Office of Township Trustee

12-20-3-1 Jurisdiction of division of family resources; investigations; reports
12-20-3-2 Governor's powers
12-20-3-3 Vacation of office or death; delivery of records to successor

IC 12-20-3-1 Jurisdiction of division of family resources; investigations; reports

Sec. 1. (a) A township trustee is not under the jurisdiction of the division of family resources.

(b) The division of family resources:

(1) may not subject a township trustee to investigation concerning the trustee's official duties; and

(2) has no authority to make a report with reference to the official duties of a township trustee.

[Pre-1992 Revision Citation: 12-1-20-1 part.]

As added by P.L.2-1992, SEC.14. Amended by P.L.145-2006, SEC.111.

IC 12-20-3-2 Governor's powers

Sec. 2. The governor may not do any of the following:

(1) Hold a hearing in reference to a township trustee's official duties.

(2) Remove a township trustee from office.

(3) Declare the office of a township trustee vacant.

[Pre-1992 Revision Citation: 12-1-20-1 part.]

As added by P.L.2-1992, SEC.14.

IC 12-20-3-3 Vacation of office or death; delivery of records to successor

Sec. 3. (a) If a township trustee, who serves as administrator of township assistance, is removed from office, resigns, or in any other way vacates the office of township trustee, the township trustee shall immediately deliver all books, papers, and other materials concerning the office to the trustee's successor upon the successor's appointment.

(b) If a township trustee, who serves as administrator of township assistance, dies, the township trustee's executors or administrators shall, not more than forty (40) days after the trustee's death, deliver all materials belonging to the township trustee's office to the trustee's successor in office.

[Pre-1992 Revision Citation: 12-2-1-27.]

As added by P.L.2-1992, SEC.14. Amended by P.L.73-2005, SEC.12.

IC 12-20-4 Chapter 4. Employees of Township Trustee

12-20-4-1	Office expense and clerical help
12-20-4-2	Supervisors, investigators, assistants, and employees; compensation
12-20-4-3	Supervisors, investigators, assistants, and employees; number; pay
12-20-4-4	Qualifications of investigators
12-20-4-5	Number of supervisors employed; compensation
12-20-4-6	Qualifications of supervisors
12-20-4-7	Townships jointly employing investigators; payment
12-20-4-8	Repealed
12-20-4-9	Repealed
12-20-4-10	Repealed
12-20-4-11	Supervisors, investigators, assistants, and employees; pay; vacation; sick leave
12-20-4-12	Repealed
12-20-4-13	Rehabilitation, training, and work programs authorized
12-20-4-14	Construction of chapter

IC 12-20-4-1 Office expense and clerical help

Sec. 1. The township trustee may pay out of township assistance money the necessary office expense and clerical or other help necessary to properly administer township assistance.

[Pre-1992 Revision Citation: 12-2-1-36 part.]

As added by P.L.2-1992, SEC.14. Amended by P.L.73-2005, SEC.13.

IC 12-20-4-2 Supervisors, investigators, assistants, and employees; compensation

Sec. 2. The township trustee of each township, in the trustee's official capacity as chief executive officer within the township, may do the following:

(1) Employ supervisors, investigators, assistants, or other necessary employees in discharging the township trustee's duties concerning the provision of township assistance.

(2) Fix the salaries or wages to be paid to the supervisors, investigators, assistants, and other necessary employees employed by the township trustee.

[Pre-1992 Revision Citation: 12-2-2-1.]

As added by P.L.2-1992, SEC.14. Amended by P.L.51-1996, SEC.15; P.L.73-2005, SEC.14.

IC 12-20-4-3 Supervisors, investigators, assistants, and employees; number; pay

Sec. 3. (a) The township trustee shall determine the number of township assistance supervisors, investigators, assistants, or other necessary employees that are employed by the township to administer township assistance.

(b) The pay of township assistance supervisors, investigators, assistants, and other necessary employees shall be fixed by the township trustee subject only to the total budgetary appropriation for personnel services for the administration of township assistance approved by the township board.

(c) A township assistance supervisor, investigator, assistant, or other necessary employee who uses an automobile in the performance of the employee's work is entitled to the same mileage paid to state officers and employees.

[Pre-1992 Revision Citation: 12-2-2-4.]

As added by P.L.2-1992, SEC.14. Amended by P.L.51-1996, SEC.16; P.L.73-2005, SEC.15.

IC 12-20-4-4 Qualifications of investigators

Sec. 4. An individual may not be employed as a township assistance investigator unless the individual:

(1) is a high school graduate or possesses an equivalent degree;

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

(3) is a resident of the county where the township is located.

[Pre-1992 Revision Citation: 12-2-2-5 part.]

As added by P.L.2-1992, SEC.14. Amended by P.L.51-1996, SEC.17; P.L.73-2005, SEC.16.

IC 12-20-4-5 Number of supervisors employed; compensation

Sec. 5. (a) The number of supervisors of township assistance investigators may not exceed one (1) supervisor for the first four (4) township assistance investigators. If there are more than four (4) township assistance investigators, the township trustee may employ one (1) additional supervisor for each twelve (12) township assistance investigators or major fraction of that number.

(b) The pay for supervisors of township assistance investigators shall be fixed in the manner provided by law for other township salaries.

[Pre-1992 Revision Citation: 12-2-2-2.]

As added by P.L.2-1992, SEC.14. Amended by P.L.73-2005, SEC.17.

IC 12-20-4-6 Qualifications of supervisors

Sec. 6. An individual may not be employed as a supervisor of township assistance investigators unless the individual:

(1) has been an Indiana resident for at least one (1) year immediately preceding the individual's appointment; or

(2) has had at least one (1) year of experience as a township assistance investigator.

[Pre-1992 Revision Citation: 12-2-2-3.]

As added by P.L.2-1992, SEC.14. Amended by P.L.73-2005, SEC.18.

IC 12-20-4-7 Townships jointly employing investigators; payment

Sec. 7. (a) Two (2) or more townships in the same county may jointly employ an investigator to investigate township assistance applicants and recipients.

(b) Payment for investigations conducted under this section shall be made on the basis of the number of cases handled for each township in the same manner and at the same rate as otherwise provided for the payment of investigators under this chapter.

[Pre-1992 Revision Citation: 12-2-2-6.]

As added by P.L.2-1992, SEC.14. Amended by P.L.51-1996, SEC.18; P.L.73-2005, SEC.19.

IC 12-20-4-8 Repealed

[Pre-1992 Revision Citation: 12-2-2-8.]

As added by P.L.2-1992, SEC.14. Repealed by P.L.51-1996, SEC.77.

IC 12-20-4-9 Repealed

[Pre-1992 Revision Citation: 12-2-2-7.]

As added by P.L.2-1992, SEC.14. Repealed by P.L.51-1996, SEC.77.

IC 12-20-4-10 Repealed

[Pre-1992 Revision Citation: 12-2-2-9.]

As added by P.L.2-1992, SEC.14. Repealed by P.L.51-1996, SEC.77.

IC 12-20-4-11 Supervisors, investigators, assistants, and employees; pay; vacation; sick leave

Sec. 11. (a) A township assistance supervisor, investigator, assistant, or other necessary employee shall be paid only for the number of days the employee is actually engaged in employment during each month.

(b) A township assistance supervisor, investigator, assistant, or other necessary employee shall be paid at the rate established by the township trustee from an appropriation by the

township board with no deduction for legal holidays.

(c) A township assistance supervisor, investigator, assistant, or other necessary employee shall be paid out of the same money as claims for township assistance are paid. Claims for pay are payable upon presentation of a sworn claim itemizing each day for which pay is requested. Claims are to be made and filed in the same manner as other claims for township assistance expenditures are payable, at least once each month.

(d) Each township assistance chief deputy, investigator, supervisor, assistant, or other necessary employee may be granted paid vacation leave or sick leave under IC 5-10-6-1.

(e) The township trustee of a township having a population of at least ten thousand (10,000) may appoint a chief deputy. A chief deputy may be paid from any township funds.

[Pre-1992 Revision Citation: 12-2-2-10.]

As added by P.L.2-1992, SEC.14. Amended by P.L.51-1996, SEC.19; P.L.73-2005, SEC.20.

IC 12-20-4-12 Repealed

[Pre-1992 Revision Citation: 12-2-3-1.]

As added by P.L.2-1992, SEC.14. Repealed by P.L.51-1996, SEC.77.

IC 12-20-4-13 Rehabilitation, training, and work programs authorized

Sec. 13. The township trustee may, with the approval of the township board, employ personnel to supervise rehabilitation, training, retraining, and work programs as provided in IC 12-20-13.

[Pre-1992 Revision Citation: 12-2-10-1(a) part; Part new.]

As added by P.L.2-1992, SEC.14.

IC 12-20-4-14 Construction of chapter

Sec. 14. This chapter does not limit the reasonable number of employees who may be engaged in any processing of work as provided by law.

[Pre-1992 Revision Citation: 12-2-2-11.]

As added by P.L.2-1992, SEC.14.

IC 12-20-5 Chapter 5. Powers and Duties of Township Trustee in Administering Township Assistance

12-20-5-1 Powers and duties
12-20-5-2 Oversight and care
12-20-5-3 Temporary relief

IC 12-20-5-1 Powers and duties

Sec. 1. (a) The township trustee of each township is ex officio the administrator of township assistance within the township.

(b) The township trustee shall perform all duties with reference to the poor of the township as prescribed by law.

(c) A township trustee, in discharging the duties prescribed by this article, is designated as the administrator of township assistance.

[Pre-1992 Revision Citation: 12-2-1-1.]

As added by P.L.2-1992, SEC.14. Amended by P.L.73-2005, SEC.21.

IC 12-20-5-2 Oversight and care

Sec. 2. The township trustee, as administrator of township assistance, in each township is responsible for the oversight and care of all poor individuals in the township as long as the individuals remain in the trustee's charge. The township trustee shall see that the individuals are properly taken care of in the manner required by law.

[Pre-1992 Revision Citation: 12-2-1-6(a) part.]

As added by P.L.2-1992, SEC.14. Amended by P.L.73-2005, SEC.22.

IC 12-20-5-3 Temporary relief

Sec. 3. The township trustee, as administrator of township assistance, shall investigate and grant temporary relief as provided in IC 12-20-17-3.

[Pre-1992 Revision Citation: 12-2-1-20(a); Part new.]

As added by P.L.2-1992, SEC.14. Amended by P.L.73-2005, SEC.23.

IC 12-20-5.5 Chapter 5.5. Township Assistance Standards

12-20-5.5-1 Processing applications; nondiscrimination; annual certification
12-20-5.5-2 Standards; content
12-20-5.5-3 Adequate access ensured; telephone number; office
12-20-5.5-4 Scheduled hours of township trustee
12-20-5.5-5 Inclusion of standards governing provision of basic necessities
12-20-5.5-6 Income standards

IC 12-20-5.5-1 Processing applications; nondiscrimination; annual certification

Sec. 1. (a) The township trustee shall process all applications for township assistance according to uniform written standards and without consideration of the race, creed, nationality, or gender of the applicant or any member of the applicant's household.

(b) The township's standards for the issuance of township assistance and the processing of applications must be:

(1) governed by the requirements of this article;

(2) proposed by the township trustee, adopted by the township board, and filed with the board of county commissioners;

(3) reviewed and updated annually to reflect changes in the cost of basic necessities in the township and changes in the law;

(4) published in a single written document, including addenda attached to the document; and

(5) posted in a place prominently visible to the public in all offices of the township trustee where township assistance applications are taken or processed.

(c) The township trustee shall annually certify that the uniform written standards for the issuance of township assistance have been filed with the board of county commissioners as required under subsection (b)(2). The certification shall be noted in the township's budget submitted to the department of local government finance's computer gateway under IC 6-1.1-17-3.

As added by P.L.51-1996, SEC.20. Amended by P.L.73-2005, SEC.24; P.L.162-2021, SEC.5.

IC 12-20-5.5-2 Standards; content

Sec. 2. (a) Standards for the administration of township assistance must contain the following:

(1) Criteria for determining township assistance eligibility.

(2) Minimum requirements of township trustee accessibility.

(3) Other information as needed, including the following:

(A) Township office locations, hours, and days of availability.

(B) Initial eligibility criteria.

(C) Continuing eligibility criteria.

(D) Workfare requirements.

(E) Essential and nonessential assets.

(F) Available resources.

(G) Income exemptions.

(H) Application process.

(I) Countable income.

(J) Countable assets.

(K) Wasted resources.

(b) Standards for the administration of township assistance must exclude a Holocaust victim's settlement payment received by an eligible individual from countable assets and countable income.

As added by P.L.51-1996, SEC.20. Amended by P.L.128-1999, SEC.25; P.L.73-2005,

SEC.25.

IC 12-20-5.5-3 Adequate access ensured; telephone number; office

Sec. 3. (a) The township trustee shall ensure adequate access to township assistance services, including a telephone number in the name of the township published in the annual report as provided in IC 12-20-28-3 and the township's budget submitted to the department of local government finance's computer gateway under IC 6-1.1-17-3.

(b) A township assistance office, if separate from the township trustee's residence, must be designated by a clearly visible sign that lists the:

(1) township trustee's name;

(2) availability of township assistance; and

(3) township assistance office's telephone number.

The sign must conform to all local zoning and signage restrictions.

As added by P.L.51-1996, SEC.20. Amended by P.L.73-2005, SEC.26; P.L.162-2021, SEC.6.

IC 12-20-5.5-4 Scheduled hours of township trustee

Sec. 4. (a) This section does not apply to a township trustee who has assisted less than fifty-one (51) households during each of the two (2) years immediately preceding the date of the township trustee's annual report under IC 12-20-28-3.

(b) To ensure minimum accessibility, a township trustee operating a township assistance office in a township with a population of at least ten thousand (10,000) shall provide scheduled office hours for township assistance and staff each office with an individual qualified to:

(1) determine eligibility; and

(2) issue relief sufficient to meet the township assistance needs of the township.

(c) To meet the requirements of subsection (b), the township trustee shall do the following:

(1) Provide township assistance office hours for at least fourteen (14) hours per week.

(2) Provide that there is not more than one (1) weekday between the days the township assistance office is open.

(3) Provide for after hours access to the township assistance office by use of an answering machine or a service:

(A) capable of taking messages; and

(B) programmed to provide information about township assistance office hours.

(4) Respond to a telephone inquiry for township assistance services not more than twenty-four (24) hours, excluding Saturdays, Sundays, and legal holidays, after receiving the inquiry.

(5) Post township assistance office hours and telephone numbers at the entrance to each township assistance office.

As added by P.L.51-1996, SEC.20. Amended by P.L.73-2005, SEC.27.

IC 12-20-5.5-5 Inclusion of standards governing provision of basic necessities

Sec. 5. The township's standards for the administration of township assistance must include all applicable standards governing the provision of basic necessities, including maximum amounts, special conditions, or other limitations on eligibility, if any have been established for one (1) or more basic necessities.

As added by P.L.51-1996, SEC.20. Amended by P.L.73-2005, SEC.28.

IC 12-20-5.5-6 Income standards

Sec. 6. (a) A township trustee shall set income standards for the township that provide for financial eligibility in an amount consistent with reasonable costs of basic necessities in the trustee's particular township.

(b) A township trustee may not consider a Holocaust victim's settlement payment received

by an eligible individual when setting income standards under this section.
As added by P.L.51-1996, SEC.20. Amended by P.L.128-1999, SEC.26.

IC 12-20-6 Chapter 6. Application for Township Assistance

12-20-6-0.5	Previous denial of assistance or conviction
12-20-6-1	Application and affidavit
12-20-6-2	Repealed
12-20-6-3	Eligibility for other public assistance
12-20-6-4	Repealed
12-20-6-5	Application for other assistance
12-20-6-5.5	Application for public assistance before granting township assistance
12-20-6-6	Repealed
12-20-6-6.5	Denial of relief; fraud relating to public relief or assistance
12-20-6-6.6	Aid cannot pay for goods or services during period when assistance denied
12-20-6-7	Action on application
12-20-6-8	Notice of action taken; appeals
12-20-6-9	Investigation; relatives
12-20-6-10	Support by relatives

IC 12-20-6-0.5 Previous denial of assistance or conviction

Sec. 0.5. (a) As used in this section, "member of the applicant's household" includes any person who lives in the same residence as the applicant.

(b) The township trustee shall determine whether an applicant or a member of the applicant's household has been denied assistance under IC 12-14-1-1, IC 12-14-1-1.5, IC 12-14-2-5.1, IC 12-14-2-18, IC 12-14-2-20, IC 12-14-2-21, IC 12-14-2-24, IC 12-14-2-26, IC 12-14-2.5, or IC 12-14-5.5.

(c) A township trustee has no obligation to extend aid to an applicant or to a member of an applicant's household who has been denied assistance as described in subsection (b).

(d) A township trustee shall not extend aid to an applicant or to a member of an applicant's household if the applicant or the member of the applicant's household has been convicted of an offense under IC 35-43-5 concerning fraud relating to Medicaid or public relief or assistance as follows:

(1) If the conviction is a misdemeanor, a township trustee shall not extend aid to the applicant or the member of the applicant's household for one (1) year after the conviction.

(2) If the conviction is a felony, a township trustee shall not extend aid to the applicant or the member of the applicant's household for ten (10) years after the conviction.

As added by P.L.46-1995, SEC.56. Amended by P.L.174-2021, SEC.12; P.L.103-2023, SEC.19.

IC 12-20-6-1 Application and affidavit

Sec. 1. (a) A township trustee may not extend aid to an individual or a household unless an application and affidavit setting forth the personal condition of the individual or household has been filed with the trustee within one hundred eighty (180) days before the date aid is extended.

(b) An individual filing an application and affidavit on behalf of a household must provide the names of all household members and any information necessary for determining the household's eligibility for township assistance. The application must be on the form prescribed by the state board of accounts.

(c) An applicant for utility assistance under IC 12-20-16-3(a) must comply with IC 12-20-16-3(d).

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

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

(1) has a mental or physical disability, including an intellectual disability, cerebral palsy, blindness, or paralysis;

(2) has dyslexia; or

(3) cannot read or write the English language.

[Pre-1992 Revision Citation: 12-2-1-6.1(a).]

As added by P.L.2-1992, SEC.14. Amended by P.L.51-1996, SEC.21; P.L.259-2001, SEC.1; P.L.73-2005, SEC.29; P.L.117-2015, SEC.21.

IC 12-20-6-2 Repealed

[Pre-1992 Revision Citation: 12-2-1-6.1(b).]

As added by P.L.2-1992, SEC.14. Repealed by P.L.51-1996, SEC.77.

IC 12-20-6-3 Eligibility for other public assistance

Sec. 3. Each township trustee shall obtain information about public assistance programs and services administered by the division of family resources and county offices under this article, the Social Security Administration, the federal Food Stamp program (7 U.S.C. 2011 et seq.), or by another federal or state governmental entity. If a trustee believes a township assistance applicant or a member of the applicant's household may be eligible for a public assistance program, the trustee may not extend aid to the applicant or the applicant's household unless the applicant verifies that:

(1) the applicant has filed, within the one hundred eighty (180) days preceding the application for township assistance, an application for assistance under a federal or state public assistance program administered by the division of family resources and county offices or by another federal or state governmental entity;

(2) the applicant or a member of the applicant's household is receiving assistance under a public assistance program administered by the division of family resources and county offices or another federal or state governmental entity; or

(3) the applicant or a member of the applicant's household has an emergency need that the trustee determines must be met immediately.

[Pre-1992 Revision Citation: 12-2-1-6.1(c) part.]

As added by P.L.2-1992, SEC.14. Amended by P.L.4-1993, SEC.191; P.L.5-1993, SEC.204; P.L.51-1996, SEC.22; P.L.73-2005, SEC.30; P.L.145-2006, SEC.112.

IC 12-20-6-4 Repealed

[Pre-1992 Revision Citation: 12-2-1-10(d) part.]

As added by P.L.2-1992, SEC.14. Repealed by P.L.51-1996, SEC.77.

IC 12-20-6-5 Application for other assistance

Sec. 5. If the township trustee determines that an applicant or a member of the applicant's household who is granted emergency township assistance under section 3(3) of this chapter may be eligible for public assistance other than township assistance, the applicant shall, not more than fifteen (15) working days after the date that emergency township assistance was granted, file an application for public assistance and comply with all the requirements necessary for completing the application process for public assistance administered by the division of family resources and county offices or another federal or state governmental entity. An applicant or a member of the applicant's household who fails to file an application for public assistance not more than fifteen (15) working days after the date that emergency township assistance was granted may not be granted township assistance for sixty (60) days following the grant of township assistance on an emergency basis.

[Pre-1992 Revision Citation: 12-2-1-6.1(d) part.]

As added by P.L.2-1992, SEC.14. Amended by P.L.4-1993, SEC.192; P.L.5-1993, SEC.205; P.L.51-1996, SEC.23; P.L.73-2005, SEC.31; P.L.145-2006, SEC.113.

IC 12-20-6-5.5 Application for public assistance before granting township assistance

Sec. 5.5. (a) This section does not apply in an emergency.

(b) If, before granting township assistance, the township trustee determines that an applicant or a member of an applicant's household may be eligible for public assistance other than township assistance, the applicant or household member shall, when referred by the township trustee, make an application and comply with all necessary requirements for completing the application process for public assistance administered by:

(1) the division of family resources and county offices; or

(2) any other federal or state governmental entity.

(c) An applicant or a household member who fails to:

(1) file an application as specified in subsection (b); and

(2) show evidence that the application, as referred by the township trustee, was filed not more than fifteen (15) working days after the township trustee's referral;

may be denied township assistance for not more than sixty (60) days.

As added by P.L.51-1996, SEC.24. Amended by P.L.73-2005, SEC.32; P.L.145-2006, SEC.114.

IC 12-20-6-6 Repealed

[Pre-1992 Revision Citation: 12-2-1-6.1(e).]

As added by P.L.2-1992, SEC.14. Repealed by P.L.262-2003, SEC.9.

IC 12-20-6-6.5 Denial of relief; fraud relating to public relief or assistance

Sec. 6.5. (a) If an individual has been convicted of an offense under IC 35-43-5 concerning fraud relating to public relief or assistance, a township trustee may not extend aid to or for the benefit of that individual for the following periods:

(1) If the conviction is for a misdemeanor, for one (1) year after the conviction.

(2) If the conviction is for a felony, for ten (10) years after the conviction.

(b) If a township trustee finds that an individual has obtained township assistance from any township by means of conduct described in IC 35-43-5, the township trustee may refuse to extend aid to or for the benefit of that individual for sixty (60) days after the later of the:

(1) date of the improper conduct; or

(2) date aid was last extended to the individual based on the improper conduct.

As added by P.L.51-1996, SEC.25. Amended by P.L.73-2005, SEC.33; P.L.174-2021, SEC.13.

IC 12-20-6-6.6 Aid cannot pay for goods or services during period when assistance denied

Sec. 6.6. Notwithstanding any other provision of this article:

(1) a township trustee may not extend aid to or for the benefit of an individual if that aid would pay for goods or services provided to or for the benefit of the individual; and

(2) a township is not obligated to pay the cost of basic necessities incurred on behalf of the household in which the individual resides;

during a period that the individual has previously applied for and been denied township assistance.

As added by P.L.51-1996, SEC.26. Amended by P.L.259-2001, SEC.2; P.L.73-2005, SEC.34.

IC 12-20-6-7 Action on application

Sec. 7. (a) In a case of emergency, a trustee shall accept and promptly act upon a completed application from an individual requesting assistance. In a nonemergency request for township assistance, the trustee shall act on the completed application not later than seventy-two (72) hours after receiving the application, excluding weekends and legal holidays listed in IC 1-1-9. The trustee's office shall retain a copy of each application and

affidavit whether or not relief is granted.

(b) The actions that a trustee may take on a completed application for township assistance, except in a case of emergency, are the following:

(1) Grant assistance.

(2) Deny assistance, including a partial denial of assistance requested.

(3) Leave the decision pending.

(c) A decision pending determination under subsection (b)(3):

(1) may not remain pending for more than seventy-two (72) hours after the expiration of the period described in subsection (a); and

(2) must include a statement listing the specific reasons that assistance is not granted or denied within the period required under subsection (a).

[Pre-1992 Revision Citation: 12-2-1-6.2(a).]

As added by P.L.2-1992, SEC.14. Amended by P.L.51-1996, SEC.27; P.L.259-2001, SEC.3; P.L.73-2005, SEC.35.

IC 12-20-6-8 Notice of action taken; appeals

Sec. 8. (a) A township trustee shall promptly notify in writing each applicant for township assistance of action taken upon a completed application for township assistance. The trustee shall do the following:

(1) Mail notice or provide personal notice not later than seventy-two (72) hours, excluding weekends and legal holidays listed in IC 1-1-9, after the completed application is received, advising the applicant of the right to appeal an adverse decision of the trustee to the board of commissioners.

(2) Include in the notice required under subdivision (1) the following:

(A) The type and amount of assistance granted.

(B) The type and amount of assistance denied or partially granted.

(C) Specific reasons for denying all or part of the assistance requested.

(D) Information advising the applicant of the procedures for appeal to the board of commissioners.

(b) A copy of the notice described in subsection (a) shall be filed with the recipient's application and affidavit in the trustee's office.

(c) An application for township assistance is not considered complete until all adult members of the requesting household have signed:

(1) the township assistance application; and

(2) any other form, instrument, or document:

(A) required by law; or

(B) determined necessary for investigative purposes by the trustee, as contained in the township's township assistance guidelines.

[Pre-1992 Revision Citation: 12-2-1-6.2(b).]

As added by P.L.2-1992, SEC.14. Amended by P.L.51-1996, SEC.28; P.L.259-2001, SEC.4; P.L.73-2005, SEC.36.

IC 12-20-6-9 Investigation; relatives

Sec. 9. If an application for township assistance is made to the township trustee as administrator of township assistance, the township trustee, as administrator of township assistance, shall carefully investigate the circumstances of the applicant and each member of the applicant's household to ascertain the following:

(1) Legal residence.

(2) Names and ages.

(3) Physical condition relating to sickness or health.

(4) Present and previous occupation.

(5) Ability and capacity to perform labor.

(6) The cause of the applicant's or household member's condition if the applicant or

household member is found to be in need and the cause can be ascertained.

(7) Whether the applicant or a member of the applicant's household is entitled to income in the immediate future from any source, including the following:

(A) Past or present employment.

(B) A pending claim or cause of action that may result in a monetary award being received by any member of the applicant's household claiming to be in need.

(C) A pending determination for assistance from any other federal or state governmental entity.

(8) The family relationships of the township assistance applicant.

(9) Whether the township assistance applicant or members of the applicant's household have relatives able and willing to assist the applicant or a member of the applicant's household.

[Pre-1992 Revision Citation: 12-2-1-7.]

As added by P.L.2-1992, SEC.14. Amended by P.L.51-1996, SEC.29; P.L.73-2005, SEC.37.

IC 12-20-6-10 Support by relatives

Sec. 10. (a) As used in this section, "relative" includes only the parent, stepparent, child, stepchild, sibling, stepsibling, grandparent, stepgrandparent, grandchild, or stepgrandchild of a township assistance applicant.

(b) If an applicant who applies for township assistance or a member of the applicant's household has a relative living in the township who is able to assist the applicant or member of the applicant's household, the township trustee shall, as administrator of township assistance and before granting aid a second time, ask the relative to help the applicant or member of the applicant's household, either with material relief or by furnishing employment.

(c) A township trustee may not use township assistance funds to pay the cost of an applicant's shelter with a relative who is the applicant's landlord if the applicant lives in:

(1) the same household as the relative; or

(2) housing separate from the relative and either:

(A) the housing is unencumbered by mortgage; or

(B) the housing has not been previously rented by the relative to a different tenant at reasonable market rates for at least six (6) months.

(d) If shelter payments are made to a relative of a township assistance applicant on behalf of the applicant or a member of the applicant's household, the trustee may file a lien against the relative's real property for the amount of township shelter assistance granted.

[Pre-1992 Revision Citation: 12-2-1-11.]

As added by P.L.2-1992, SEC.14. Amended by P.L.51-1996, SEC.30; P.L.73-2005, SEC.38.

IC 12-20-7 Chapter 7. Consent to Disclosure of Personal Information

12-20-7-1	Consent; form; filing
12-20-7-2	Information to township trustee
12-20-7-2.5	Information provided to township trustee by department of employment and training
12-20-7-3	Salary and wage information
12-20-7-3.5	Provision of information to determine eligibility
12-20-7-4	Use of consent forms
12-20-7-4.5	Authorized use of information
12-20-7-5	Use of information not a public record
12-20-7-6	Unauthorized use or disclosure of information

IC 12-20-7-1 Consent; form; filing

Sec. 1. (a) Each applicant and each adult member of the applicant's household seeking township assistance must consent to a disclosure and release of information about the applicant and the applicant's household before township assistance may be provided by the township trustee. The consent must be made by signing a form prescribed by the state board of accounts. The form must include the following:

(1) The applicant's name, case number, and address.

(2) The types of information being solicited, including the following:

(A) Countable income.

(B) Countable assets.

(C) Wasted resources.

(D) Relatives capable of providing assistance.

(E) Past or present employment.

(F) Pending claims or causes of action.

(G) A medical condition if relevant to work or workfare requirements.

(H) Any other information required by law.

(3) The names of individuals, agencies, and township trustee offices that will receive the information.

(4) The expiration date of the permission to disclose information.

(b) Information that is declared to be confidential by state or federal statute may not be obtained under the consent form prescribed by this section.

(c) The township trustee shall keep on file and shall make available to the division of family resources and office of Medicaid policy and planning upon request a copy of the signed consent form described in subsection (a).

(d) The township trustee shall send to the county office a copy of the signed consent form described in subsection (a).

(e) The division of family resources, county offices, and the office of Medicaid policy and planning shall make available to the township trustee upon request a copy of signed consent to disclosure and release of information forms in each entity's files.

(f) If an individual who is required to sign a form under this section is unable to sign the form in the township trustee's office due to a physical or mental disability or illness, the township trustee shall make alternate arrangements to obtain the individual's signature.

[Pre-1992 Revision Citation: 12-2-13-1.]

As added by P.L.2-1992, SEC.14. Amended by P.L.4-1993, SEC.193; P.L.5-1993, SEC.206; P.L.46-1995, SEC.57; P.L.51-1996, SEC.31; P.L.259-2001, SEC.5; P.L.73-2005, SEC.39; P.L.145-2006, SEC.115.

IC 12-20-7-2 Information to township trustee

Sec. 2. (a) The county office shall provide the following information to each township trustee located in the county:

(1) Information that will identify the types of public assistance that are being provided

to the individual who signed the consent form and the individual's household.

(2) Information that will identify the amount of public assistance that is being received by the individual who signed the consent form and the individual's household.

(3) Information that will identify the number of individuals in the household of the individual who signed the consent form who are receiving public assistance.

(4) Information regarding the income, resources, or assets of members of the individual's household receiving public assistance.

(b) The county office must provide the information required under subsection (a) not later than fourteen (14) calendar days after obtaining the information.

[Pre-1992 Revision Citation: 12-2-13-2.]

As added by P.L.2-1992, SEC.14. Amended by P.L.4-1993, SEC.194; P.L.5-1993, SEC.207; P.L.46-1995, SEC.58; P.L.51-1996, SEC.32.

IC 12-20-7-2.5 Information provided to township trustee by department of employment and training

Sec. 2.5. Upon request of the township trustee, the department of employment and training services shall provide without charge information regarding:

(1) income, resources, and assets of; and

(2) benefits received by;

members of an applicant's household.

As added by P.L.51-1996, SEC.33.

IC 12-20-7-3 Salary and wage information

Sec. 3. Upon request of the township trustee, the employer of a township assistance applicant or a member of the applicant's household shall provide the township trustee with information concerning salary or wages earned by the applicant or household member for purposes of determining the financial eligibility of the household to receive township assistance.

[Pre-1992 Revision Citation: 12-2-13-3.]

As added by P.L.2-1992, SEC.14. Amended by P.L.51-1996, SEC.34; P.L.73-2005, SEC.40.

IC 12-20-7-3.5 Provision of information to determine eligibility

Sec. 3.5. Upon request of the township trustee, a person holding assets or title to assets of a township assistance applicant or a member of the applicant's household shall provide the township trustee with information concerning the nature and value of those assets for purposes of determining the household's financial eligibility to receive township assistance.

As added by P.L.51-1996, SEC.35. Amended by P.L.73-2005, SEC.41.

IC 12-20-7-4 Use of consent forms

Sec. 4. The division of family resources and county offices shall use the consent forms received under this chapter to do the following:

(1) Assist in making eligibility determinations for public assistance programs administered by the division of family resources and county offices.

(2) Assist in reducing fraud and abuse in public assistance programs administered by the division of family resources and county offices.

[Pre-1992 Revision Citation: 12-2-13-4.]

As added by P.L.2-1992, SEC.14. Amended by P.L.4-1993, SEC.195; P.L.5-1993, SEC.208; P.L.145-2006, SEC.116.

IC 12-20-7-4.5 Authorized use of information

Sec. 4.5. The township trustee shall use the information received under section 2 of this chapter to assist in reducing fraud and abuse in aid programs administered by the township trustee.

As added by P.L.46-1995, SEC.59.

IC 12-20-7-5 Use of information not a public record

Sec. 5. Information that is received through the use of a consent form described in section 1 of this chapter and that is not a public record open to inspection and copying under any statute may be used only in connection with the following:

(1) The administration of the township trustee's township assistance program.

(2) The administration of public assistance programs that are administered by the division of family resources and county offices.

[Pre-1992 Revision Citation: 12-2-13-5.]

As added by P.L.2-1992, SEC.14. Amended by P.L.4-1993, SEC.196; P.L.5-1993, SEC.209; P.L.73-2005, SEC.42; P.L.145-2006, SEC.117.

IC 12-20-7-6 Unauthorized use or disclosure of information

Sec. 6. A township trustee, an assistant of a township trustee, or an employee or a director of the division of family resources, the office of Medicaid policy and planning, and county offices who knowingly discloses or uses information that is obtained through the use of a consent form described in section 1 of this chapter, except as authorized by this chapter, commits a Class A misdemeanor.

[Pre-1992 Revision Citation: 12-2-13-6.]

As added by P.L.2-1992, SEC.14. Amended by P.L.4-1993, SEC.197; P.L.5-1993, SEC.210; P.L.145-2006, SEC.118.

IC 12-20-8 Chapter 8. Legal Residence as Condition for Receipt of Township Assistance

12-20-8-1 "Resident" defined
12-20-8-2 Relief for residents
12-20-8-3 Intent to become resident; determination
12-20-8-4 Continuance of legal residence
12-20-8-5 Determination of legal residence; factors discounted
12-20-8-6 Loss of legal residence due to state or federal service
12-20-8-7 Assistance notwithstanding inability to establish place of legal settlement

IC 12-20-8-1 "Resident" defined

Sec. 1. For purposes of this chapter, an individual is a "resident" of a township or county if the individual:

(1) has located in the township or county; and

(2) intends to make the township or county the individual's sole place of residence.

[Pre-1992 Revision Citation: 12-2-1-5(b) part.]

As added by P.L.2-1992, SEC.14.

IC 12-20-8-2 Relief for residents

Sec. 2. If an individual is a resident of a township or county, the township or county shall relieve and support the individual if the individual is poor and in need of relief.

[Pre-1992 Revision Citation: 12-2-1-5(a).]

As added by P.L.2-1992, SEC.14.

IC 12-20-8-3 Intent to become resident; determination

Sec. 3. (a) The township trustee may deny township assistance to an individual if the township trustee determines that the individual does not intend to make the township or county the individual's sole place of residence.

(b) The township trustee may consider all relevant information that supports or refutes the individual's intent to make the township or county the individual's sole place of residence, except the length of time the individual has been located in the township or county.

[Pre-1992 Revision Citation: 12-2-1-5(b) part.]

As added by P.L.2-1992, SEC.14. Amended by P.L.73-2005, SEC.43.

IC 12-20-8-4 Continuance of legal residence

Sec. 4. A residence legally acquired continues until the legal residence is lost or defeated by acquiring a new legal residence or by willful and uninterrupted absence from the township in which legal residence has been gained.

[Pre-1992 Revision Citation: 12-2-1-5(c).]

As added by P.L.2-1992, SEC.14.

IC 12-20-8-5 Determination of legal residence; factors discounted

Sec. 5. Time spent in a penal institution, public or private charitable or benevolent institution, hospital, fraternal home, or in any place while serving in the armed forces of the United States may not be counted in determining legal residence in Indiana.

[Pre-1992 Revision Citation: 12-2-1-5(d).]

As added by P.L.2-1992, SEC.14.

IC 12-20-8-6 Loss of legal residence due to state or federal service

Sec. 6. An individual may not be considered to have lost a legal residence in Indiana because of an absence that is due to business of the state or of the United States.

[Pre-1992 Revision Citation: 12-2-1-5(e).]

As added by P.L.2-1992, SEC.14.

IC 12-20-8-7 Assistance notwithstanding inability to establish place of legal settlement

Sec. 7. If the township trustee, as administrator of township assistance, is unable to ascertain and establish the place of legal residence of a poor individual within the township, the township trustee shall proceed to provide assistance to the individual in the same manner as other poor individuals are provided assistance.

[Pre-1992 Revision Citation: 12-2-1-19.]

As added by P.L.2-1992, SEC.14. Amended by P.L.73-2005, SEC.44.

IC 12-20-9 Chapter 9. Eligibility of Nonresidents for Township Assistance

12-20-9-1 Repealed
12-20-9-2 Temporary aid pending return to legal residence
12-20-9-3 Return to legal residence
12-20-9-4 Payment for services provided
12-20-9-5 Temporary commitment in county home
12-20-9-6 Violations; denial of aid

IC 12-20-9-1 Repealed

[Pre-1992 Revision Citation: 12-2-1-14(a) part.]

As added by P.L.2-1992, SEC.14. Repealed by P.L.51-1996, SEC.77.

IC 12-20-9-2 Temporary aid pending return to legal residence

Sec. 2. If an individual is:

(1) a child;

(2) the parent of a child requiring the parent's care; or

(3) sick, aged, injured, crippled, or physically or mentally unable to work or travel;

the township trustee, as administrator of township assistance, of the township in which the individual is found shall furnish township assistance to the individual until the individual can be returned to the place of the individual's legal residence if that place can be determined.

[Pre-1992 Revision Citation: 12-2-1-14(a) part.]

As added by P.L.2-1992, SEC.14. Amended by P.L.73-2005, SEC.45.

IC 12-20-9-3 Return to legal residence

Sec. 3. An individual:

(1) who:

(A) applies to the township trustee, as administrator of township assistance, for assistance or is in need of assistance; or

(B) obtains free medical aid, hospitalization, public institutional care, or assistance in any part at public expense; and

(2) who does not have legal residence in the township;

may be returned by the township trustee, as administrator of township assistance, to the individual's place of legal residence if that place can be determined.

[Pre-1992 Revision Citation: 12-2-1-14(a) part.]

As added by P.L.2-1992, SEC.14. Amended by P.L.73-2005, SEC.46.

IC 12-20-9-4 Payment for services provided

Sec. 4. The record of and bill for services provided under this chapter shall be filed and paid in the manner provided for the filing and payment of other kinds of relief provided by the township trustee, as administrator of township assistance. The township trustee, as administrator of township assistance, shall pay bills from any available fund for providing township assistance.

[Pre-1992 Revision Citation: 12-2-1-14(a) part.]

As added by P.L.2-1992, SEC.14. Amended by P.L.73-2005, SEC.47.

IC 12-20-9-5 Temporary commitment in county home

Sec. 5. If an individual or a member of an individual's household who is determined to be eligible for township assistance and entitled to temporary relief is in a township in which the individual or household member does not have legal residence, the township trustee, as administrator of township assistance, may, if the trustee considers advisable, place the individual or household member temporarily in a county home as provided in IC 12-20-17-4.

[Pre-1992 Revision Citation: 12-2-1-21.]

As added by P.L.2-1992, SEC.14. Amended by P.L.51-1996, SEC.36; P.L.73-2005, SEC.48.

IC 12-20-9-6 Violations; denial of aid

Sec. 6. An individual may be denied township assistance for not more than one hundred eighty (180) days whenever the individual or a member of the individual's household:

(1) has been:

(A) sent by a township where the individual does not reside to a location outside the township at the individual's request or by court order; and

(B) transported to a location outside the township at public expense; and

(2) knowingly reapplies for assistance in the township from which the individual or member of the individual's household was sent.

[Pre-1992 Revision Citation: 12-2-1-14(b).]

As added by P.L.2-1992, SEC.14. Amended by P.L.51-1996, SEC.37; P.L.73-2005, SEC.49.

IC 12-20-10 Chapter 10. Employment as Condition for Receipt of Township Assistance

12-20-10-1 Able-bodied assistance applicants to seek employment
12-20-10-2 Assistance contingent on performance of work; exception
12-20-10-3 Aid in securing employment; trustee
12-20-10-3.5 Medical examination
12-20-10-4 Aid in securing employment; township residents

IC 12-20-10-1 Able-bodied assistance applicants to seek employment

Sec. 1. If a township assistance applicant is in good health or if any members of the applicant's household are in good health, the township trustee, as administrator of township assistance, shall require the individuals who are able to work to seek employment. The township trustee shall refuse to furnish any township assistance until the township trustee is satisfied that the township assistance applicant or members of the applicant's household are endeavoring to find work.

[Pre-1992 Revision Citation: 12-2-1-10(a) part.]

As added by P.L.2-1992, SEC.14. Amended by P.L.51-1996, SEC.38; P.L.73-2005, SEC.50.

IC 12-20-10-2 Assistance contingent on performance of work; exception

Sec. 2. If:

(1) a township assistance applicant is in good health and able to work; and

(2) either:

(A) the township trustee, as administrator of township assistance, offers employment to the township assistance applicant, regardless of whether the compensation for the work is in the form of money, house rent, or commodities consisting of the necessaries of life; or

(B) employment at a reasonable compensation is offered by any other individual, governmental agency, or employer;

the township trustee, as administrator of township assistance, shall not furnish township assistance to the applicant until the township assistance applicant performs the work or shows just cause for not performing the work. However, a township assistance applicant may be given admission to the county home, where the township assistance applicant shall be compelled to work.

[Pre-1992 Revision Citation: 12-2-1-10(a) part.]

As added by P.L.2-1992, SEC.14. Amended by P.L.51-1996, SEC.39; P.L.73-2005, SEC.51.

IC 12-20-10-3 Aid in securing employment; trustee

Sec. 3. A township trustee, as administrator of township assistance, shall make all possible efforts to secure employment for an able-bodied township assistance applicant in the township where the applicant resides.

[Pre-1992 Revision Citation: 12-2-1-10(a) part.]

As added by P.L.2-1992, SEC.14. Amended by P.L.73-2005, SEC.52.

IC 12-20-10-3.5 Medical examination

Sec. 3.5. If a township assistance applicant or a member of the applicant's household claims an inability to work due to health, the township trustee may require and provide for any medical examination necessary for the township trustee to determine whether the applicant or household member is able to perform work.

As added by P.L.51-1996, SEC.40. Amended by P.L.73-2005, SEC.53.

IC 12-20-10-4 Aid in securing employment; township residents

Sec. 4. The township trustee may call upon residents of the township to aid in finding

employment for a township assistance applicant who is able to work.

[Pre-1992 Revision Citation: 12-2-1-10(a) part.]

As added by P.L.2-1992, SEC.14. Amended by P.L.73-2005, SEC.54.

IC 12-20-11 Chapter 11. Workfare as Condition for Receipt of Township Assistance

12-20-11-1	Public projects work requirement for township assistance recipients; exceptions; determination of suitability; value of performance; furnished equipment; supervision; insurance; displacement of employees; failure to comply
12-20-11-2	Nonprofit human services agency employment; suitability; value of performance; furnished equipment; supervision; insurance; displacement of employees
12-20-11-3	Work exemption and tuition reimbursement for education courses
12-20-11-4	Satisfaction of prior township obligations prerequisite to additional township assistance; hardship temporary assistance; confirming documentation
12-20-11-5	Application of worker's compensation laws; repayment of assistance

IC 12-20-11-1 Public projects work requirement for township assistance recipients; exceptions; determination of suitability; value of performance; furnished equipment; supervision; insurance; displacement of employees; failure to comply

Sec. 1. (a) The township trustee shall obligate any adult member of a recipient household to do any work needed to be done within the county or an adjoining township in any other county for any nonprofit agency or governmental unit, including the state, having jurisdiction in those townships, unless:

(1) the obligated individual is not physically able to perform the proposed work;

(2) the obligated individual is a minor or is at least sixty-five (65) years of age;

(3) the obligated individual has full-time employment at the time the recipient receives township assistance;

(4) the obligated individual is needed to care for an individual as a result of the individual's age or physical condition;

(5) the township trustee determines that there is no work available for any adult member of the recipient household; or

(6) the individual obligated to perform the work is, at the direction of the township trustee, attending:

(A) courses under section 3 of this chapter; or

(B) a job training program under IC 12-20-12-1 or another job training program approved by the township trustee.

(b) The township trustee shall determine a township assistance applicant's suitability to perform available work under this section. The township trustee may provide for medical examinations necessary to make the determination.

(c) A township assistance recipient shall perform an amount of work that equals the value of assistance received by the township assistance recipient or the recipient's household. The township assistance recipient shall receive credit for the work performed, as assigned by the township trustee, at a rate not less than the federal minimum wage.

(d) The unit of government or nonprofit agency for which work is performed under this section shall furnish the necessary tools, materials, or transportation, unless the trustee agrees in writing to furnish the necessary tools, materials, or transportation.

(e) Supervision of the work of a township assistance recipient under this section is the responsibility of the governmental unit or nonprofit agency for which the work is performed.

(f) The township trustee shall see that a township assistance recipient performing work under this section is covered by adequate liability insurance for injuries or damages suffered by or caused by the township assistance recipient.

(g) A township assistance recipient may not be assigned to work that would result in the displacement of governmental employees or in the reduction of hours worked by governmental employees.

(h) The failure of a township assistance recipient to perform work assigned by the township trustee within a reasonable period required by the township trustee is a basis for denying further assistance to the recipient or the recipient's household for not more than one hundred eighty (180) days, unless the recipient shows good cause for not performing the work.

[Pre-1992 Revision Citation: 12-2-1-10(a) part.]

As added by P.L.2-1992, SEC.14. Amended by P.L.51-1996, SEC.41; P.L.73-2005, SEC.55.

IC 12-20-11-2 Nonprofit human services agency employment; suitability; value of performance; furnished equipment; supervision; insurance; displacement of employees

Sec. 2. (a) The township trustee may require the recipient to perform work for nonprofit human services agencies located within the county or an adjoining township in another county unless the recipient attends courses under section 3 of this chapter.

(b) The township trustee shall determine a township assistance applicant's suitability to perform available work under this section. The township trustee may provide for medical examinations necessary to make the determination.

(c) A township assistance recipient shall perform an amount of work that equals the value of assistance received by the township assistance recipient or the recipient's household. The township assistance recipient shall work off the assistance at a rate not less than the federal minimum wage.

(d) The nonprofit agency for which work is performed under this section shall furnish the necessary tools, materials, or transportation, unless the trustee agrees in writing to furnish the necessary tools, materials, or transportation to and from the work site from the trustee's office.

(e) Supervision of the work of a township assistance recipient under this section is the responsibility of the nonprofit agency for which the work is performed.

(f) The township trustee shall ensure that a township assistance recipient performing work under this section is covered by adequate liability insurance for injuries or damages suffered by or caused by the township assistance recipient.

(g) A township assistance recipient may not be assigned to work that would result in the displacement of employees of the nonprofit agency or in the reduction of hours worked by those employees.

[Pre-1992 Revision Citation: 12-2-1-10(i).]

As added by P.L.2-1992, SEC.14. Amended by P.L.73-2005, SEC.56.

IC 12-20-11-3 Work exemption and tuition reimbursement for education courses

Sec. 3. (a) If a township assistance recipient, after referral by the township trustee, is accepted and attends:

(1) adult education courses under IC 20-30-6-1 (before its repeal) or IC 22-4.1-18; or

(2) courses at Ivy Tech Community College;

the township assistance recipient is exempt from performing work or searching for work for not more than one hundred eighty (180) days.

(b) The township trustee may reimburse a township assistance recipient for tuition expenses incurred in attending the courses described in subsection (a) if the recipient:

(1) has a proven aptitude for the courses being studied;

(2) was referred by the trustee;

(3) does not qualify for other tax supported educational programs;

(4) maintains a passing grade in each course; and

(5) maintains the minimum attendance requirements specified by the educational institution.

[Pre-1992 Revision Citation: 12-2-1-10(j).]

As added by P.L.2-1992, SEC.14. Amended by P.L.5-1995, SEC.7; P.L.51-1996, SEC.42; P.L.1-2005, SEC.138; P.L.127-2005, SEC.6; P.L.1-2006, SEC.196; P.L.2-2007, SEC.161; P.L.7-2011, SEC.3.

IC 12-20-11-4 Satisfaction of prior township obligations prerequisite to additional township assistance; hardship temporary assistance; confirming documentation

Sec. 4. (a) The township trustee may require a township assistance applicant or an adult member of the applicant's household to satisfy all obligations to perform work incurred in another township before additional township assistance is granted. However, in case of an emergency, the trustee may temporarily waive the work obligation incurred from another township and provide temporary assistance to an applicant or a household in order to relieve need or immediate suffering.

(b) The township trustee may request from another township trustee documentation necessary to confirm that a township assistance applicant or an adult member of the applicant's household performed or did not perform work in another township.

[Pre-1992 Revision Citation: 12-2-1-10(k).]

As added by P.L.2-1992, SEC.14. Amended by P.L.51-1996, SEC.43; P.L.73-2005, SEC.57.

IC 12-20-11-5 Application of worker's compensation laws; repayment of assistance

Sec. 5. (a) Work performed under this chapter is considered as satisfaction of a condition for township assistance and is not considered as services performed for remuneration or as repayment for township assistance. However, a township assistance recipient performing work under this chapter and the governmental unit or nonprofit agency for which the recipient works are covered by the medical treatment and burial expense provisions of IC 22-3-2 through IC 22-3-6 with regard to the work performed.

(b) A township trustee may not seek federal or state reimbursement, foreclose a lien, or otherwise seek repayment of assistance for which a recipient or an adult member of the recipient's household has satisfactorily completed a workfare requirement.

[Pre-1992 Revision Citation: 12-2-1-10(a) part.]

As added by P.L.2-1992, SEC.14. Amended by P.L.51-1996, SEC.44; P.L.73-2005, SEC.58.

IC 12-20-12 Chapter 12. Job Training as Condition for Receipt of Township Assistance

12-20-12-1 Required participation in training program

IC 12-20-12-1 Required participation in training program

Sec. 1. As a condition of continuing eligibility, a township trustee may require a recipient of township assistance or any member of a recipient's household to participate in an appropriate work training program that is offered to the recipient or a member of the recipient's household within the county or an adjoining township in another county by a:

(1) federal, state, or local governmental entity; or

(2) nonprofit agency.

[Pre-1992 Revision Citation: 12-2-1-10.5.]

As added by P.L.2-1992, SEC.14. Amended by P.L.51-1996, SEC.45; P.L.259-2001, SEC.6; P.L.73-2005, SEC.59.

IC 12-20-13 Chapter 13. Rehabilitation, Training, and Work Programs Conducted by Township Trustee's Office

12-20-13-1 Rehabilitation, training, and work programs for township assistance recipients
12-20-13-2 Repealed
12-20-13-3 Appropriations

IC 12-20-13-1 Rehabilitation, training, and work programs for township assistance recipients

Sec. 1. A township trustee may, with the approval of the township board, do the following:

(1) Conduct the following for township assistance recipients in the township:
  (A) Rehabilitation programs.
  (B) Training programs.
  (C) Retraining programs.
  (D) Work programs.
(2) Employ personnel to supervise the programs.
(3) Pay the costs of the programs from township assistance money.

[Pre-1992 Revision Citation: 12-2-10-1(a) part.]

As added by P.L.2-1992, SEC.14. Amended by P.L.73-2005, SEC.60.

IC 12-20-13-2 Repealed

[Pre-1992 Revision Citation: 12-2-10-1(b), (c).]

As added by P.L.2-1992, SEC.14. Repealed by P.L.51-1996, SEC.77.

IC 12-20-13-3 Appropriations

Sec. 3. (a) An expenditure of money may not be made under this chapter except after a specific appropriation made and approved in the manner provided by law.

(b) An appropriation may not be made or approved unless a sufficient amount of money to cover the proposed expenditure is included in the annual budget of the township trustee for township assistance purposes.

[Pre-1992 Revision Citation: 12-2-10-1(d).]

As added by P.L.2-1992, SEC.14. Amended by P.L.73-2005, SEC.61.

IC 12-20-14 Chapter 14. Termination or Reduction of Township Assistance

12-20-14-1 Repealed
12-20-14-2 Repealed

IC 12-20-14-1 Repealed

[Pre-1992 Revision Citation: 12-2-1-6.3 part.]

As added by P.L.2-1992, SEC.14. Repealed by P.L.51-1996, SEC.77.

IC 12-20-14-2 Repealed

[Pre-1992 Revision Citation: 12-2-1-6.3 part.]

As added by P.L.2-1992, SEC.14. Repealed by P.L.51-1996, SEC.77.

IC 12-20-15 Chapter 15. Appeal of Denial or Reduction in Amount of Township Assistance

12-20-15-1	Appeal by unsatisfied township assistance applicants or recipients to board of commissioners
12-20-15-2	Time for applicant's appeal
12-20-15-3	Hearing on appeal; uniform written procedures
12-20-15-4	Review of documents and standards for hearings on appeal; remanding cases to trustees
12-20-15-5	Necessary parties at hearing
12-20-15-6	Timing of hearing on appeal; written decision
12-20-15-7	Implementation of board's decision
12-20-15-8	Appeal to circuit or superior court
12-20-15-9	Recovery of assistance awarded upon successful appeal by trustee

IC 12-20-15-1 Appeal by unsatisfied township assistance applicants or recipients to board of commissioners

Sec. 1. If an applicant for or recipient of township assistance is not satisfied with the decision of the township trustee, as administrator of township assistance, the applicant or recipient may appeal to the board of commissioners.

[Pre-1992 Revision Citation: 12-2-1-18(a) part.]

As added by P.L.2-1992, SEC.14. Amended by P.L.73-2005, SEC.62.

IC 12-20-15-2 Time for applicant's appeal

Sec. 2. An applicant for township assistance must file the applicant's appeal not more than fifteen (15) days from the date of issuance by the township trustee of adequate written notice of the denial of township assistance as provided by IC 12-20-6-8. An appeal must be made in writing or orally as required by the board of commissioners.

[Pre-1992 Revision Citation: 12-2-1-18(a) part.]

As added by P.L.2-1992, SEC.14. Amended by P.L.51-1996, SEC.46; P.L.73-2005, SEC.63.

IC 12-20-15-3 Hearing on appeal; uniform written procedures

Sec. 3. (a) The board of county commissioners may:

(1) conduct a hearing on the appeal; or

(2) appoint a hearing officer:

(A) from among the board;

(B) from among the employees of the board; or

(C) from qualified residents of the county;

who will conduct a hearing for the board.

(b) The board of county commissioners shall develop uniform written procedures, including provisions for:

(1) before the hearing, an opportunity for the appellant or the appellant's legal representative to review the appellant's township assistance file and any documents or evidence used by the township trustee to make the determination under appeal;

(2) the order of the proceeding and the procedure for subpoena:

(A) of a witness; or

(B) for production of evidence;

if reasonably requested by the appellant or the township trustee; and

(3) the issuance of a hearing decision within the period prescribed by section 6(b)(2) of this chapter.

[Pre-1992 Revision Citation: 12-2-1-18(a) part.]

As added by P.L.2-1992, SEC.14. Amended by P.L.51-1996, SEC.47; P.L.262-2003, SEC.2; P.L.73-2005, SEC.64.

IC 12-20-15-4 Review of documents and standards for hearings on appeal; remanding cases to trustees

Sec. 4. (a) In hearing an appeal, the board of commissioners and a hearing officer shall:

(1) review and consider any report or investigative documents the trustee prepared before making the appealed decision; and

(2) be governed by the township's township assistance standards for determining eligibility to the extent that the standards comply with existing law for the granting of township assistance. If no legally sufficient standards have been established, the board of commissioners and the hearing officer shall be guided by the circumstances in each case.

(b) The board of commissioners shall remand a case to a trustee for further proceedings if:

(1) new evidence was presented by the applicant to the board of commissioners; and

(2) the board of commissioners determines that the new evidence presented would have made the individual eligible for assistance.

(c) If a case is remanded to a trustee, the trustee shall issue a new determination of eligibility not later than seventy-two (72) hours after receiving the written decision remanding the case, excluding weekends and legal holidays listed in IC 1-1-9.

[Pre-1992 Revision Citation: 12-2-1-18(c) part.]

As added by P.L.2-1992, SEC.14. Amended by P.L.51-1996, SEC.48; P.L.262-2003, SEC.3; P.L.73-2005, SEC.65.

IC 12-20-15-5 Necessary parties at hearing

Sec. 5. The appellant must be present at a hearing conducted by the board of commissioners or a hearing officer. The township trustee, as administrator of township assistance, or the trustee's representative shall be notified in writing of the hearing date and time, but the failure of the township trustee or the trustee's representative to be present is not a cause for postponement of the hearing unless the trustee requests and is granted a continuance. A continuance requested by the township trustee does not reduce the period required for a decision under section 6(b)(2) of this chapter.

[Pre-1992 Revision Citation: 12-2-1-18(c) part.]

As added by P.L.2-1992, SEC.14. Amended by P.L.51-1996, SEC.49; P.L.73-2005, SEC.66.

IC 12-20-15-6 Timing of hearing on appeal; written decision

Sec. 6. (a) The board of commissioners shall hold a hearing as soon as possible after the filing of an appeal but not more than ten (10) working days after the appeal form or other notice of appeal is received in the office of the board of commissioners.

(b) The board of commissioners shall issue a written decision that must:

(1) appear in the official records of the board;

(2) be issued to the appellant and the township trustee not more than five (5) working days following the date of the hearing;

(3) state the legal and factual basis for the decision;

(4) advise the appellant and the township trustee of the right to judicial review and the period prescribed for requesting judicial review; and

(5) inform the appellant of the availability of free legal counsel for the indigent.

[Pre-1992 Revision Citation: 12-2-1-18(b) part.]

As added by P.L.2-1992, SEC.14. Amended by P.L.51-1996, SEC.50.

IC 12-20-15-7 Implementation of board's decision

Sec. 7. The township trustee, as administrator of township assistance, shall carry out a decision of the board to sustain, increase, grant, or otherwise modify township assistance only if the board of commissioners complies with the requirements for a written decision under section 6 of this chapter.

[Pre-1992 Revision Citation: 12-2-1-18(b) part.]

As added by P.L.2-1992, SEC.14. Amended by P.L.51-1996, SEC.51; P.L.73-2005, SEC.67.

IC 12-20-15-8 Appeal to circuit or superior court

Sec. 8. (a) The township trustee or an applicant may appeal a decision of the board of commissioners to a circuit or superior court with jurisdiction in the county.

(b) In hearing an appeal, the court shall be governed by the township's township assistance standards for determining eligibility for granting township assistance in the township. If legally sufficient standards have not been established, the court shall be guided by the circumstances of the case.

[Pre-1992 Revision Citation: 12-2-1-18(d).]

As added by P.L.2-1992, SEC.14. Amended by P.L.51-1996, SEC.52; P.L.73-2005, SEC.68.

IC 12-20-15-9 Recovery of assistance awarded upon successful appeal by trustee

Sec. 9. If the court sets aside a decision of the board of commissioners in favor of an applicant, the township trustee may recover the amount of any assistance awarded as a result of the board's decision.

[Pre-1992 Revision Citation: 12-2-1-18(e).]

As added by P.L.2-1992, SEC.14.

IC 12-20-16 Chapter 16. Provision of Various Forms of Township Assistance

12-20-16-1	Assistance only upon necessity
12-20-16-2	Medical assistance; necessity
12-20-16-3	Utility services payment; necessity; eligibility
12-20-16-3.5	Prepaid electric service
12-20-16-4	Repealed
12-20-16-5	Food relief
12-20-16-6	Federal food stamp program eligibility
12-20-16-7	Eligible markets; continuing eligibility; purchase order itemization
12-20-16-8	Incompetent head of family; alternate food purchase order issuance
12-20-16-9	Limitation on food assistance; food stamp application
12-20-16-10	Livestock; feed instead of cost of food
12-20-16-11	Nonresidents; transportation without ascertaining legal residence
12-20-16-12	Funeral and burial or cremation expenses
12-20-16-13	Processing purchased and donated materials for township assistance; gardens
12-20-16-14	Insulin
12-20-16-15	Placement of indigents in county home
12-20-16-17	Inspection of housing units; substandard housing; shelter damage or security deposit; eligibility for shelter assistance

IC 12-20-16-1 Assistance only upon necessity

Sec. 1. A township trustee, as administrator of township assistance, may provide and shall extend township assistance only when the personal effort of the township assistance applicant fails to provide one (1) or more basic necessities.

[Pre-1992 Revision Citation: 12-2-1-10(b).]

As added by P.L.2-1992, SEC.14. Amended by P.L.51-1996, SEC.53; P.L.73-2005, SEC.69.

IC 12-20-16-2 Medical assistance; necessity

Sec. 2. (a) Except as provided in subsections (b) and (c), the township trustee shall, in cases of necessity, do the following:

(1) Promptly provide medical assistance for poor individuals in the township who are not provided for in public institutions.

(2) See that medicines, medical supplies, special diets, or tests prescribed by a physician or surgeon in attendance upon poor individuals in the township are properly furnished.

(b) A township trustee may not provide to an individual medical assistance under the township assistance program if the individual could qualify for medical assistance for the same service under:

(1) IC 12-16;

(2) Medicaid;

(3) other governmental medical programs; or

(4) private health insurance that would cover the individual at the time the assistance was provided. However, if the individual's insurance does not pay for the medical assistance due to a policy deductible or other policy limitation, the township trustee shall pay for medical assistance that the trustee would provide if the individual did not have insurance.

However, a township trustee may provide interim medical services during the period that the individual has an application pending for medical assistance under Medicaid (IC 12-15) or another governmental medical program if the individual is reasonably complying with all requirements of the application process.

(c) The township trustee shall pay only for the following medical services for the poor of the township:

(1) Prescription drugs, not to exceed a thirty (30) day supply at a time, as prescribed

by an attending practitioner (as defined in IC 16-42-19-5) other than a veterinarian. However, if the prescription drugs are available only in a container that contains more than a thirty (30) day supply, the township trustee may pay for the available size.

(2) Office calls to a physician licensed under IC 25-22.5 or another medical provider.

(3) Dental care needed to relieve pain or infection or to repair cavities.

(4) Repair or replacement of dentures.

(5) Emergency room treatment that is of an emergency nature.

(6) Preoperation testing prescribed by an attending physician licensed under IC 25-22.5.

(7) Over-the-counter drugs prescribed by a practitioner (as defined in IC 16-42-19-5) other than a veterinarian.

(8) X-rays and laboratory testing as prescribed by an attending physician licensed under IC 25-22.5.

(9) Visits to a medical specialist when referred by an attending physician licensed under IC 25-22.5.

(10) Physical therapy prescribed by an attending physician licensed under IC 25-22.5.

(11) Eyeglasses.

(12) Repair or replacement of a prosthesis not provided for by other tax supported state or federal programs.

(13) Insulin and items needed to administer the biological, not to exceed a thirty (30) day supply at a time, in accordance with section 14 of this chapter. However, if the biologicals are available only in a container that contains more than a thirty (30) day supply, the township trustee may pay for the available size.

(d) The township trustee may establish a list of approved medical providers to provide medical services to the poor of the township. Any medical provider who:

(1) can provide the particular medical services within the scope of the provider's license issued under IC 25; and

(2) is willing to provide the medical services for the charges established by the township trustee;

is entitled to be included on the list.

(e) Unless prohibited by federal law, a township trustee who:

(1) provides to an individual medical assistance that is eligible for payment under any medical program described in subsection (b) for which payments are administered by an agency of the state during the pendency of the individual's successful application for the program; and

(2) submits a timely and proper claim to the agency;

is eligible for reimbursement by the agency to the same extent as any medical provider.

(f) If a township trustee provides medical assistance for medical services provided to an individual who is subsequently determined to be eligible for Medicaid:

(1) the township trustee shall notify the medical provider that provided the medical services of the individual's eligibility; and

(2) not later than thirty (30) days after the medical provider receives the notice under subdivision (1), the medical provider shall file a claim for reimbursement with the office.

(g) A medical provider that is reimbursed under subsection (f) shall, not later than thirty (30) days after receiving the reimbursement, pay to the township trustee the lesser of:

(1) the amount of medical assistance received from the trustee to an individual; or

(2) the amount reimbursed by Medicaid to the medical provider.

[Pre-1992 Revision Citation: 12-2-1-6(a) part.]

As added by P.L.2-1992, SEC.14. Amended by P.L.51-1996, SEC.54; P.L.262-2003, SEC.4; P.L.73-2005, SEC.70.

IC 12-20-16-3 Utility services payment; necessity; eligibility

Sec. 3. (a) The township trustee may, in cases of necessity, authorize the payment from township assistance money for essential utility services, including the following:

(1) Water services.

(2) Gas services.

(3) Electric services.

(4) Fuel oil services for fuel oil used for heating or cooking.

(5) Coal, wood, or liquid propane used for heating or cooking.

(b) The township trustee may authorize the payment of delinquent bills for the services listed in subsection (a)(1) through (a)(5) when necessary to prevent the termination of the services or to restore terminated service if the delinquency has lasted not longer than twenty-four (24) months. The township trustee has no obligation to pay a delinquent bill for the services or materials listed in subsection (a)(1) through (a)(5) if the delinquency has lasted longer than twenty-four (24) months.

(c) The township trustee is not required to pay for any utility service:

(1) that is not properly charged to:

(A) an adult member of a household;

(B) an emancipated minor who is head of the household; or

(C) a landlord or former member of the household if the applicant proves that the applicant:

(i) received the services as a tenant residing at the service address at the time the cost was incurred; and

(ii) is responsible for payment of the bill;

(2) received as a result of a fraudulent act by any adult member of a household requesting township assistance; or

(3) that includes the use of township assistance funds for the payment of:

(A) a security deposit; or

(B) damages caused by a township assistance applicant to utility company property.

(d) The amount paid by the township trustee, as administrator of township assistance, and the amount charged for water services may not exceed the minimum rate charged for the service as fixed by the Indiana utility regulatory commission.

(e) This subsection applies only during the part of each year when applications for heating assistance are accepted by the lieutenant governor under IC 4-4-33. A township trustee may not provide assistance to make any part of a payment for heating fuel or electric services for more than thirty (30) days unless the individual files an application with the township trustee that includes the following:

(1) Evidence of application for assistance for heating fuel or electric services from the lieutenant governor.

(2) The amount of assistance received or the reason for denial of assistance.

The township trustee shall inform an applicant for assistance for heating fuel or electric services that assistance for heating fuel and electric services may be available from the lieutenant governor under IC 4-4-33 and that the township trustee may not provide assistance to make any part of a payment for those services for more than thirty (30) days unless the individual files an application for assistance for heating fuel or electric services under IC 4-4-33. However, if the applicant household is eligible under criteria established by the lieutenant governor for energy assistance under IC 4-4-33, the trustee may certify the applicant as eligible for that assistance by completing an application form prescribed by the state board of accounts and forwarding the eligibility certificate to the lieutenant governor within the period established for the acceptance of applications. If the trustee follows this certification procedure, no other application is required for assistance under IC 4-4-33.

(f) If an individual or a member of an individual's household has received assistance under subsection (b), the individual must, before the individual or the member of the individual's household may receive further assistance under subsection (b), certify whether the individual's or household's income, resources, or household size has changed since the

individual filed the most recent application for township assistance. If the individual or a member of the individual's household certifies that the income, resources, or household size has changed, the township trustee shall review the individual's or household's eligibility and may make any necessary adjustments in the level of assistance provided to the individual or to a member of the individual's household.

[Pre-1992 Revision Citations: subsection (a) formerly 12-2-1-6(b); subsection (b) formerly 12-2-9-1 part; subsection (c) formerly 12-2-9-1 part; subsection (d) formerly 12-2-9-1 part; subsection (e) formerly 12-2-1-6(c); subsection (f) formerly 12-2-1-6(e).]

As added by P.L.2-1992, SEC.14. Amended by P.L.51-1996, SEC.55; P.L.259-2001, SEC.7; P.L.73-2005, SEC.71; P.L.141-2006, SEC.60; P.L.181-2006, SEC.55; P.L.1-2007, SEC.125.

IC 12-20-16-3.5 Prepaid electric service

Sec. 3.5. (a) This section applies only to a township assistance recipient who has prepaid service.

(b) As used in this section, "electric service provider" means a corporation organized under:

(1) IC 8-1-13; or

(2) IC 23-17 that:

(A) is an electric cooperative; and

(B) has at least one (1) member that is a corporation organized under IC 8-1-13.

(c) As used in this section, "prepaid service" refers to a payment option offered by an electric service provider in which payments for electric usage are charged against a prepaid credit balance in a service account as electric service is rendered.

(d) As used in this section, "recipient" means a township assistance recipient.

(e) As used in this section, "service account" means a customer or member account with an electric service provider.

(f) Notwithstanding IC 12-20-20-1 or any other law, if the requirements of this section are met, a township trustee and an electric service provider may do the following:

(1) A township trustee may deposit township assistance funds into a service account to create a credit balance.

(2) An electric service provider may pay a recipient's electric usage charges with the deposited township assistance funds as those electric usage charges are incurred. However, any personal funds that are present in the service account at the time the township assistance funds are deposited must be used to pay any electric usage charges first, before the use of township assistance funds.

(g) An electric service provider shall do the following:

(1) Hold any funds deposited under subsection (f)(1) in a fiduciary capacity for the township trustee. The township trustee is the beneficiary of any township assistance funds remaining:

(A) at the close of business:

(i) on the day that a service account is terminated; or

(ii) on the next business day, if the service account is terminated after the close of normal business hours; or

(B) at the close of business:

(i) on the day a request is received by the electric service provider from the township trustee for remittance of the funds; or

(ii) on the next business day, if the request for remittance occurs after the close of normal business hours.

(2) Remit any funds remaining in a service account or terminated service account not later than fifteen (15) business days after:

(A) the service account is terminated as set forth in subdivision (1)(A); or

(B) the electric service provider receives a request for remittance from the township trustee as set forth in subdivision (1)(B).

(h) For any month that:

(1) an electric service provider receives or expends township assistance funds provided by a township trustee; or

(2) a service account has a remaining balance of township assistance funds, including any balance of township assistance funds remaining in an individual service account for any prior months;

the electric service provider shall provide the township trustee with a monthly accounting statement not later than fifteen (15) business days following the last calendar day of the month. A monthly accounting statement must detail the receipt and expenditure of funds from service accounts during that month and any balances remaining in individual service accounts.

(i) This section may not be interpreted as requiring an electric service provider to:

(1) remit to a township trustee more funds than are available in a service account at the close of business on the day that:

(A) a service account is terminated as set forth in subsection (g)(1)(A); or

(B) the electric service provider receives a request for remittance as set forth in subsection (g)(1)(B); or

(2) maintain separate service accounts or account numbers for township assistance funds.

(j) The funds deposited into a service account may be used only to pay for a recipient's electric usage, including any facility charges, and may not be used to pay administrative charges, equipment, maintenance, repair, disconnection fees, delinquent bills, or any other charge.

(k) If the electric service provider refunds charges paid from the service account, or repays any remaining credit balance in the service account, the refund or repayment shall be paid directly to the township trustee.

(l) During any calendar month, the township trustee may deposit township assistance funds in the service account only to the extent that the credit balance in the service account does not exceed the charges incurred by the recipient during the immediately preceding calendar month.

As added by P.L.134-2016, SEC.1. Amended by P.L.85-2017, SEC.64.

IC 12-20-16-4 Repealed

[Pre-1992 Revision Citation: 12-2-1-6(d).]

As added by P.L.2-1992, SEC.14. Amended by P.L.4-1993, SEC.198; P.L.5-1993, SEC.211. Repealed by P.L.51-1996, SEC.77.

IC 12-20-16-5 Food relief

Sec. 5. (a) An applicant or a household that receives food relief in any township having a population of more than ten thousand (10,000) may request the township trustee, as administrator of township assistance, to issue a food order upon any eligible market, and the township trustee, as administrator of township assistance, shall abide by that request.

(b) The amount of a food order for various sized households that are determined by the trustee to be eligible for township assistance shall be based upon uniform monthly amounts specified in the township's township assistance standards. However, an additional amount of food may be ordered for special health reasons as prescribed by a physician. A supplemental food order may be issued because of the loss of the recipient's food by:

(1) fire, flood, or other natural disaster;

(2) burglary or other criminal act; or

(3) the unpreventable spoilage of food.

(c) The trustee may issue a food order to an eligible applicant on either a daily, weekly, or monthly basis.

[Pre-1992 Revision Citations: 12-2-1-10(d) part; 12-2-1-10(f).]

As added by P.L.2-1992, SEC.14. Amended by P.L.51-1996, SEC.56; P.L.73-2005, SEC.72.

IC 12-20-16-6 Federal food stamp program eligibility

Sec. 6. (a) Except as provided in subsection (b), a township trustee, as administrator of township assistance, may not purchase food out of the township assistance fund for an applicant or a household that is eligible to participate in the federal food stamp program.

(b) A township trustee, as administrator of township assistance, may purchase food for an eligible food stamp applicant or household only under any of the following conditions:

(1) During the interim period beginning when an applicant or a household is awaiting a determination of eligibility from the food stamp office and ending not more than five (5) days after the day the applicant or household becomes eligible to participate in the federal food stamp program.

(2) Upon the verified loss of the household's food stamps or food supply by:

(A) fire or other natural disaster; or

(B) burglary or other criminal act, if the requesting applicant or household files a report with the appropriate law enforcement agency.

(3) Upon the loss of the applicant's or household's food supply through spoilage.

(4) Upon a written statement from a physician indicating that at least one (1) member of the household needs a special diet, the cost of which is greater than can be purchased with the household's allotment of food stamps.

(5) If the township trustee, as administrator of township assistance, determines that an applicant or a household:

(A) is in need of supplementary food assistance; and

(B) has participated in the federal food stamp program to the fullest extent allowable under federal and state law;

and supplementary food assistance is required by the circumstances of the particular case.

[Pre-1992 Revision Citation: 12-2-1-10(d) part.]

As added by P.L.2-1992, SEC.14. Amended by P.L.51-1996, SEC.57; P.L.73-2005, SEC.73.

IC 12-20-16-7 Eligible markets; continuing eligibility; purchase order itemization

Sec. 7. (a) A combined grocery (marketing fresh vegetables, fresh eggs, and dairy products) and meat market (marketing fresh meat) in a township having a population of more than ten thousand (10,000) is eligible to accept food purchase orders from the township trustee, as administrator of township assistance, in the township in which the market is located if the owner of the market has applied to the township trustee using a form prescribed by the state board of accounts.

(b) A market described in subsection (a) remains eligible to accept township food purchase orders unless any of the following conditions exist:

(1) The owner notifies the township trustee, as administrator of township assistance, to remove the owner's market from the eligible list.

(2) An appropriate health or other governmental agency closes the market.

(3) The township trustee, as administrator of township assistance, removes the market from the eligible list for a period not to exceed six (6) months because the management of the market, in filling a township food or household supply order:

(A) includes in the order tobacco products, alcoholic beverages, or other nonqualifying items; or

(B) fails to routinely request identification from an individual who redeems a township purchase order.

(4) A person who owns or is employed by the market has been convicted of township assistance fraud under IC 12-20-1-4(c).

(c) A combined grocery and meat market shall, in filling a township purchase order for

food and household supplies, attach to the purchase order form either a cash register tape or a written or typed itemization of the cost of the food and household supplies purchased. Household supplies, including first aid and medical supplies, are not considered food.

(d) The cash register tape or itemization required by subsection (c) is the full and complete record of purchase for all purposes. More complete records or itemization may not be required by any individual, government official, or entity.

[Pre-1992 Revision Citation: 12-2-1-10(e).]

As added by P.L.2-1992, SEC.14. Amended by P.L.51-1996, SEC.58; P.L.73-2005, SEC.74.

IC 12-20-16-8 Incompetent head of family; alternate food purchase order issuance

Sec. 8. (a) If an applicant or a household is considered by the township trustee, as administrator of township assistance, to be incompetent or irresponsible to select food from a combined grocery and meat market or to make proper use of food stamps, the township trustee, as administrator of township assistance, shall issue the food purchase order in the name of one (1) of the following:

(1) Another adult member of the household.

(2) Another relative living in another household.

(3) Any other individual considered competent by the township trustee, as administrator of township assistance.

(b) For the purpose of selecting the combined grocery and meat market in a township having a population of more than ten thousand (10,000) from which food for the household is to be obtained, the competent individual referred to in subsection (a) shall be considered the individual responsible.

[Pre-1992 Revision Citation: 12-2-1-10(h).]

As added by P.L.2-1992, SEC.14. Amended by P.L.51-1996, SEC.59; P.L.73-2005, SEC.75.

IC 12-20-16-9 Limitation on food assistance; food stamp application

Sec. 9. (a) A township trustee may not provide food assistance for more than thirty (30) days unless an individual files an application with the township trustee that includes the following:

(1) Evidence of application for food stamps from the division of family resources.

(2) The amount of assistance received or the reason for denial of assistance.

(b) The township trustee shall inform an applicant for food assistance that food stamps may be available from the division of family resources and that the township trustee may not provide food assistance for more than thirty (30) days unless the individual files an application for food stamps with the division of family resources.

[Pre-1992 Revision Citation: 12-2-1-10(g).]

As added by P.L.2-1992, SEC.14. Amended by P.L.145-2006, SEC.119.

IC 12-20-16-10 Livestock; feed instead of cost of food

Sec. 10. The township trustee, as administrator of township assistance, may purchase feed for a minimum amount of subsistence livestock if the cost is less than the cost of food that is otherwise necessary for the township trustee to furnish under this chapter.

[Pre-1992 Revision Citation: 12-2-1-37.]

As added by P.L.2-1992, SEC.14. Amended by P.L.73-2005, SEC.76.

IC 12-20-16-11 Nonresidents; transportation without ascertaining legal residence

Sec. 11. (a) A township trustee may not furnish a nonresident of a township with transportation at the cost of the township until the township trustee, as administrator of township assistance, determines the legal residence of the individual applying for assistance.

(b) Transportation provided to a nonresident of a township must be in the direction of the

nonresident's legal residence unless it is shown that the individual in need has a valid claim for support or a means of support in some other place to which the individual asks to be sent.

[Pre-1992 Revision Citation: 12-2-1-15.]

As added by P.L.2-1992, SEC.14. Amended by P.L.51-1996, SEC.60; P.L.73-2005, SEC.77.

IC 12-20-16-12 Funeral and burial or cremation expenses

Sec. 12. (a) This section does not apply if the county coroner assumes jurisdiction of an unclaimed body under IC 36-2-14-16.

(b) If:

(1) an individual dies in a township without leaving:

(A) money;

(B) real or personal property;

(C) other assets that may be liquidated; or

(D) other means necessary to defray funeral expenses; and

(2) the individual is not a resident of another township in Indiana;

the township trustee, as administrator of township assistance, shall provide a person to superintend and authorize either the funeral and burial or cremation of the deceased individual. If the township trustee determines that the deceased individual is a resident of another township in Indiana, the township trustee shall notify the trustee of that township, who shall then provide a person to superintend and authorize either the funeral and burial or cremation of the deceased individual.

(c) The necessary and reasonable expenses of the funeral and burial or cremation, including a burial plot, shall be paid in the same manner as other claims for township assistance. A trustee shall determine the cost for the items and services required by law for the funeral and burial of an individual, including a burial plot, and for the cremation of an individual, and include in the township's township assistance standards the maximum funeral and burial or cremation amount to be paid from township assistance funds. The trustee may deduct from the maximum amount the following:

(1) Any monetary benefits that the deceased individual is entitled to receive from a state or federal program.

(2) Any money that another person provides on behalf of the deceased individual.

(d) If an individual described in subsection (b) is a resident of a state institution at the time of the individual's death, the division that has administrative control of the state institution shall reimburse the township trustee for the necessary and reasonable expenses of the funeral and burial or cremation of the deceased individual. The township trustee shall submit to the division that has administrative control of the state institution an itemized claim for reimbursement of the necessary and reasonable funeral and burial or cremation expenses incurred by the township trustee.

(e) If an individual described in subsection (b) is a resident of a special institution governed by IC 16-33 at the time of the individual's death, the Indiana department of health shall reimburse the township trustee for the necessary and reasonable expenses of the funeral and burial or cremation of the deceased individual. The township trustee shall submit to the Indiana department of health an itemized claim for reimbursement of the necessary and reasonable funeral and burial or cremation expenses incurred by the township trustee.

(f) A township trustee who provides funeral and burial or cremation benefits to a deceased individual is entitled to a first priority claim, to the extent of the cost of the funeral and burial or cremation benefits paid by the township trustee, against any money or other personal property held by the coroner under IC 36-2-14-11.

(g) The township trustee may not cremate a deceased individual if:

(1) the deceased individual; or

(2) a surviving family member of the deceased individual;

has objected in writing to cremation.

(h) If a township trustee provides a funeral under this section, the cost of the funeral may

not be more than the cost of the least expensive funeral, including any necessary merchandise and embalming, available from the funeral director under the funeral director's price list disclosed to the Federal Trade Commission.

[Pre-1992 Revision Citation: 12-2-1-20.]

As added by P.L.2-1992, SEC.14. Amended by P.L.162-1995, SEC.1; P.L.51-1996, SEC.61; P.L.73-2005, SEC.78; P.L.56-2023, SEC.125.

IC 12-20-16-13 Processing purchased and donated materials for township assistance; gardens

Sec. 13. (a) The township trustee, as administrator of township assistance, may process at the expense of the township materials provided by charitable or governmental agencies to provide any item of township assistance if the expense of the processing is less than the cost of the finished product.

(b) The township trustee, as administrator of township assistance, may buy materials and supplies of any item of relief and may process the materials for township assistance purposes.

(c) The township trustee, as administrator of township assistance, may buy garden seeds and plant and maintain gardens for township assistance purposes.

[Pre-1992 Revision Citation: 12-2-1-36 part.]

As added by P.L.2-1992, SEC.14. Amended by P.L.73-2005, SEC.79.

IC 12-20-16-14 Insulin

Sec. 14. The township trustee is authorized to provide insulin to individuals who are in need of insulin treatment and who are financially unable to purchase the insulin, upon application of a physician licensed under IC 25-22.5 or an advanced practice registered nurse who is licensed under IC 25-23 and who meets the requirements of IC 25-23-1-11 and IC 25-23-1-19.5. However, an application submitted by a physician or an advanced practice registered nurse under this section must meet the requirements of IC 16-41-19-4.

[Pre-1992 Revision Citation: 16-1-14-2.]

As added by P.L.2-1992, SEC.14. Amended by P.L.262-2003, SEC.5; P.L.129-2018, SEC.6.

IC 12-20-16-15 Placement of indigents in county home

Sec. 15. The township trustee may place indigent individuals in the county home in accordance with IC 12-30-4.

[1992 Revision Citation: New.]

As added by P.L.2-1992, SEC.14.

IC 12-20-16-17 Inspection of housing units; substandard housing; shelter damage or security deposit; eligibility for shelter assistance

Sec. 17. (a) A township trustee may employ the services of a housing inspector to inspect all housing units, including:

(1) mobile homes;
(2) group homes;
(3) single household units;
(4) multiple household units;
(5) apartments; or
(6) any other dwelling;

inhabited by a township assistance recipient.

(b) A township trustee may contract with a local housing authority:

(1) for housing inspection services; and
(2) to train a township housing inspector.

Costs of these contractual services shall be paid from the township assistance fund.

(c) A township housing inspector shall use the following for determining a housing structure's suitability for habitation:

(1) Standards recommended by the United States Department of Housing and Urban Development as used by local housing authorities.

(2) Local building codes and municipal ordinances.

(d) Substandard housing that does not meet minimum standards of health, safety, and construction is not eligible for:

(1) the maximum level of shelter payments; or

(2) damage or security deposits paid from or encumbered by township funds.

(e) If the trustee determines that a housing unit for which payment is requested is substantially below minimum standards of health, safety, or construction, the trustee, when necessary, shall assist the applicant in obtaining appropriate alternate shelter.

(f) A township trustee is not required to spend township assistance funds for a shelter damage or security deposit for an eligible township assistance applicant or household. However, the trustee may encumber money for a shelter damage or security deposit by making an agreement with a property owner who furnishes shelter for a township assistance recipient or household. The agreement must include the following:

(1) The agreement's duration, not to exceed one hundred eighty (180) days.

(2) A statement that the agreement may be renewed if both parties agree.

(3) The total value of the encumbered money, not to exceed the value of one (1) month's rental payment.

(4) A statement signed by both the trustee and the property owner attesting to the condition of the property at the time the agreement is made.

(5) A statement that encumbered money may be used to pay the cost of:

(A) verified damages, normal wear excluded, caused by the tenant township assistance recipient during the duration of the agreement; and

(B) any unpaid rental payments for which the tenant township assistance recipient is obligated.

(6) A statement that the total amount to be paid from the encumbered money may not exceed one (1) month's rental payment for the unit in question.

(g) A trustee is not required to provide shelter assistance to an otherwise eligible individual if the:

(1) individual's most recent residence was provided by the individual's parent, guardian, or foster parent; and

(2) individual, without just cause, leaves that residence for the shelter for which the individual seeks assistance.

As added by P.L.51-1996, SEC.62. Amended by P.L.73-2005, SEC.80.

IC 12-20-17 Chapter 17. Temporary Aid

12-20-17-1	Investigations; temporary aid necessity
12-20-17-2	Shelter; expenditure limitations; combination of resources; referral to appropriate agency; ability to contract with private agency
12-20-17-3	Temporary relief to sick and needy persons
12-20-17-4	Homeless nonresidents; temporary county home commitment or temporary township assistance

IC 12-20-17-1 Investigations; temporary aid necessity

Sec. 1. If a township trustee determines by investigation that a township assistance applicant or a township assistance applicant's household requires assistance, the township trustee shall, after determining that an emergency exists, furnish to the applicant or household the temporary aid necessary for the relief of immediate suffering. However, before any further final or permanent relief is given, the township trustee shall consider whether the applicant's or household's need can be relieved by means other than an expenditure of township money.

[Pre-1992 Revision Citation: 12-2-1-8.]

As added by P.L.2-1992, SEC.14. Amended by P.L.51-1996, SEC.63; P.L.73-2005, SEC.81.

IC 12-20-17-2 Shelter; expenditure limitations; combination of resources; referral to appropriate agency; ability to contract with private agency

Sec. 2. (a) As used in this section, "shelter" means a facility that provides temporary emergency assistance.

(b) A township trustee may establish, purchase, acquire, maintain, or operate a shelter for eligible township assistance households needing temporary housing assistance.

(c) A township having a population of less than eight thousand (8,000) may not expend more than ten thousand dollars ($10,000) to implement this section without the approval of the county executive.

(d) A township having a population of at least eight thousand (8,000) may not expend more than one hundred thousand dollars ($100,000) to implement this section without the approval of the county executive.

(e) In counties where the implementation of this section can be more efficiently and expeditiously handled in units larger than a single township, a township trustee may combine resources with other townships within a county to:

(1) establish one (1) or more household shelter units; and

(2) pay a pro rata share of all administrative and other costs incidental to the maintenance and operation of each shelter unit established in subdivision (1).

IC 36-1-7-1 through IC 36-1-7-4 apply to a township electing to combine its resources with other townships under this subsection.

(f) A township trustee is not required to provide shelter to an individual who at the time assistance is requested is:

(1) under the influence of drugs or alcohol; or

(2) incapable of self-care.

The township trustee may at no cost to the township refer an individual described in this subsection to an appropriate agency or facility located in the county or in an adjoining county that has a program or charter specifically addressing the problems of substance abuse, mental illness, or self-care.

(g) A township trustee may contract with a private agency offering a shelter program in order to comply with this section if the applicant or the applicant's household is not mandated by the private agency to participate, as a condition of eligibility, in religious services.

(h) A township trustee is not obligated to:

(1) enter into a contract with; or

(2) pay shelter costs to;

a shelter that is supported by federal or state funds.

[Pre-1992 Revision Citation: 12-2-1-8.5.]

As added by P.L.2-1992, SEC.14. Amended by P.L.51-1996, SEC.64; P.L.73-2005, SEC.82.

IC 12-20-17-3 Temporary relief to sick and needy persons

Sec. 3. Upon complaint that an individual within the township is:

(1) sick;

(2) in need;

(3) without necessary financial resources; and

(4) likely to suffer;

the township trustee, as administrator of township assistance, shall investigate and grant the temporary relief required.

[Pre-1992 Revision Citation: 12-2-1-20(a) part.]

As added by P.L.2-1992, SEC.14. Amended by P.L.51-1996, SEC.65; P.L.73-2005, SEC.83.

IC 12-20-17-4 Homeless nonresidents; temporary county home commitment or temporary township assistance

Sec. 4. If an individual who is determined to be eligible for township assistance and entitled to temporary relief is in a township in which the individual does not have legal residence and is homeless, the township trustee, as administrator of township assistance, may, if the trustee considers advisable:

(1) place the individual temporarily in the county home, if any, where the individual, if capable, is to be employed; or

(2) provide temporary township assistance under this article.

[Pre-1992 Revision Citation: 12-2-1-21.]

As added by P.L.2-1992, SEC.14. Amended by P.L.51-1996, SEC.66; P.L.73-2005, SEC.84; P.L.75-2021, SEC.2.

IC 12-20-18 Chapter 18. Distribution of State and Federal Aid

12-20-18-1 Cooperation with state and federal government in distribution of aid
12-20-18-2 USDA surplus agricultural commodities distributions; participation

IC 12-20-18-1 Cooperation with state and federal government in distribution of aid

Sec. 1. (a) A township trustee, as administrator of township assistance, may cooperate with the state and federal government in the furnishing of township assistance so that the township assistance is furnished adequately and economically.

(b) A township trustee, as administrator of township assistance, shall provide facilities for relief headquarters and storage and transportation of commodities for township assistance purposes as are demanded, but such cooperation shall be confined to that reasonably required under the purposes of this article.

[Pre-1992 Revision Citation: 12-2-1-35(a).]

As added by P.L.2-1992, SEC.14. Amended by P.L.73-2005, SEC.85.

IC 12-20-18-2 USDA surplus agricultural commodities distributions; participation

Sec. 2. (a) The township trustee, as administrator of township assistance, may participate in surplus agricultural commodities distributions provided by the United States Department of Agriculture to the state.

(b) A township trustee, as administrator of township assistance:

(1) may establish the trustee's own distribution plan; or

(2) shall participate jointly with at least one (1) other township trustee who serves as administrator of township assistance.

[Pre-1992 Revision Citation: 12-2-1-35(b).]

As added by P.L.2-1992, SEC.14. Amended by P.L.51-1996, SEC.67; P.L.73-2005, SEC.86.

IC 12-20-19 Chapter 19. Participation in Federal Surplus Food Programs

12-20-19-1	Authorization
12-20-19-2	Revolving fund
12-20-19-3	Issuing officer; oath of office; bond
12-20-19-4	Orders or stamps for food and clothing; issuance
12-20-19-5	Higher education award; effect upon eligibility for federal surplus food program assistance

IC 12-20-19-1 Authorization

Sec. 1. (a) A township trustee, as administrator of township assistance, may participate in and cooperate with the establishment and use of federal surplus commodities food, cotton, or other stamp plans created by a governmental agency of the United States in the purchase of food, clothing, or other township assistance supplies.

(b) If a township trustee's cooperation and participation in federal surplus commodities or stamp programs can be more efficiently and expeditiously handled in a larger unit than a single township, a group of township trustees, as administrators of township assistance, may do the following:

(1) Establish a single stamp issuing agency.

(2) Appoint and designate an issuing agent to issue stamps to recipients entitled to participate in the programs.

(3) Pay each township's pro rata share of all administrative and other costs incident to the maintenance and operation of the issuing office.

[Pre-1992 Revision Citation: 12-2-8-1.]

As added by P.L.2-1992, SEC.14. Amended by P.L.73-2005, SEC.87.

IC 12-20-19-2 Revolving fund

Sec. 2. To establish a revolving fund necessary for a township trustee's participation or administration, the township trustees, as administrators of township assistance, may make claims in the same manner as other township assistance claims are paid by the township.

[Pre-1992 Revision Citation: 12-2-8-2.]

As added by P.L.2-1992, SEC.14. Amended by P.L.51-1996, SEC.68; P.L.73-2005, SEC.88.

IC 12-20-19-3 Issuing officer; oath of office; bond

Sec. 3. (a) The issuing officer employed by a township trustee must take an oath for the faithful performance of the duties of the issuing officer's office.

(b) The issuing officer must furnish a bond:

(1) payable to the state; and

(2) conditioned upon the faithful performance of the issuing officer's duties and accurate accounting of all money in the issuing officer's possession.

(c) The bond required by subsection (b) must be in a penal sum of not less than the total amount of the revolving money coming into the issuing officer's possession from all trustees.

(d) The cost of the bond required by subsection (b) shall be paid by county warrant and charged by the county auditor pro rata against the township assistance accounts of the townships participating in the establishment of the revolving or other fund for the purposes set forth in this chapter.

[Pre-1992 Revision Citation: 12-2-8-3.]

As added by P.L.2-1992, SEC.14. Amended by P.L.51-1996, SEC.69; P.L.73-2005, SEC.89.

IC 12-20-19-4 Orders or stamps for food and clothing; issuance

Sec. 4. (a) The trustees participating in or cooperating with programs under this chapter may issue to eligible recipients orders or stamps for food, clothing, or other items covered under the federal plan.

(b) An order issued under this section must set forth the quantities and prices of each item ordered and the total amount of the order or stamps.

(c) A recipient who receives an order or stamps under this section may present the order or stamps to the issuing officer and is entitled to have issued to the recipient food, cotton, or other vouchers for use in the purchase of township assistance supplies.

[Pre-1992 Revision Citation: 12-2-8-4.]

As added by P.L.2-1992, SEC.14. Amended by P.L.51-1996, SEC.70; P.L.73-2005, SEC.90.

IC 12-20-19-5 Higher education award; effect upon eligibility for federal surplus food program assistance

Sec. 5. If an individual receives a state or federal higher education award that is paid directly to an approved postsecondary educational institution for the individual's benefit:

(1) the individual is not required to report the award as income or as a resource of the individual when applying for assistance through federal surplus food programs; and

(2) the award may not be considered as income or a resource of the individual in determining eligibility for assistance through federal surplus food programs.

[Pre-1992 Revision Citation: 12-2-8-5.]

As added by P.L.2-1992, SEC.14. Amended by P.L.2-2007, SEC.162.

IC 12-20-20 Chapter 20. Payment of Township Assistance Claims

12-20-20-1 Certification, audit, and payment of claim
12-20-20-2 Borrowing to pay claims
12-20-20-3 Repealed
12-20-20-4 Purchase and payment forms
12-20-20-5 Water services payment

IC 12-20-20-1 Certification, audit, and payment of claim

Sec. 1. (a) If a township trustee, as administrator of township assistance, grants township assistance to an indigent individual or to any other person or agency on a township assistance order as provided by law or obligates the township for an item properly payable from township assistance money, the claim against the township must be:

(1) itemized and sworn to as provided by law;

(2) accompanied by the original township assistance order, which must be itemized and signed; and

(3) checked with the records of the township trustee, as administrator of township assistance, and audited and certified by the township trustee.

(b) The township trustee shall pay claims against the township for township assistance in the same manner that other claims against the township are paid. The township trustee, when authorized to pay claims directly to vendors, shall pay a claim within forty-five (45) days. The township trustee shall pay the claim from:

(1) any balance standing to the credit of the township against which the claim is filed; or

(2) from any other available fund from which advancements can be made to the township for that purpose.

(c) A township assistance claim for prepaid electric service shall be paid in accordance with IC 12-20-16-3.5.

[Pre-1992 Revision Citation: 12-2-1-31(a), (b).]

As added by P.L.2-1992, SEC.14. Amended by P.L.145-1993, SEC.1; P.L.101-2000, SEC.1; P.L.73-2005, SEC.91; P.L.134-2016, SEC.2.

IC 12-20-20-2 Borrowing to pay claims

Sec. 2. (a) If money is not available for the payment of township assistance claims under section 1 of this chapter, the township board shall appeal to borrow money under IC 12-20-24.

(b) This subsection does not apply to a county having a consolidated city. If the township board does not appeal to borrow money under IC 12-20-24 or if an appeal fails, the board of commissioners may borrow money or otherwise provide the money. If the county commissioners determine to borrow the money or otherwise provide the money, the county fiscal body shall promptly pass necessary ordinances and make the necessary appropriations to enable this to be done, after determining whether to borrow money by any of the following:

(1) A temporary loan against taxes levied and in the process of collection.

(2) The sale of county township assistance bonds or other county obligations.

(3) Any other lawful method of obtaining money for the payment of township assistance claims.

(c) This subsection applies only to a county having a consolidated city. If a township board does not appeal to borrow money under IC 12-20-24 or if an appeal fails, the board of commissioners shall borrow money or otherwise provide the money. The county fiscal body shall promptly pass necessary ordinances and make the necessary appropriations to enable this to be done, after determining whether to borrow money by any of the following methods:

(1) A temporary loan against taxes levied and in the process of collection.

(2) The sale of county township assistance bonds or other county obligations.

(3) Any other lawful method of obtaining money for the payment of township assistance claims.

[Pre-1992 Revision Citation: 12-2-1-31(c).]

As added by P.L.2-1992, SEC.14. Amended by P.L.145-1993, SEC.2; P.L.101-2000, SEC.2; P.L.73-2005, SEC.92.

IC 12-20-20-3 Repealed

[Pre-1992 Revision Citation: 12-2-1-31(d).]

As added by P.L.2-1992, SEC.14. Amended by P.L.145-1993, SEC.3. Repealed by P.L.101-2000, SEC.11.

IC 12-20-20-4 Purchase and payment forms

Sec. 4. The state board of accounts shall prescribe the forms for the purchase of and payment for township assistance items.

[Pre-1992 Revision Citation: 12-2-1-10(c).]

As added by P.L.2-1992, SEC.14. Amended by P.L.73-2005, SEC.93.

IC 12-20-20-5 Water services payment

Sec. 5. Payment for water services must be in accordance with IC 12-20-16-3.

[1992 Revision Citation: New.]

As added by P.L.2-1992, SEC.14.

IC 12-20-21 Chapter 21. Financing of Township Assistance

12-20-21-1	Repealed
12-20-21-2	Commingling of funds
12-20-21-3	Tax levy; retention of funds; reversion
12-20-21-3.2	Separate township assistance benefits levy and township assistance administration levy for certain townships
12-20-21-4	Repealed
12-20-21-5	Repealed

IC 12-20-21-1 Repealed

[Pre-1992 Revision Citation: 12-2-1-28.]

As added by P.L.2-1992, SEC.14. Repealed by P.L.101-2000, SEC.11.

IC 12-20-21-2 Commingling of funds

Sec. 2. Township assistance money raised by townships may not be commingled.

[Pre-1992 Revision Citation: 12-2-1-29.]

As added by P.L.2-1992, SEC.14. Amended by P.L.73-2005, SEC.94; P.L.169-2006, SEC.35.

IC 12-20-21-3 Tax levy; retention of funds; reversion

Sec. 3. (a) Except as provided in section 3.2 of this chapter, a township trustee and township board may levy a specific tax for the purpose of providing money for the payment of township assistance expenses in the following year. The tax may be sufficient to meet the entire requirement of the township in the following year or the part that is determined to be proper.

(b) Except as provided in section 3.2 of this chapter, if a tax levy is established under subsection (a), all proceeds derived from the tax levy shall be distributed to the township at the same time and in the same manner as proceeds from other property tax levies are distributed to the township. The proceeds of the tax levy shall be held by the township in its township assistance account free and available for the payment of township assistance obligations of the township. The funds are continuing funds and do not revert to any other fund at the end of the year.

[Pre-1992 Revision Citation: 12-2-1-32.]

As added by P.L.2-1992, SEC.14. Amended by P.L.145-1993, SEC.4; P.L.101-2000, SEC.3; P.L.73-2005, SEC.95; P.L.234-2013, SEC.8.

IC 12-20-21-3.2 Separate township assistance benefits levy and township assistance administration levy for certain townships

Sec. 3.2. (a) This section applies only to a township if the township's township assistance property tax rate (as defined in IC 6-1.1-20.3-6.7(a)) for property taxes first due and payable in 2013 or any year thereafter is more than the result of:

(1) the statewide average township assistance property tax rate (as determined by the department of local government finance) for property taxes first due and payable in the preceding year; multiplied by

(2) twelve (12).

(b) Notwithstanding any other law, beginning with property taxes first due and payable in the year following the year in which this section first applies to the township, as provided in subsection (a), the department of local government finance shall do the following in the case of a township subject to this section:

(1) Remove the township assistance property tax levy from the maximum permissible ad valorem property tax levy for the township's general fund.

(2) Require the township to separate its township assistance property tax levy into the following two (2) property tax levies:

(A) A township assistance benefits property tax levy.

(B) A township assistance administration property tax levy.

(3) Calculate a separate maximum permissible ad valorem property tax levy under IC 6-1.1-18.5 for each of the township's property tax levies described in subdivision (2).

(c) The department of local government finance shall, for property taxes first due and payable in the year following the year in which this section first applies to the township, as provided in subsection (a), determine the initial maximum permissible ad valorem property tax levy under IC 6-1.1-18.5 for a township's township assistance administration property tax levy.

(d) The initial maximum permissible ad valorem property tax levy under IC 6-1.1-18.5 for a township's township assistance benefits property tax levy for property taxes first due and payable in the year following the year in which this section first applies to the township, as provided in subsection (a), is equal to the amount determined in the following STEPS:

STEP ONE: Determine the result of:

(A) the township's township assistance property tax levy for property taxes first due and payable in the year in which this section first applies to the township, as provided in subsection (a); minus

(B) the result determined by the department of local government finance for the township under subsection (c).

STEP TWO: Multiply the STEP ONE result by the maximum levy growth quotient under IC 6-1.1-18.5-2 that is applicable to the township for property taxes first due and payable in the year following the year in which this section first applies to the township, as provided in subsection (a).

(e) The maximum permissible ad valorem property tax levy for the township's general fund shall be adjusted as determined in the following STEPS:

STEP ONE: Multiply:

(A) the township's township assistance property tax levy for property taxes first due and payable in the year in which this section first applies to the township, as provided in subsection (a); by

(B) the maximum levy growth quotient under IC 6-1.1-18.5-2 that is applicable to the township for property taxes first due and payable in the year following the year in which this section first applies to the township, as provided in subsection (a).

STEP TWO: Subtract the STEP ONE result from the maximum permissible ad valorem property tax levy that would otherwise apply for the township's general fund.

The adjustment under this subsection applies beginning with property taxes first due and payable in the year following the year in which this section first applies to the township, as provided in subsection (a).

(f) The property taxes collected from a township's township assistance administration property tax levy:

(1) shall be deposited into a separate fund;

(2) shall be used only for the administration of township assistance within the township; and

(3) shall not be used to pay township assistance to any person.

(g) The property taxes collected from a township's township assistance benefits property tax levy:

(1) shall be deposited into a separate fund;

(2) shall be used only for the purpose of paying township assistance to eligible recipients; and

(3) shall not be used to pay for the administration of township assistance within the township.

(h) Except as provided in this section, references in the Indiana Code to a township assistance property tax levy shall, in the case of a township subject to this section, be considered a reference to the township's township assistance benefits property tax levy and

the township's township assistance administration property tax levy.
As added by P.L.234-2013, SEC.9. Amended by P.L.249-2015, SEC.24; P.L.159-2020, SEC.56.

IC 12-20-21-4 Repealed

[Pre-1992 Revision Citation: 12-2-1-33.]

As added by P.L.2-1992, SEC.14. Amended by P.L.101-2000, SEC.4; P.L.259-2001, SEC.8; P.L.90-2002, SEC.347; P.L.262-2003, SEC.6; P.L.73-2005, SEC.96. Repealed by P.L.169-2006, SEC.84.

IC 12-20-21-5 Repealed

As added by P.L.145-1993, SEC.5. Amended by P.L.101-2000, SEC.5. Repealed by P.L.262-2003, SEC.9.

IC 12-20-22 Chapter 22. Township Assistance Budgets and Appropriation of Township Assistance Money

12-20-22-1 Additional appropriations
12-20-22-2 Certified copies of record; payment
12-20-22-3 Uniform rules and forms
12-20-22-4 Repealed

IC 12-20-22-1 Additional appropriations

Sec. 1. (a) A township trustee may not, acting as administrator of township assistance, disburse any money or incur any obligation in the furnishing of township assistance in excess of the amount appropriated for that purpose.

(b) Appropriations for township assistance purposes must be made in the manner provided by law for appropriations for other township purposes.

(c) When preparing the annual budget for a township, the township trustee and the township board shall set out in the budget the amount of expenditures estimated to be reasonably required for current township assistance in the following calendar year. If the amount provided for township assistance in the annual budget as finally adopted and approved is insufficient to meet the requirements for that purpose, additional appropriations may be made in the manner provided by law for the making of additional appropriations by townships for other purposes.

[Pre-1992 Revision Citation: 12-2-4-1.]

As added by P.L.2-1992, SEC.14. Amended by P.L.73-2005, SEC.97.

IC 12-20-22-2 Certified copies of record; payment

Sec. 2. (a) Copies of all township budgets for current township assistance shall, as finally adopted and approved, be placed on file in the office of the county auditor. If an additional appropriation for current township assistance is made by a township:

(1) a certified copy of the action of the township board in making the additional appropriation; and

(2) a certified copy of the order of the department approving the additional appropriation;

shall be filed in the office of the county auditor.

(b) A township trustee may not pay any township assistance order or claim in excess of the amount appropriated for current township assistance purposes, except as otherwise provided by law.

[Pre-1992 Revision Citation: 12-2-4-3(a).]

As added by P.L.2-1992, SEC.14. Amended by P.L.145-1993, SEC.6; P.L.101-2000, SEC.6; P.L.90-2002, SEC.348; P.L.73-2005, SEC.98.

IC 12-20-22-3 Uniform rules and forms

Sec. 3. The state board of accounts shall adopt uniform forms and necessary rules under this chapter to make the method of budgeting and appropriating township assistance money uniform in all townships.

[Pre-1992 Revision Citation: 12-2-4-4.]

As added by P.L.2-1992, SEC.14. Amended by P.L.73-2005, SEC.99.

IC 12-20-22-4 Repealed

[Pre-1992 Revision Citation: 12-2-4-5.]

As added by P.L.2-1992, SEC.14. Repealed by P.L.101-2000, SEC.11.

IC 12-20-23 Chapter 23. Repealed

[Pre-1992 Revision Citations:

12-20-23-1	formerly 12-2-5-1 part
12-20-23-2	formerly 12-2-5-1 part
12-20-23-3	formerly 12-2-5-1 part
12-20-23-4	formerly 12-2-5-1 part
12-20-23-5	formerly 12-2-5-1 part
12-20-23-6	formerly 12-2-5-1 part
12-20-23-7	formerly 12-2-5-1 part
12-20-23-8	formerly 12-2-5-2 part
12-20-23-9	formerly 12-2-5-2 part
12-20-23-10	formerly 12-2-5-2 part
12-20-23-11	formerly 12-2-5-3
12-20-23-12	formerly 12-2-5-4 part
12-20-23-13	formerly 12-2-5-4 part
12-20-23-14	formerly 12-2-5-5
12-20-23-15	formerly 12-2-5-6
12-20-23-16	formerly 12-2-5-7 part
12-20-23-17	formerly 12-2-5-7 part
12-20-23-18	formerly 12-2-5-7 part
12-20-23-19	formerly 12-2-5-8
12-20-23-20	formerly 12-2-5-9
12-20-23-21	formerly 12-2-5-10.]

Repealed by P.L.169-2006, SEC.84.

IC 12-20-24 Chapter 24. Township Borrowing for Township Assistance

12-20-24-1 Appeal for right to borrow; showing
12-20-24-2 Repealed
12-20-24-3 Repealed
12-20-24-4 Repealed
12-20-24-5 Decision of department
12-20-24-6 Approval of loan; repayment period
12-20-24-7 Approval restrictions
12-20-24-8 Tax levy
12-20-24-9 Additional appropriation

IC 12-20-24-1 Appeal for right to borrow; showing

Sec. 1. (a) In addition to the other methods of township assistance financing provided by this article, if a township trustee for a township determines that a particular township's township assistance account will be exhausted before the end of a fiscal year, the township trustee shall notify the township board of that determination.

(b) After receiving notice under subsection (a) that a township's township assistance account will be exhausted before the end of a fiscal year, the township board shall appeal to the department of local government finance for the right to borrow money on a short term basis to fund township assistance services in the township. In the appeal the township board must do the following:

(1) Show that the amount of money contained in the township assistance account will not be sufficient to fund services required to be provided within the township by this article.

(2) Show the amount of money that the board estimates will be needed to fund the deficit.

(3) Indicate a period, not to exceed five (5) years, during which the township would repay the loan.

[Pre-1992 Revision Citation: 12-2-4.5-1.]

As added by P.L.2-1992, SEC.14. Amended by P.L.145-1993, SEC.8; P.L.101-2000, SEC.8; P.L.73-2005, SEC.108; P.L.169-2006, SEC.36.

IC 12-20-24-2 Repealed

[Pre-1992 Revision Citation: 12-2-4.5-2.]

As added by P.L.2-1992, SEC.14. Repealed by P.L.169-2006, SEC.84.

IC 12-20-24-3 Repealed

[Pre-1992 Revision Citation: 12-2-4.5-3.]

As added by P.L.2-1992, SEC.14. Amended by P.L.73-2005, SEC.109. Repealed by P.L.169-2006, SEC.84.

IC 12-20-24-4 Repealed

[Pre-1992 Revision Citation: 12-2-4.5-4.]

As added by P.L.2-1992, SEC.14. Amended by P.L.90-2002, SEC.351; P.L.73-2005, SEC.110. Repealed by P.L.169-2006, SEC.84.

IC 12-20-24-5 Decision of department

Sec. 5. (a) If upon appeal under section 1 of this chapter the department determines that a township board should be allowed to borrow money under this chapter, the department shall order the township trustee to borrow the money from a financial institution on behalf of the township board and to deposit the money borrowed in the township's township assistance account.

(b) If upon appeal under section 1 of this chapter the department determines that the

township board should not be allowed to borrow money, the board may not do so for that year.

[Pre-1992 Revision Citation: 12-2-4.5-5.]

As added by P.L.2-1992, SEC.14. Amended by P.L.101-2000, SEC.9; P.L.90-2002, SEC.352; P.L.73-2005, SEC.111; P.L.169-2006, SEC.37.

IC 12-20-24-6 Approval of loan; repayment period

Sec. 6. If a loan is approved under IC 12-2-4.5 (before its repeal) or this chapter, the board of commissioners or county council (for a loan approved by the board of commissioners or county council before July 1, 2006) or the department shall determine the period during which the township shall repay the loan. However, the period may not exceed five (5) years.

[Pre-1992 Revision Citation: 12-2-4.5-6.]

As added by P.L.2-1992, SEC.14. Amended by P.L.90-2002, SEC.353; P.L.169-2006, SEC.38.

IC 12-20-24-7 Approval restrictions

Sec. 7. A board of commissioners or a county council (for a loan approved by the board of commissioners or county council before July 1, 2006) or the department may not do any of the following:

(1) Approve a request to borrow money made under IC 12-2-4.5 (before its repeal) or this chapter unless the body determines that the township's township assistance account will be exhausted before the account can fund all township obligations incurred under this article.

(2) Recommend or approve a loan that will exceed the estimated amount of the deficit.

[Pre-1992 Revision Citation: 12-2-4.5-7.]

As added by P.L.2-1992, SEC.14. Amended by P.L.90-2002, SEC.354; P.L.73-2005, SEC.112; P.L.169-2006, SEC.39.

IC 12-20-24-8 Tax levy

Sec. 8. (a) If a township board:

(1) appeals before August 1 for permission to borrow money;

(2) receives permission from:

(A) the board of commissioners or the county council, before July 1, 2006; or

(B) the department;

to borrow money before November 1 of that year; and

(3) borrows money under this chapter;

the township board shall levy a property tax beginning in the next succeeding year and continuing for the term of the loan in an amount each year that will be sufficient to pay the principal and interest due on the loan for the year.

(b) If a township board:

(1) appeals after August 1 for permission to borrow money;

(2) receives permission from:

(A) the board of commissioners or the county council, before July 1, 2006; or

(B) the department;

to borrow money; and

(3) borrows money in the year of the appeal under this chapter;

the township board shall levy a property tax beginning in the second succeeding year and continuing for the term of the loan in an amount each year that will be sufficient to pay the principal and interest due on the loan for the year.

(c) The property taxes levied under this section shall be retained by the township trustee and applied by the township trustee to retire the debt.

[Pre-1992 Revision Citation: 12-2-4.5-8.]

As added by P.L.2-1992, SEC.14. Amended by P.L.101-2000, SEC.10; P.L.90-2002, SEC.355; P.L.169-2006, SEC.40.

IC 12-20-24-9 Additional appropriation

Sec. 9. A township board must make an additional appropriation before money borrowed under IC 12-2-4.5 (before its repeal) or this chapter may be spent.

[Pre-1992 Revision Citation: 12-2-4.5-9.]

As added by P.L.2-1992, SEC.14.

IC 12-20-25 Chapter 25. Township Assistance in Distressed Townships

12-20-25-0.3 Township poor relief control board; change of name; transfer of rules, powers, duties, assets, and liabilities; treatment of references to; members
12-20-25-0.4 Repealed
12-20-25-1 Application of chapter
12-20-25-2 "Control board"
12-20-25-3 "Creditor"
12-20-25-4 "Distressed township"
12-20-25-5 "Indebtedness"
12-20-25-6 Notification of township board of distressed status
12-20-25-7 Action upon notice of township distress; certification to governor
12-20-25-8 Management committee; membership
12-20-25-9 Service at will of governor
12-20-25-10 Township trustee's duties to advise and assist
12-20-25-11 Committee administration of township trustee's office
12-20-25-12 Township assistance control board
12-20-25-13 Distressed township as controlled township; payment of township assistance claims and committee operating costs from supplemental township assistance fund
12-20-25-14 Authority of township trustee
12-20-25-15 Duties of committee; rules
12-20-25-16 Litigation powers and duties
12-20-25-17 Committee powers regarding employees
12-20-25-18 Adoption of rules
12-20-25-19 Registration for work at department of workforce development prerequisite to assistance
12-20-25-20 Case numbers
12-20-25-21 Denial of claims; grounds
12-20-25-22 Payment of unpaid claims of creditors
12-20-25-23 Statement of claim; filing limitations
12-20-25-24 Information regarding creditors' claims; notice to creditors
12-20-25-25 Notice by publication
12-20-25-26 Review and evaluation of claims
12-20-25-27 Payment of claims; invalid and unreasonable claims
12-20-25-28 Determination of validity and reasonableness of claim; finality; appeal
12-20-25-29 Township assistance control board; membership; salaries
12-20-25-30 Powers and duties of control board
12-20-25-31 Distribution rules; requirements
12-20-25-32 Report; financial plan recommendation
12-20-25-33 Operating budget; financial plan; adoption
12-20-25-34 Financial plan; contents
12-20-25-34 Financial plan; contents
12-20-25-35 Control board report to county fiscal body; adoption or rejection of financial plan; inclusion of income tax
12-20-25-35 Control board report to county fiscal body; adoption or rejection of financial plan; inclusion of income tax
12-20-25-36 Department action; transfer of funds to township assistance account
12-20-25-37 Adoption of proposal including income tax; notice to department of revenue; collection of tax
12-20-25-38 Advance of state general fund money; repayment
12-20-25-39 Deposit of tax proceeds; disbursement
12-20-25-40 Local income tax township assistance control fund; disbursement priorities
12-20-25-41 "Advance"; "support"; termination of controlled status
12-20-25-42 Township certified as distressed before January 1, 1988; termination of controlled status; review and approval of civil and township assistance budgets; outstanding debt
12-20-25-43 Maximum ad valorem property tax insufficient to pay all township assistance claims; dedication of other revenue
12-20-25-44 Distribution of local income tax; rescission of tax; termination of tax
12-20-25-45 Adjustments to local income tax; local homestead credit

12-20-25-46 Income tax revenues; distribution after termination of controlled status
12-20-25-47 Continuation of rules until modified or terminated
12-20-25-48 Audits or reports as public records
12-20-25-49 Maximum permissible ad valorem property tax levy mandatory
12-20-25-50 Office space for management committee and control board
12-20-25-51 Distressed township supplemental township assistance fund; establishment; administration; general purpose
12-20-25-52 Nature and uses of distressed township supplemental township assistance fund
12-20-25-53 Contents of distressed township supplemental township assistance fund
12-20-25-54 Audit disclosing negligence or unlawful conduct; criminal or civil charges
12-20-25-55 Failure to notify of distressed condition; offense

IC 12-20-25-0.3 Township poor relief control board; change of name; transfer of rules, powers, duties, assets, and liabilities; treatment of references to; members

Sec. 0.3. (a) The township assistance control board is a continuation of the township poor relief control board (renamed by P.L.73-2005).

(b) The rules adopted by the township poor relief control board shall be treated, after June 30, 2005, as rules of the township assistance control board.

(c) On July 1, 2005, all powers, duties, assets, and liabilities of the township poor relief control board are transferred to the township assistance control board.

(d) After June 30, 2005, a reference to the township poor relief control board shall be treated as a reference to the township assistance control board.

(e) A member of the township poor relief control board appointed under section 29 of this chapter (before its amendment by P.L.73-2005) shall continue to serve as a member of the township assistance control board established by section 29 of this chapter, as amended by P.L.73-2005, until the end of the term for which the member was appointed.

As added by P.L.220-2011, SEC.271.

IC 12-20-25-0.4 Repealed

As added by P.L.220-2011, SEC.272. Repealed by P.L.197-2016, SEC.102.

IC 12-20-25-1 Application of chapter

Sec. 1. This chapter applies to each county having at least one (1) distressed township.

[Pre-1992 Revision Citation: 12-2-14-1.]

As added by P.L.2-1992, SEC.14.

IC 12-20-25-2 "Control board"

Sec. 2. As used in this chapter, "control board" refers to the township assistance control board.

[Pre-1992 Revision Citation: 12-2-14-24(a) part.]

As added by P.L.2-1992, SEC.14. Amended by P.L.73-2005, SEC.113.

IC 12-20-25-3 "Creditor"

Sec. 3. As used in this chapter, "creditor" means a person that has a claim against the township resulting from providing assistance to an indigent individual as authorized by the township trustee under this article.

[Pre-1992 Revision Citation: 12-2-14-2.]

As added by P.L.2-1992, SEC.14.

IC 12-20-25-4 "Distressed township"

Sec. 4. As used in this chapter, "distressed township" means:

(1) a township that:

(A) has a valid township assistance claim that the county auditor cannot pay within

thirty (30) days after the claim is approved for payment under IC 12-2-1-31 (before its repeal) or IC 12-20-20;

(B) has township assistance expenditures during a year that exceed the year's township assistance revenues, excluding any advances from the state and revenues from short term loans from the county or a financial institution or advances from the county from the proceeds of bonds, made or issued under:

(i) this article; or

(ii) IC 12-2-1, IC 12-2-4.5, or IC 12-2-5 (before the repeal of those statutes);

(C) has imposed and dedicated to township assistance at least ninety percent (90%) of the maximum permissible ad valorem property tax levy permitted for all of the township's money under IC 6-1.1-18.5; and

(D) has outstanding indebtedness that exceeds one and eight-tenths percent (1.8%) of the township's adjusted value of taxable property in the district as determined under IC 36-1-15; or

(2) a township that:

(A) has been a controlled township during any part of the preceding five (5) years;

(B) has a valid township assistance claim that the county auditor cannot pay within thirty (30) days after the claim is approved for payment under IC 12-2-1-31 (before its repeal) or IC 12-20-20; and

(C) uses advances from the county from proceeds of bonds issued under IC 12-2-1 (before its repeal) or this article.

[Pre-1992 Revision Citation: 12-2-14-3.]

As added by P.L.2-1992, SEC.14. Amended by P.L.6-1997, SEC.147; P.L.73-2005, SEC.114.

IC 12-20-25-5 "Indebtedness"

Sec. 5. As used in this chapter, "indebtedness" includes unpaid township assistance claims, outstanding bonds, and advancements from the county to the township for any purpose, if the advancement is not repayable in the year the advancement is made.

[Pre-1992 Revision Citation: 12-2-14-4.]

As added by P.L.2-1992, SEC.14. Amended by P.L.73-2005, SEC.115.

IC 12-20-25-6 Notification of township board of distressed status

Sec. 6. The township trustee shall immediately notify the township board and the county fiscal body when a township becomes a distressed township.

[Pre-1992 Revision Citation: 12-2-14-6.]

As added by P.L.2-1992, SEC.14.

IC 12-20-25-7 Action upon notice of township distress; certification to governor

Sec. 7. (a) Upon receipt of notice from the trustee that the township has become a distressed township, the county fiscal body shall do the following:

(1) Determine whether the township is a distressed township.

(2) If the township is determined to be a distressed township, certify to the governor that the township is a distressed township.

(b) If:

(1) the trustee fails to notify the county fiscal body when the township becomes a distressed township; or

(2) the county fiscal body fails to certify to the governor that the township is a distressed township;

any taxpayer of the township may notify the department, which shall make the determination required by subsection (a)(1) and, if appropriate, make the certification to the governor required by subsection (a)(2).

[Pre-1992 Revision Citation: 12-2-14-7.]

As added by P.L.2-1992, SEC.14. Amended by P.L.90-2002, SEC.356.

IC 12-20-25-8 Management committee; membership

Sec. 8. Upon receipt of a certification under section 7 of this chapter, the governor shall appoint a four (4) member management committee to assume the township trustee's duties as administrator of township assistance. The committee must consist of one (1) representative from each of the following:

(1) The budget agency. This member serves as chairperson.

(2) The state board of accounts.

(3) The department.

(4) The division of family resources.

[Pre-1992 Revision Citation: 12-2-14-8(a) part, (b) part.]

As added by P.L.2-1992, SEC.14. Amended by P.L.90-2002, SEC.357; P.L.73-2005, SEC.116; P.L.145-2006, SEC.120.

IC 12-20-25-9 Service at will of governor

Sec. 9. The management committee serves at the pleasure of the governor.

[Pre-1992 Revision Citation: 12-2-14-8(b) part.]

As added by P.L.2-1992, SEC.14.

IC 12-20-25-10 Township trustee's duties to advise and assist

Sec. 10. The township trustee shall serve as an advisor to the management committee and assist the management committee in carrying out the committee's duties under this chapter.

[Pre-1992 Revision Citation: 12-2-14-8(a) part.]

As added by P.L.2-1992, SEC.14.

IC 12-20-25-11 Committee administration of township trustee's office

Sec. 11. The management committee shall administer the township trustee's office until the committee has completed a financial and management evaluation of the trustee's office and reported the committee's findings to the control board under section 32 of this chapter.

[Pre-1992 Revision Citation: 12-2-14-8(c).]

As added by P.L.2-1992, SEC.14. Amended by P.L.73-2005, SEC.117.

IC 12-20-25-12 Township assistance control board

Sec. 12. At the time the governor appoints the members of the management committee, the governor shall also appoint a control board for the distressed township under section 29 of this chapter.

[Pre-1992 Revision Citation: 12-2-14-8(d).]

As added by P.L.2-1992, SEC.14. Amended by P.L.73-2005, SEC.118.

IC 12-20-25-13 Distressed township as controlled township; payment of township assistance claims and committee operating costs from supplemental township assistance fund

Sec. 13. (a) When the management committee is appointed, the distressed township is a controlled township until the requirements of section 41 of this chapter are met.

(b) During the period that the management committee is in control of the township trustee's office, the payment of township assistance claims and the operating costs of the management committee that:

(1) are incurred during the period the management committee is in control of the township trustee's office; and

(2) exceed the revenue derived from the distressed township's township assistance property tax levy;

shall be made from support to the county from the distressed township supplemental

township assistance fund established under section 51 of this chapter.

[Pre-1992 Revision Citation: 12-2-14-9.]

As added by P.L.2-1992, SEC.14. Amended by P.L.73-2005, SEC.119.

IC 12-20-25-14 Authority of township trustee

Sec. 14. A township trustee has no authority concerning township assistance in a controlled township. However, after the management committee has completed the evaluation of the trustee's office and reported the committee's findings to the control board as required by section 32 of this chapter, the township trustee shall resume the trustee's duties concerning township assistance, subject to the supervision and control of the control board.

[Pre-1992 Revision Citation: 12-2-14-10.]

As added by P.L.2-1992, SEC.14. Amended by P.L.73-2005, SEC.120.

IC 12-20-25-15 Duties of committee; rules

Sec. 15. (a) The management committee appointed under section 8 of this chapter shall do the following:

(1) Conduct or have conducted a financial and compliance audit of the internal operations of the trustee's office.

(2) Conduct or have conducted, to the extent practicable, a financial and compliance audit of each township assistance recipient who received assistance from the township trustee over the five (5) years immediately preceding the assumption of control of the trustee's office.

(3) Conduct or have conducted an economy and efficiency audit of the internal operations of the trustee's office, which must determine the following:

(A) If the trustee's office is managing and utilizing the resources of the office, including personnel, property, and office space, economically and efficiently.

(B) If there are any inefficiencies or uneconomical practices and if so the causes.

(C) If the trustee's office has complied with statutes and rules concerning matters of economy and efficiency.

(4) Establish standards for the following:

(A) Eligibility for township assistance.

(B) Payments for township assistance claims.

(C) Contracts and payments on contracts for township assistance goods or services.

(D) Leases or rental agreements and payments on leases or rental agreements for facilities that relate to the provision of township assistance.

(E) Capital expenditures relating to township assistance.

(5) Implement a mandatory employment or workfare program under IC 12-20-10 or IC 12-20-11 or require that a township assistance recipient participate in a training program under IC 12-20-12.

(b) Notwithstanding IC 36-9, the management committee is not required to solicit bids before entering into a contract to have an audit conducted under this section.

(c) If the control board has adopted rules concerning the standards listed in subsection (a)(4), the management committee's rules must be consistent with the control board's rules.

[Pre-1992 Revision Citation: 12-2-14-11(a), (c).]

As added by P.L.2-1992, SEC.14. Amended by P.L.73-2005, SEC.121.

IC 12-20-25-16 Litigation powers and duties

Sec. 16. The management committee may be sued in the committee's own name. The management committee has the power to sue in the committee's own name and to defend an appeal from a determination made under section 28 of this chapter.

[Pre-1992 Revision Citation: 12-2-14-11(b).]

As added by P.L.2-1992, SEC.14.

IC 12-20-25-17 Committee powers regarding employees

Sec. 17. (a) The management committee may do the following:

(1) Employ, promote, and remove employees of the trustee's office who perform township assistance duties as needed and, with the approval of the governor, fix their compensation.

(2) Retain certified public accountants and other necessary professionals from whom the committee may obtain audits, reports, and other assistance necessary to perform the committee's duties.

(b) The management committee may only dismiss a township employee for just cause or with the approval of the township trustee. Just cause includes removal for personnel reductions made in accordance with IC 12-20-4.

[Pre-1992 Revision Citation: 12-2-14-12.]

As added by P.L.2-1992, SEC.14. Amended by P.L.73-2005, SEC.122.

IC 12-20-25-18 Adoption of rules

Sec. 18. (a) The management committee and the control board shall adopt rules as required by sections 15 and 30 of this chapter. The management committee and the control board may each adopt rules to administer the township assistance program in a controlled township. IC 4-22-2 does not apply to the rules. Rules adopted under this section must be:

(1) written;

(2) signed by the governor; and

(3) published in the Indiana Register not more than sixty (60) days after the rules are signed by the governor.

(b) Notwithstanding any other provision of this article, an individual may not receive township assistance from a controlled township until the applicant for assistance qualifies under eligibility standards established under rules adopted under subsection (a).

[Pre-1992 Revision Citation: 12-2-14-13.]

As added by P.L.2-1992, SEC.14. Amended by P.L.73-2005, SEC.123.

IC 12-20-25-19 Registration for work at department of workforce development prerequisite to assistance

Sec. 19. (a) Notwithstanding any other provision of this article, an unemployed individual may not receive township assistance in a controlled township until the individual has registered for work at an office of the department of workforce development and has provided proof that the individual is registered. This subsection does not apply to an individual who:

(1) is not physically able to perform work;

(2) is less than eighteen (18) years of age or at least sixty-five (65) years of age; or

(3) is needed to care for another individual because of the other individual's age or physical condition.

(b) An unemployed individual who has registered under subsection (a) may not receive township assistance in a controlled township on a continuing basis unless the individual reports to the employment office and provides proof that the individual has reported with the frequency and in the manner prescribed by either the management committee or the control board.

(c) Subject to subsection (a), if the management committee or the control board finds that an individual has failed to:

(1) apply for available, suitable work when directed by the commissioner of workforce development, the commissioner's deputy, or an authorized representative of the state;

(2) accept, at any time after the individual is notified of a separation, suitable work when found for and offered to the individual by the commissioner of workforce development, the commissioner's deputy, or an authorized representative of the state; or

(3) return to the individual's customary self-employment when directed by the commissioner of workforce development or the commissioner's deputy;

the individual may not receive township assistance for six (6) months after the date of the management committee's or control board's finding.

[Pre-1992 Revision Citation: 12-2-14-14.]

As added by P.L.2-1992, SEC.14. Amended by P.L.21-1995, SEC.16; P.L.73-2005, SEC.124.

IC 12-20-25-20 Case numbers

Sec. 20. (a) The management committee shall assign a case number to each applicant who is qualified under section 18 of this chapter for township assistance from the township.

(b) To the extent allowed by law, an individual's case number must be the individual's Social Security number.

[Pre-1992 Revision Citation: 12-2-14-15.]

As added by P.L.2-1992, SEC.14. Amended by P.L.73-2005, SEC.125.

IC 12-20-25-21 Denial of claims; grounds

Sec. 21. Notwithstanding IC 12-20-20, a claim may not be approved if the township assistance is provided during the period that the township is a controlled township and:

(1) the township assistance claim is not presented for payment not more than sixty (60) days after the date the township assistance was provided;

(2) the township assistance recipient cannot be identified;

(3) the township assistance provided cannot be substantiated in detail; or

(4) the date the township assistance was provided cannot be established.

[Pre-1992 Revision Citation: 12-2-14-16.]

As added by P.L.2-1992, SEC.14. Amended by P.L.73-2005, SEC.126.

IC 12-20-25-22 Payment of unpaid claims of creditors

Sec. 22. (a) Sections 22 through 28 of this chapter create an exclusive administrative remedy for the payment of unpaid claims of creditors for the following goods and services that were provided under the authority of IC 12-2-1 (before its repeal) or this article before the township became a controlled township:

(1) Food, including prepared food and special dietary food.

(2) Clothing.

(3) Shelter.

(4) Water, gas, and electric services for lighting, heating, and cooking.

(5) Household supplies, including first aid and medical supplies for injury and illness.

(6) Medical and surgical attendance.

(7) Nursing care prescribed by a physician.

(8) School lunches.

(9) Transportation to allow a township assistance recipient to seek or accept employment.

(10) Feed for livestock.

(11) Funeral and cemetery expenses.

(12) Any other goods or services provided under this article.

(b) A creditor that has a claim described in subsection (a) against the township trustee must file a statement of claims with the management committee not more than ninety (90) days after notice is given under section 24 or 25 of this chapter.

(c) The statement of claims must itemize each claim the creditor has against the township. The state board of accounts shall prescribe the form of the statement of claims. The state board of accounts shall establish standards for the submission of supporting documentation for claims.

[Pre-1992 Revision Citation: 12-2-14-17.]

As added by P.L.2-1992, SEC.14. Amended by P.L.73-2005, SEC.127.

IC 12-20-25-23 Statement of claim; filing limitations

Sec. 23. The claim of a creditor is void if the creditor fails to file a statement of claims with the management committee not more than ninety (90) days after notice is given under section 24 or 25 of this chapter.

[Pre-1992 Revision Citation: 12-2-14-18.]

As added by P.L.2-1992, SEC.14.

IC 12-20-25-24 Information regarding creditors' claims; notice to creditors

Sec. 24. (a) The county auditor shall provide the management committee with the following:

(1) The name, address, and voucher number of each creditor whose claims have not been paid.

(2) An itemization of each creditor's claims against the distressed township.

(b) The management committee shall send a notice by first class mail to the creditors identified by the county auditor. The notice must do the following:

(1) Inform the creditor that the creditor must file a statement of claims with the management committee not more than ninety (90) days after the mailing of the notice or the claim is void.

(2) Include a statement of claims form.

(3) Identify the required supporting documentation that must be filed along with the statement of claims.

[Pre-1992 Revision Citation: 12-2-14-19.]

As added by P.L.2-1992, SEC.14.

IC 12-20-25-25 Notice by publication

Sec. 25. In addition to the notice required in section 24 of this chapter, the management committee shall publish a notice to all persons claiming to be creditors in two (2) newspapers of general circulation in the county. If there is only one (1) newspaper of general circulation in the county, publication in that newspaper is sufficient notice to the persons claiming to be creditors.

[Pre-1992 Revision Citation: 12-2-14-20.]

As added by P.L.2-1992, SEC.14.

IC 12-20-25-26 Review and evaluation of claims

Sec. 26. (a) Upon receipt of a statement of claims from a creditor, the management committee shall review and evaluate the validity and reasonableness of each claim. The management committee is not required to conduct a hearing under IC 4-21.5-3.

(b) The management committee's evaluation of each claim shall be made without determining whether the claim is a valid township debt under Article 13, Section 1 of the Constitution of the State of Indiana.

[Pre-1992 Revision Citation: 12-2-14-21.]

As added by P.L.2-1992, SEC.14.

IC 12-20-25-27 Payment of claims; invalid and unreasonable claims

Sec. 27. (a) Except as provided in section 52(3) of this chapter, if the management committee finds a claim to be valid and reasonable in whole or in part, the amount of the claim found to be valid and reasonable shall be paid from the distressed township's township assistance account as provided in section 40 of this chapter. If the management committee finds that a claim is invalid in whole or in part, the amount of the claim found to be invalid is void. The management committee shall mail a notice of the committee's determination to the creditor not more than ten (10) days after the determination is made. The notice must include a statement of the reasons for the determination.

(b) If the management committee finds that a claim is not reasonable, the management

committee shall mail a notice of the finding to the creditor and shall attempt to negotiate a reasonable settlement with the creditor for the amount of the claim. If the management committee attempts to negotiate with the creditor and determines that it is not possible to reach a reasonable settlement of the claim not more than sixty (60) days after the notice was mailed, the management committee shall determine the amount of the claim that is reasonable. The management committee shall mail a notice of the committee's determination to the creditor not more than ten (10) days after the determination is made. The notice must include a statement of the reasons for the determination.

[Pre-1992 Revision Citation: 12-2-14-22.]

As added by P.L.2-1992, SEC.14. Amended by P.L.73-2005, SEC.128.

IC 12-20-25-28 Determination of validity and reasonableness of claim; finality; appeal

Sec. 28. (a) A determination of the management committee concerning the validity and reasonableness of a claim is a final administrative determination.

(b) A creditor aggrieved by a final determination of the management committee may appeal the determination by filing a petition with the circuit or superior court of the county in which the creditor resides or in the county in which the distressed township is located. The petition must be filed not more than thirty (30) days following the date of the management committee's determination. The court shall try the cause de novo. Except as provided in section 52(3) of this chapter, a final court judgment that orders a payment to be made to a creditor under this subsection may be collected upon and paid from the distressed township's township assistance account as provided in section 40 of this chapter. An action brought under this section is governed by IC 34-13-5, except that a change of venue is governed by the Indiana Rules of Trial Procedure rather than IC 34-13-5-4.

(c) A claim under this article that is pending in court at the time the township becomes a distressed township is stayed and the claimant must file the claim with the management committee as provided in this chapter. A claimant who has a final court judgment on a claim under this article before the township becomes a distressed township may proceed to collect on that judgment as provided by law.

(d) An action under this section is subject to the defense that the claim may violate Article 13, Section 1 of the Constitution of the State of Indiana.

[Pre-1992 Revision Citation: 12-2-14-23.]

As added by P.L.2-1992, SEC.14. Amended by P.L.1-1998, SEC.104; P.L.73-2005, SEC.129.

IC 12-20-25-29 Township assistance control board; membership; salaries

Sec. 29. (a) A township assistance control board is established for each distressed township. The governor shall appoint the following members to the control board:

(1) The budget director or the director's designee, who shall serve as the chairman of the board.
(2) One (1) representative of the state board of accounts.
(3) One (1) representative of the department.
(4) One (1) representative of the division of family resources.
(5) One (1) elected public official of the county.
(6) One (1) township trustee.
(7) One (1) individual who:
  (A) resides in the county or is employed in the county by an employer paying taxes in the county; and
  (B) is or agrees to become familiar with township assistance.
(8) The township trustee of the distressed township, who shall serve as a nonvoting ex officio member of the control board.

(b) The members of the control board serve at the pleasure of the governor.

(c) Each member of the board who is not a state employee or an elected official is entitled

to the minimum salary per diem provided by IC 4-10-11-2.1(b). Such a member is also entitled to reimbursement for traveling expenses and other expenses actually incurred in connection with the member's duties, as provided in the state travel policies and procedures established by the Indiana department of administration and approved by the budget agency.

[Pre-1992 Revision Citation: 12-2-14-24(a) part, (b).]

As added by P.L.2-1992, SEC.14. Amended by P.L.90-2002, SEC.358; P.L.73-2005, SEC.130; P.L.145-2006, SEC.121.

IC 12-20-25-30 Powers and duties of control board

Sec. 30. (a) The control board shall supervise the township trustee in the administration of township assistance. The control board may appoint one (1) of the board's members to monitor the trustee's compliance with this chapter and to report discrepancies to the control board. The control board may require the board's approval of an expenditure of more than five hundred dollars ($500).

(b) Notwithstanding IC 36-6-6-11, the control board shall review and may reduce or increase the township's budget and proposed tax levy to be advertised by the county auditor. If the control board finds that there will be insufficient revenues available under this chapter for the township to pay valid township assistance claims, the control board may consent to proposed borrowing for township assistance under IC 12-20-24.

(c) The control board may approve the number, pay, and duties of employees who are employed for the distribution and administration of the distressed township's township assistance program.

(d) The control board may require the township trustee to submit reports on the amounts of township assistance by categories, including the types of goods or services furnished and the vendors who supplied the goods or services.

(e) The control board:

(1) shall operate the employment program implemented by the management committee under section 15(a)(5) of this chapter; and

(2) may require that a township assistance recipient participate in a training program under IC 12-20-12-1.

(f) The control board shall establish income eligibility standards for township assistance, subject to the requirements of section 18 of this chapter.

[Pre-1992 Revision Citation: 12-2-14-25.]

As added by P.L.2-1992, SEC.14. Amended by P.L.73-2005, SEC.131; P.L.169-2006, SEC.41.

IC 12-20-25-31 Distribution rules; requirements

Sec. 31. (a) The control board may adopt rules concerning the distribution of township assistance designed to reduce the cost and improve the delivery of township assistance. IC 4-22-2 does not apply to the rules. The rules may include provisions governing the following:

(1) The minimum quality of goods and services required to be provided by township assistance vendors.

(2) The rate of reimbursement to be provided to vendors of goods and services under the township assistance program.

(3) The types of assistance that are to be provided to township assistance recipients.

(4) Competitive bidding requirements for purchases of goods and services for township assistance recipients, other than food, other perishable products, and goods or services needed on an emergency basis.

(5) The time within which providers of township assistance are to present claims for payment, which may not exceed sixty (60) days from the date the township assistance was provided.

(6) The purchase of goods and services to meet the emergency needs of township

assistance applicants without competitive bids.

(b) If rules described in subsection (a)(4) are adopted, the rules must require that:

(1) purchases may be made only after bids have been solicited; and

(2) the contract for furnishing goods or services must be awarded to the lowest and best responsible and responsive bidder or to more than one (1) bidder if the selection of more than one (1) bidder is appropriate to provide the necessary goods or services.

(c) If practicable and prudent, township assistance purchases should be made from local vendors.

[Pre-1992 Revision Citation: 12-2-14-26.]

As added by P.L.2-1992, SEC.14. Amended by P.L.73-2005, SEC.132.

IC 12-20-25-32 Report; financial plan recommendation

Sec. 32. (a) As soon as the management committee has completed the financial, compliance, economy, and efficiency audits required by section 15 of this chapter, the management committee shall make a report to the control board. The report must include the following:

(1) The findings of the financial, compliance, economy, and efficiency audits.

(2) An itemization of each creditor's claims against the distressed township that were found to be valid and reasonable.

(3) An itemization of each claim that was found to be invalid.

(4) An itemization of each claim that was found to be unreasonable and on which no settlement was negotiated.

(5) A proposed operating budget for the township trustee's office.

(6) An estimate of future operating and debt service costs for township assistance.

(7) The amount of outstanding township assistance bonds issued and loans incurred by the county and advancements made by the county.

(8) The maximum permissible township assistance levy of the township under IC 6-1.1-18.5.

(b) The county fiscal body may recommend a financial plan to the management committee that ensures that future revenue increases, if necessary, come from sources other than ad valorem property taxes imposed on property within the distressed township and will accomplish the purposes set forth in section 33(a)(2) of this chapter. The financial plan may include any of the options set forth in section 34 of this chapter. The management committee shall include any submitted plan in the committee's report to the control board.

[Pre-1992 Revision Citation: 12-2-14-27.]

As added by P.L.2-1992, SEC.14. Amended by P.L.73-2005, SEC.133.

IC 12-20-25-33 Operating budget; financial plan; adoption

Sec. 33. (a) Upon receipt of the report required in section 32 of this chapter, the control board shall adopt the following:

(1) An operating budget for the trustee's office.

(2) A financial plan that will ensure that future revenue will do the following:

(A) Cover operating expenses and pay township assistance claims that are incurred during the time that the township is a controlled township not more than thirty (30) days after the claims are presented for payment.

(B) Satisfy the outstanding valid and reasonable claims of creditors that are approved under section 27 or 28 of this chapter within three (3) years.

(C) Retire outstanding bonded indebtedness, the proceeds of which were advanced to the distressed township, and repay outstanding loans or advances made for township assistance in the distressed township within three (3) years.

(b) If the county fiscal body submits a financial plan under section 32(b) of this chapter, the control board shall adopt the fiscal body's plan if the control board finds that the plan will accomplish the purposes set forth in subsection (a)(2).

[Pre-1992 Revision Citation: 12-2-14-28.]
As added by P.L.2-1992, SEC.14. Amended by P.L.73-2005, SEC.134.

IC 12-20-25-34 Financial plan; contents

Note: This version of section effective until 7-1-2027. See also following version of this section, effective 7-1-2027.

Sec. 34. The financial plan adopted under section 33 of this chapter may include the following:

(1) The adoption in the current year of a local income tax rate under IC 6-3.6 not to exceed one percent (1%). If a local income tax rate is imposed under this chapter, the ordinance must specify whether any revenue in excess of the rate needed to carry out the financial plan is to be used for property tax relief (IC 6-3.6-5) or as additional revenue (IC 6-3.6-6). The revenue from the tax rate under this section shall be distributed as provided in this chapter. The adoption of a local income tax rate under this chapter is in addition to the local income tax rate under IC 6-3.6 that may already be in effect in the county.

(2) The payment of township assistance with county money.

(3) The elimination or reduction of township assistance services not required under this article.

[Pre-1992 Revision Citation: 12-2-14-29.]
As added by P.L.2-1992, SEC.14. Amended by P.L.73-2005, SEC.135; P.L.197-2016, SEC.103.

IC 12-20-25-34 Financial plan; contents

Note: This version of section effective 7-1-2027. See also preceding version of this section, effective until 7-1-2027.

Sec. 34. The financial plan adopted under section 33 of this chapter may include the following:

(1) The adoption in the current year of a local income tax rate under IC 6-3.6 not to exceed one percent (1%). If a local income tax rate is imposed under this chapter, the ordinance must specify whether any revenue in excess of the rate needed to carry out the financial plan is to be used for property tax relief (IC 6-3.6-5) (before its expiration) or as additional revenue (IC 6-3.6-6). The revenue from the tax rate under this section shall be distributed as provided in this chapter. The adoption of a local income tax rate under this chapter is in addition to the local income tax rate under IC 6-3.6 that may already be in effect in the county.

(2) The payment of township assistance with county money.

(3) The elimination or reduction of township assistance services not required under this article.

[Pre-1992 Revision Citation: 12-2-14-29.]
As added by P.L.2-1992, SEC.14. Amended by P.L.73-2005, SEC.135; P.L.197-2016, SEC.103; P.L.68-2025, SEC.197.

IC 12-20-25-35 Control board report to county fiscal body; adoption or rejection of financial plan; inclusion of income tax

Note: This version of section effective until 7-1-2027. See also following version of this section, effective 7-1-2027.

Sec. 35. (a) The control board shall report the following to the county fiscal body:

(1) The audit findings of the management committee.

(2) The financial plan adopted under section 33 of this chapter.

(b) Not more than thirty (30) days after notice, the county fiscal body shall adopt one (1) of the following:

(1) An ordinance adopting the financial plan adopted by the control board.

(2) An ordinance rejecting the financial plan adopted by the control board.

(c) Notwithstanding IC 6-3.6-3, if:

(1) the financial plan adopted under section 33 of this chapter includes a local income tax rate; and

(2) the fiscal body adopts an ordinance adopting the financial plan under subsection (b);

the local income tax rate is imposed at the rate adopted in the financial plan. Subject to the requirements of this chapter and notwithstanding that the local income tax council may be the adopting body specified in IC 6-3.6-3-1, the county fiscal body, rather than the local income tax council, has the authority granted to a local income tax council by IC 6-3.6-3 as long as the local income tax rate imposed under this chapter remains in effect.

[Pre-1992 Revision Citation: 12-2-14-30.]

As added by P.L.2-1992, SEC.14. Amended by P.L.197-2016, SEC.104.

IC 12-20-25-35 Control board report to county fiscal body; adoption or rejection of financial plan; inclusion of income tax

Note: This version of section effective 7-1-2027. See also preceding version of this section, effective until 7-1-2027.

Sec. 35. (a) The control board shall report the following to the county fiscal body:

(1) The audit findings of the management committee.

(2) The financial plan adopted under section 33 of this chapter.

(b) Not more than thirty (30) days after notice, the county fiscal body shall adopt one (1) of the following:

(1) An ordinance adopting the financial plan adopted by the control board.

(2) An ordinance rejecting the financial plan adopted by the control board.

(c) Notwithstanding IC 6-3.6-3, if:

(1) the financial plan adopted under section 33 of this chapter includes a local income tax rate; and

(2) the fiscal body adopts an ordinance adopting the financial plan under subsection (b);

the local income tax rate is imposed at the rate adopted in the financial plan.

[Pre-1992 Revision Citation: 12-2-14-30.]

As added by P.L.2-1992, SEC.14. Amended by P.L.197-2016, SEC.104; P.L.68-2025, SEC.198.

IC 12-20-25-36 Department action; transfer of funds to township assistance account

Sec. 36. (a) Notwithstanding IC 6-1.1-17, if the county fiscal body:

(1) adopts an ordinance under section 35(b)(2) of this chapter; or

(2) fails to adopt an ordinance under section 35(b) of this chapter;

the department shall reduce the county's general fund budget and increase the distressed township's township assistance account budget in an amount sufficient to satisfy the requirements of section 33(a)(2) of this chapter. The department shall notify the county auditor and county treasurer of the county general fund reduction and the county treasurer shall transfer from the county general fund to the distressed township's township assistance account the amount specified by the department.

(b) Notwithstanding IC 6-1.1-18.5, if a county is required to transfer money to a distressed township's township assistance account under subsection (a), the county may not appeal for an excessive levy under IC 6-1.1-18.5 to replace money that is transferred from the county general fund.

[Pre-1992 Revision Citation: 12-2-14-31.]

As added by P.L.2-1992, SEC.14. Amended by P.L.90-2002, SEC.359; P.L.73-2005, SEC.136.

IC 12-20-25-37 Adoption of proposal including income tax; notice to department of revenue; collection of tax

Sec. 37. (a) If the county fiscal body adopts an ordinance adopting the control board's financial plan as provided in section 35 of this chapter and the plan includes a proposal to adopt a local income tax rate, the control board shall notify the department of state revenue of this fact.

(b) Notwithstanding IC 6-3.6, after receiving notice from the control board, the department of state revenue shall collect the tax beginning on the earlier of July 1 or January 1 immediately following the notice from the control board. Except as provided in this chapter, a local income tax rate imposed under this chapter shall be administered in the same manner that the local income tax is administered under IC 6-3.6-8.

[Pre-1992 Revision Citation: 12-2-14-32.]

As added by P.L.2-1992, SEC.14. Amended by P.L.197-2016, SEC.105.

IC 12-20-25-38 Advance of state general fund money; repayment

Sec. 38. (a) If the county fiscal body adopts an ordinance adopting the control board's financial plan as provided in section 35 of this chapter and the plan includes a proposal to adopt the local income tax, the control board may request an advance of state general fund money in the year the county fiscal body adopts the plan and in any subsequent year in anticipation of the local income tax revenue. However, the state, acting through the state board of finance, may not advance an amount that is greater than the amount of local income tax revenue expected to be collected within the year in which the advancement is made. The department of state revenue shall estimate and certify to the state board of finance the amount of local income tax revenue expected to be collected.

(b) If the county fiscal body adopts an ordinance adopting the control board's financial plan as provided in section 35 of this chapter and the plan includes a proposal to adopt the local income tax, a state advance from the state general fund must be repaid before any money is distributed to the county. The treasurer of state shall withhold sufficient money from the county's local income tax account to repay the state the amount of state advances provided to the county from the state general fund. The treasurer of state shall disburse any balance in the county's account to the county, to be used as provided in section 40 of this chapter.

(c) This section does not impose liability on the state for the township assistance debts of the county.

[Pre-1992 Revision Citation: 12-2-14-33.]

As added by P.L.2-1992, SEC.14. Amended by P.L.73-2005, SEC.137; P.L.197-2016, SEC.106.

IC 12-20-25-39 Deposit of tax proceeds; disbursement

Sec. 39. The proceeds of the local income tax imposed under this chapter shall be deposited by the treasurer of state on behalf of the county into a separate local income tax account. The money in the account shall be disbursed as provided in section 38(b) of this chapter.

[Pre-1992 Revision Citation: 12-2-14-34.]

As added by P.L.2-1992, SEC.14. Amended by P.L.197-2016, SEC.107; P.L.85-2017, SEC.65.

IC 12-20-25-40 Local income tax township assistance control fund; disbursement priorities

Sec. 40. The county treasurer shall deposit the disbursements from the treasurer of state in a county fund to be known as the local income tax township assistance control fund. Notwithstanding IC 6-3.6 and IC 6-1.1-18.5, the county treasurer shall disburse the money in the fund in the following priority:

(1) To ensure the payment within thirty (30) days of all valid township assistance claims in the distressed township that are not covered by subdivision (3).

(2) At the end of each calendar year, to redeem any outstanding bonds issued or repay loans incurred by the county for poor relief or township assistance purposes under IC 12-2-4.5 (before its repeal), IC 12-2-5 (before its repeal), IC 12-20-23 (before its repeal), or IC 12-20-24 to the extent the proceeds of the bonds or loans were advanced to the distressed township.

(3) To pay claims approved under section 27 or 28 of this chapter (or IC 12-2-14-22 or IC 12-2-14-23 before their repeal).

(4) As provided in IC 6-3.6, for the purposes specified in the ordinance imposing the local income tax under this chapter.

[Pre-1992 Revision Citation: 12-2-14-35.]

As added by P.L.2-1992, SEC.14. Amended by P.L.73-2005, SEC.138; P.L.169-2006, SEC.42; P.L.197-2016, SEC.108.

IC 12-20-25-41 "Advance"; "support"; termination of controlled status

Sec. 41. (a) As used in subsection (c), "advance" refers to money provided to a distressed township from the state general fund under section 38 of this chapter.

(b) As used in subsection (c), "support" refers to money provided from the distressed township supplemental township assistance fund established by section 51 of this chapter to pay township assistance claims and the operating costs of the management committee during the period the management committee is in control of the township trustee's office.

(c) The controlled status of a township under this chapter terminates at the end of a year if at that time the county, with respect to each controlled township:

(1) has repaid:

(A) all state advances provided to the county under this chapter; and

(B) state support provided to the county under this chapter if the department has reduced the county's general fund budget under section 36 of this chapter;

(2) has paid all valid township assistance claims in the distressed township, including the claims approved under section 27 or 28 of this chapter;

(3) will have sufficient money to pay, not more than thirty (30) days after a claim is submitted for payment, all valid township assistance claims in the distressed township that are expected to be submitted in the following year as determined by the control board, excluding any advances from the state, revenues from short term loans from the county or a financial institution under IC 12-2-4.5 (before its repeal) or IC 12-20-24, and proceeds from bonds issued under IC 12-2-1 (before its repeal), IC 12-2-5 (before its repeal), or this article; and

(4) has no bonds outstanding that were issued to pay for township assistance in the distressed township.

(d) Notwithstanding IC 6-3.6, if the control board finds that:

(1) the requirements of subsection (c)(1), (c)(2), and (c)(4) are satisfied; and

(2) the requirements of subsection (c)(3) cannot be satisfied because the township's maximum permissible ad valorem property tax levy provides insufficient revenue to ensure the payment of all valid township assistance claims in the distressed township that will be incurred during the year following the termination of the controlled status of the township;

the county fiscal body may dedicate to the provision of township assistance, from the local income tax imposed as a result of adopting a financial plan under section 35 of this chapter, an amount necessary to satisfy the requirements of subsection (c)(3).

(e) If the control board finds that the local income tax dedicated under subsection (d) will satisfy the requirements of subsection (c)(3), the controlled status of the township under this chapter terminates at the end of the year in which the control board makes the board's finding.

[Pre-1992 Revision Citation: 12-2-14-36.]

As added by P.L.2-1992, SEC.14. Amended by P.L.90-2002, SEC.360; P.L.73-2005, SEC.139; P.L.197-2016, SEC.109.

IC 12-20-25-42 Township certified as distressed before January 1, 1988; termination of controlled status; review and approval of civil and township assistance budgets; outstanding debt

Sec. 42. (a) This section applies to a township that was certified a distressed township before January 1, 1988.

(b) The controlled status of the distressed township is terminated on July 1, 1989, if the department finds that the following conditions exist:

(1) All valid township assistance claims in the distressed township, including the claims approved under IC 12-2-14-22 (before its repeal), IC 12-2-14-23 (before its repeal), or section 27 or 28 of this chapter, have been paid, except for the following:

(A) Claims under litigation before the date of the board's finding.

(B) Obligations owed to other political subdivisions.

(2) The township has no bonds outstanding that were issued to pay for township assistance in the distressed township.

(c) Notwithstanding section 4(2) of this chapter, if a township that has had the township's distressed status terminated under subsection (b) uses advances from the county from proceeds of bonds issued under IC 12-2-1 (before its repeal) or this article to pay township assistance claims more than one (1) time in the five (5) years following the termination of the township's distressed status, the township must have the township's civil and township assistance budgets reviewed and approved by the county fiscal body in each year that a tax is levied against the property in the township to repay the advances. The decision of the county fiscal body may be appealed to the department.

(d) Notwithstanding IC 12-2-5-6 (before its repeal), IC 12-2-5-8 (before its repeal), IC 12-20-23-15 (before its repeal), and IC 12-20-23-19 (before its repeal), the aggregate principal amount of any outstanding debt that is incurred to pay township assistance claims during the five (5) years following the termination of the township's distressed status under subsection (b) and that is in excess of one-tenth percent (0.1%) of the adjusted valued of taxable property in the township as determined under IC 36-1-15 is the direct general obligation of the county.

[Pre-1992 Revision Citation: 12-2-14-36.5.]

As added by P.L.2-1992, SEC.14. Amended by P.L.6-1997, SEC.148; P.L.90-2002, SEC.361; P.L.73-2005, SEC.140; P.L.169-2006, SEC.43.

IC 12-20-25-43 Maximum ad valorem property tax insufficient to pay all township assistance claims; dedication of other revenue

Sec. 43. Notwithstanding IC 6-3.6, if:

(1) there has been a controlled township in a county;

(2) the township that has been controlled has levied the township's maximum permissible ad valorem property tax levy for township assistance;

(3) the maximum permissible ad valorem property tax levy is insufficient to ensure the payment within thirty (30) days of all valid township assistance claims in the township; and

(4) the local income tax is in effect in the county as a result of adopting a financial plan under this chapter;

the county fiscal body shall dedicate from the local income tax imposed under this chapter an amount of revenue determined by the department to be necessary to ensure the payment within thirty (30) days of all township assistance claims in the township that has been controlled. The county fiscal body shall distribute any local income tax revenues dedicated under this section before the fiscal body makes any other distributions in accordance with this chapter. Notwithstanding section 45 of this chapter, the county fiscal body may not reduce

the local income tax rate below the rate necessary to satisfy the requirements of this section.

[Pre-1992 Revision Citation: 12-2-14-37.]

As added by P.L.2-1992, SEC.14. Amended by P.L.90-2002, SEC.362; P.L.73-2005, SEC.141; P.L.197-2016, SEC.110.

IC 12-20-25-44 Distribution of local income tax; rescission of tax; termination of tax

Sec. 44. (a) This section applies after the termination of the controlled status of all townships located in a county as provided in section 41 of this chapter.

(b) If the local income tax is imposed under this chapter, the tax shall be distributed as provided in section 46 of this chapter. If the county fiscal body has not dedicated local income tax revenue for township assistance under section 41 of this chapter, the county fiscal body may rescind the tax as provided in IC 6-3.6. If the county fiscal body has dedicated local income tax revenue for township assistance under section 41 of this chapter, the county fiscal body may rescind the tax but not until after the end of the year following the termination of the controlled status of the township.

(c) If:

(1) the local income tax (IC 6-3.6) was in effect before the local income tax rate is imposed under this chapter; and

(2) the county fiscal body did not dedicate local income tax revenue for township assistance under section 41 of this chapter;

the local income tax imposed under this chapter terminates as of the date the controlled status of all townships located in the county terminates.

[Pre-1992 Revision Citation: 12-2-14-38.]

As added by P.L.2-1992, SEC.14. Amended by P.L.73-2005, SEC.142; P.L.197-2016, SEC.111.

IC 12-20-25-45 Adjustments to local income tax; local homestead credit

Sec. 45. (a) Notwithstanding IC 6-3.6, after the termination of the controlled status of all townships located in a county as provided in section 41 of this chapter and if the local income tax is imposed under this chapter, the county fiscal body may adopt an ordinance to:

(1) grant a credit for homesteads that receive a standard deduction under IC 6-1.1-12-37 in the county; or

(2) reduce the local income tax rate for local taxpayers to a rate not less than the greater of:

(A) the minimum rate necessary to satisfy the requirements of section 43 of this chapter; or

(B) the minimum rate necessary to satisfy the requirements of sections 43 and 46(2) of this chapter if an ordinance is adopted under subdivision (1).

(b) The increase in the homestead credit percentage must be uniform for all homesteads in a county.

(c) In an ordinance that increases the homestead credit percentage, the county fiscal body may provide for a series of increases or decreases to take place for each of a group of succeeding calendar years.

(d) An ordinance may be adopted under this section after January 1 but before June 1 of a calendar year.

(e) An ordinance adopted under this section takes effect January 1 of the next calendar year.

(f) An ordinance adopted under this section for a county is not applicable for a year if on January 1 of that year the local income tax is not in effect.

[Pre-1992 Revision Citation: 12-2-14-39.]

As added by P.L.2-1992, SEC.14. Amended by P.L.113-2010, SEC.92; P.L.197-2016, SEC.112.

IC 12-20-25-46 Income tax revenues; distribution after termination of controlled status

Sec. 46. After the termination of the controlled status of all townships located in a county as provided in section 41 of this chapter, if the local income tax is imposed under this chapter, any revenues from the local income tax imposed under this chapter shall be distributed in the following priority:

(1) To satisfy the requirements of section 43 of this chapter.

(2) To replace the amount, if any, of property tax revenue lost due to the allowance of a homestead credit within the county under an ordinance adopted under section 45 of this chapter.

(3) To be used as a certified distribution as provided in IC 6-3.6-6.

[Pre-1992 Revision Citation: 12-2-14-40.]

As added by P.L.2-1992, SEC.14. Amended by P.L.113-2010, SEC.93; P.L.197-2016, SEC.113.

IC 12-20-25-47 Continuation of rules until modified or terminated

Sec. 47. Rules established by the control board before the termination of a township's controlled status continue to govern the operations of the township trustee's office until the rules are modified or terminated by the township board.

[Pre-1992 Revision Citation: 12-2-14-41.]

As added by P.L.2-1992, SEC.14.

IC 12-20-25-48 Audits or reports as public records

Sec. 48. An audit or a report:

(1) required to be made by this chapter; or

(2) requested to be made by the management committee or the control board;

is a public record.

[Pre-1992 Revision Citation: 12-2-14-42.]

As added by P.L.2-1992, SEC.14.

IC 12-20-25-49 Maximum permissible ad valorem property tax levy mandatory

Sec. 49. Each distressed township shall take all action necessary to levy the maximum permissible ad valorem property tax levy for township assistance permitted under IC 6-1.1-18.5. If a distressed township fails to take this action, the department shall adjust, in the board's certificate of levies of governmental entities in the county, the township's proposed levy so that the levy is the maximum permissible ad valorem property tax levy.

[Pre-1992 Revision Citation: 12-2-14-43.]

As added by P.L.2-1992, SEC.14. Amended by P.L.90-2002, SEC.363; P.L.73-2005, SEC.143.

IC 12-20-25-50 Office space for management committee and control board

Sec. 50. The county auditor shall provide the management committee and the control board with office space.

[Pre-1992 Revision Citation: 12-2-14-44.]

As added by P.L.2-1992, SEC.14.

IC 12-20-25-51 Distressed township supplemental township assistance fund; establishment; administration; general purpose

Sec. 51. The distressed township supplemental township assistance fund is established. The fund shall be administered by the treasurer of state. The fund shall be used to provide state support to distressed townships.

[Pre-1992 Revision Citation: 12-2-14-46.]

As added by P.L.2-1992, SEC.14. Amended by P.L.73-2005, SEC.144.

IC 12-20-25-52 Nature and uses of distressed township supplemental township assistance fund

Sec. 52. State support provided from the distressed township supplemental township assistance fund:

(1) is supplemental to other financing for township assistance;

(2) may be used to satisfy township assistance claims incurred during the period the management committee is in control of the township trustee's office; and

(3) subject to the approval of the control board, may be used to pay claims approved under IC 12-2-14-22 (before its repeal), IC 12-2-14-23 (before its repeal), or section 27 or 28 of this chapter.

[Pre-1992 Revision Citation: 12-2-14-47.]

As added by P.L.2-1992, SEC.14. Amended by P.L.73-2005, SEC.145.

IC 12-20-25-53 Contents of distressed township supplemental township assistance fund

Sec. 53. The distressed township supplemental township assistance fund consists of appropriations made to the fund by the general assembly. Interest earned on the money in the fund remains in the fund. The balance remaining in the fund at the end of a state fiscal year remains in the fund and does not revert to the state general fund.

[Pre-1992 Revision Citation: 12-2-14-48.]

As added by P.L.2-1992, SEC.14. Amended by P.L.73-2005, SEC.146.

IC 12-20-25-54 Audit disclosing negligence or unlawful conduct; criminal or civil charges

Sec. 54. If a financial or compliance audit required under section 15 of this chapter discloses negligence or unlawful conduct in the approval of or receipt of township assistance, the management committee shall file a copy of the audit with the prosecuting attorney and with the attorney general. If the attorney general finds that criminal or civil charges should be filed and the prosecuting attorney fails to file the charges, the attorney general shall file the charges.

[Pre-1992 Revision Citation: 12-2-14-45.]

As added by P.L.2-1992, SEC.14. Amended by P.L.73-2005, SEC.147.

IC 12-20-25-55 Failure to notify of distressed condition; offense

Sec. 55. A township trustee who knowingly violates section 6 of this chapter commits a Class A misdemeanor.

[Pre-1992 Revision Citation: 12-2-14-6 part.]

As added by P.L.2-1992, SEC.14.

IC 12-20-26 Chapter 26. Revenue Raised for Township Assistance; Balance After Payment of Claims

12-20-26-1 Transfer of balance to county general fund

IC 12-20-26-1 Transfer of balance to county general fund

Sec. 1. In a county in which a tax has been levied and raised for the payment of notes and interest on the notes issued by the board of commissioners for the purpose of paying township assistance claims against a township, the county auditor shall transfer the balance of money that remains after paying all notes and interest to the county general fund to the credit of the township assistance fund of the township in which the money was raised.

[Pre-1992 Revision Citation: 12-2-6-1.]

As added by P.L.2-1992, SEC.14. Amended by P.L.73-2005, SEC.148.

IC 12-20-27 Chapter 27. Recovery From Estate of Township Assistance Recipient

12-20-27-1 Filing claims
12-20-27-1.5 Repayment of benefits provided during interim period
12-20-27-2 General claim status

IC 12-20-27-1 Filing claims

Sec. 1. (a) Subject to IC 12-20-11-5(b), a township trustee who, as administrator of township assistance, furnishes township assistance, may file a claim against the estate of a township assistance recipient who:

(1) dies, leaving an estate; and

(2) is not survived by:

(A) a spouse;

(B) an adult dependent with a disability; or

(C) a dependent child less than eighteen (18) years of age;

for the value of township assistance given the recipient before the recipient's death.

(b) For purposes of this section, the estate of a township assistance recipient includes any money or other personal property in the possession of a coroner under IC 36-2-14-11.

[Pre-1992 Revision Citation: 12-2-7-1 part.]

As added by P.L.2-1992, SEC.14. Amended by P.L.51-1996, SEC.71; P.L.73-2005, SEC.149; P.L.99-2007, SEC.99.

IC 12-20-27-1.5 Repayment of benefits provided during interim period

Sec. 1.5. (a) As used in this section, "interim period" means the period:

(1) beginning when a township trustee obtains from a township assistance applicant or member of the applicant's household an agreement or authorization described in subsection (b); and

(2) ending when the township assistance applicant or member of the applicant's household receives the judgment, compensation, or monetary benefit or leaves the household.

(b) Subject to IC 12-20-11-5(b), if a township trustee, as administrator of township assistance, anticipates that a township assistance applicant or a member of the applicant's household is likely to receive a judgment, compensation, or a monetary benefit from a third party, the township trustee may require the applicant or the affected member of the applicant's household to:

(1) enter into a subrogation agreement; or

(2) sign a Social Security Administration's reimbursement authorization;

for the repayment of any township assistance benefits provided by the township during the interim period. A subrogation agreement authorized under subdivision (1) may only require repayment of interim benefits provided to the applicant or to the applicant's dependents who were members of the household to which township assistance benefits were paid.

As added by P.L.51-1996, SEC.72. Amended by P.L.73-2005, SEC.150.

IC 12-20-27-2 General claim status

Sec. 2. A claim filed against the estate of a township assistance recipient under IC 12-2-14 (before its repeal) or this chapter shall be filed and allowed as a general claim.

[Pre-1992 Revision Citation: 12-2-7-1 part.]

As added by P.L.2-1992, SEC.14. Amended by P.L.73-2005, SEC.151.

IC 12-20-28 Chapter 28. Records and Reports

12-20-28-1 Repealed
12-20-28-2 Repealed
12-20-28-3 Annual statistical report; statewide statistical report; filing
12-20-28-4 Township trustee; list of assistance to the homeless

IC 12-20-28-1 Repealed

[Pre-1992 Revision Citation: 12-2-1-16.]

As added by P.L.2-1992, SEC.14. Repealed by P.L.51-1996, SEC.77.

IC 12-20-28-2 Repealed

[Pre-1992 Revision Citation: 12-2-1-17.]

As added by P.L.2-1992, SEC.14. Repealed by P.L.51-1996, SEC.77.

IC 12-20-28-3 Annual statistical report; statewide statistical report; filing

Sec. 3. (a) The definitions in this section apply to a report that is required to be filed under this section.

(b) As used in this section, "case contact" means any act of service in which a township employee has reason to enter a comment or narrative into the record of an application for township assistance under this article regardless of whether the applicant receives or does not receive township assistance funds. This subsection expires January 1, 2023.

(c) As used in this section, "total number of households containing township assistance recipients" means the sum to be determined by counting the total number of individuals who file an application for which assistance is granted. A household may be counted only once during a calendar year regardless of the number of times assistance is provided if the same individual makes the application for assistance.

(d) As used in this section, "total number of recipients" means the number of individuals who are members of a household that receives assistance on at least one (1) occasion during the calendar year. An individual may be counted only one (1) time during a calendar year regardless of the:

(1) number of times assistance is provided; or

(2) number of households in which the individual resides during a particular year.

This subsection expires January 1, 2023.

(e) This subsection applies to a report filed after December 31, 2022. As used in this section, "total number of recipients" means the number of individuals who are members of a household that receives assistance on at least one (1) occasion during the calendar year. An individual may be counted for each time assistance is separately provided regardless of the:

(1) number of times assistance is provided; or

(2) number of households in which the individual resides during a particular year.

(f) As used in this section, "total number of requests for assistance" means the number of times an individual or a household separately requests any type of township assistance.

(g) The township trustee shall file an annual statistical report on township housing, medical care, utility assistance, food assistance, burial assistance, food pantry assistance, services related to representative payee programs, services related to special nontraditional programs, and case management services with the state board of accounts. The township trustee shall provide a copy of the annual statistical report to the county auditor. The county auditor shall keep the copy of the report in the county auditor's office. Except as provided in subsection (l), the report must be made on a form provided by the state board of accounts. The report must contain the following information:

(1) The total number of requests for assistance.

(2) The total number of each of the following:

(A) Recipients of township assistance.

(B) Households containing recipients of township assistance.
(C) Case contacts made with or on behalf of:
(i) recipients of township assistance; or
(ii) members of a household receiving township assistance.
This subdivision expires January 1, 2023.
(3) This subdivision applies to a report filed after December 31, 2022. The total number of each of the following:
(A) Recipients of township assistance.
(B) Households containing recipients of township assistance.
(C) Individuals denied township assistance.
(4) The total value of benefits provided to recipients of township assistance.
(5) This subdivision applies to a report filed after December 31, 2022. The total value of benefits denied to individuals applying for township assistance.
(6) The total value of benefits provided through the efforts of township staff from sources other than township funds.
(7) The total number of each of the following:
(A) Recipients of township assistance and households receiving utility assistance.
(B) Recipients assisted by township staff in receiving utility assistance from sources other than township funds.
(8) The total value of benefits provided for the payment of utilities, including the value of benefits of utility assistance provided through the efforts of township staff from sources other than township funds.
(9) The total number of each of the following:
(A) Recipients of township assistance and households receiving housing assistance.
(B) Recipients assisted by township staff in receiving housing assistance from sources other than township funds.
(10) The total value of benefits provided for housing assistance, including the value of benefits of housing assistance provided through the efforts of township staff from sources other than township funds.
(11) The total number of each of the following:
(A) Recipients of township assistance and households receiving food assistance.
(B) Recipients assisted by township staff in receiving food assistance from sources other than township funds.
(12) The total value of food assistance provided, including the value of food assistance provided through the efforts of township staff from sources other than township funds.
(13) The total number of each of the following:
(A) Recipients of township assistance and households provided health care.
(B) Recipients assisted by township staff in receiving health care assistance from sources other than township funds.
(14) The total value of health care provided, including the value of health care assistance provided through the efforts of township staff from sources other than township funds.
(15) The total number of funerals, burials, and cremations.
(16) The total value of funerals, burials, and cremations, including the difference between the:
(A) actual value of the funerals, burials, and cremations; and
(B) amount paid by the township for the funerals, burials, and cremations.
(17) The total of each of the following:
(A) Number of nights of emergency shelter provided to the homeless.
(B) Number of nights of emergency shelter provided to homeless individuals through the efforts of township staff from sources other than township funds.
(C) Value of the nights of emergency shelter provided to homeless individuals by the township and the value of the nights of emergency shelter provided through the

efforts of the township staff from sources other than township funds.

(18) The total of each of the following:

(A) Number of referrals of township assistance applicants to other programs.

(B) Value of the services provided by the township in making referrals to other programs.

(19) The total number of training programs or job placements found for recipients of township assistance with the assistance of the township trustee.

(20) The number of hours spent by recipients of township assistance at workfare.

(21) The total value of the services provided by workfare to the township and other agencies.

(22) The total amount of reimbursement for assistance received from:

(A) recipients;

(B) members of recipients' households; or

(C) recipients' estates;

under IC 12-20-6-10, IC 12-20-27-1, or IC 12-20-27-1.5.

(23) The total amount of reimbursement for assistance received from medical programs under IC 12-20-16-2(e).

(24) The total of each of the following:

(A) Number of individuals assisted through a representative payee program.

(B) Amount of funds processed through the representative payee program that are not township funds.

(25) The total of each of the following:

(A) Number of individuals assisted through special nontraditional programs provided through the township without the expenditure of township funds.

(B) Amount of funds used to provide the special nontraditional programs that are not township funds.

(26) The total of each of the following:

(A) Number of hours an investigator of township assistance spends providing case management services to a recipient of township assistance or a member of a household receiving township assistance.

(B) Value of the case management services provided.

(27) The total number of housing inspections performed by the township.

(28) The township trustee's name and telephone number as provided in IC 12-20-5.5-3.

If the total number or value of any item required to be reported under this subsection is zero (0), the township trustee shall include the notation "0" in the report where the total number or value is required to be reported.

(h) The state board of accounts shall compare and compile all data reported under subsection (g) into a statewide statistical report. The department shall summarize the data compiled by the state board of accounts that relate to the fixing of township budgets, levies, and tax rates and shall include the department's summary within the statewide statistical report prepared under this subsection. Before July 1 of each year, the state board of accounts shall file the statewide statistical report prepared under this subsection with the executive director of the legislative services agency in an electronic format under IC 5-14-6.

(i) The state board of accounts shall forward a copy of:

(1) each annual report forwarded to the board under subsection (g); and

(2) the statewide statistical report under subsection (h);

to the department and the division of family resources.

(j) The division of family resources shall include in the division's periodic reports made to the United States Department of Health and Human Services concerning the Temporary Assistance for Needy Families (TANF) and Supplemental Security Income (SSI) programs information forwarded to the division under subsection (i) concerning the total number of recipients of township assistance and the total dollar amount of benefits provided.

(k) The department may not approve the budget of a township trustee who fails to file an

annual report under subsection (g) in the preceding calendar year.

(l) This section does not prevent the electronic transfer of data required to be reported under IC 12-2-1-40 (before its repeal) or this section if the following conditions are met:

(1) The method of reporting is acceptable to both the township trustee reporting the information and the governmental entity to which the information is reported.

(2) A written copy of information reported by electronic transfer is on file with the township trustee reporting information by electronic means.

(m) The information required to be reported by the township trustee under this section shall be maintained by the township trustee in accordance with IC 5-15-6.

[Pre-1992 Revision Citation: 12-2-1-40.]

As added by P.L.2-1992, SEC.14. Amended by P.L.51-1996, SEC.73; P.L.90-2002, SEC.364; P.L.262-2003, SEC.7; P.L.28-2004, SEC.111; P.L.73-2005, SEC.152 and P.L.73-2005, SEC.153; P.L.180-2005, SEC.6; P.L.145-2006, SEC.122; P.L.1-2009, SEC.106; P.L.162-2021, SEC.7.

IC 12-20-28-4 Township trustee; list of assistance to the homeless

Sec. 4. (a) Each township trustee within a county shall collaborate together annually to prepare a written comprehensive list of assistance. The list shall include assistance that is available:

(1) to the homeless population for each township; and

(2) from both public and known private resources, including township assistance.

The list of assistance must provide the address and telephone number of each listed public and private resource.

(b) Not later than March 1 of each year, the list prepared under this section shall be:

(1) distributed to each city, town, and township within a county; and

(2) if the county has a website, published and maintained on the county's website.

As added by P.L.75-2021, SEC.3. Amended by P.L.1-2025, SEC.175.

IC 12-20-29 Chapter 29. Township Assistance Online Pilot Program

12-20-29-1 Establishment of program; purposes; fee
12-20-29-2 Authority to enter into contracts
12-20-29-3 Online pilot program fund established; uses
12-20-29-4 Authority to adopt rules

IC 12-20-29-1 Establishment of program; purposes; fee

Sec. 1. (a) The department of local government finance township assistance online pilot program is established.

(b) The purpose of the pilot program is to:

(1) develop an electronic platform that will allow for ease of access and efficient application for township assistance by township residents;

(2) automate the application process for township assistance; and

(3) create a system to collect and report data regarding township assistance relevant to the administration of township assistance.

(c) The department of local government finance may make the electronic application platform available to townships that agree to participate in the pilot program.

(d) The department of local government finance may charge a fee for the use of the electronic application platform to cover costs associated with ongoing operation and maintenance of the system.

As added by P.L.108-2019, SEC.201.

IC 12-20-29-2 Authority to enter into contracts

Sec. 2. Subject to approval by the budget agency, the department of local government finance may enter into or execute any agreement or contract necessary to carry out the efficient operation of the pilot program.

As added by P.L.108-2019, SEC.201.

IC 12-20-29-3 Online pilot program fund established; uses

Sec. 3. (a) As used in this section, "fund" means the department of local government finance township assistance online pilot program fund established by subsection (b).

(b) The department of local government finance township assistance online pilot program fund is established.

(c) The fund shall be used to assist in implementing and administering the pilot program.

(d) The fund consists of one (1) or more of the following:

(1) Appropriations made by the general assembly.

(2) Donations made to the fund.

(3) Any fees collected under section 1 of this chapter.

(e) The fund shall be administered by the department of local government finance.

(f) The expenses of administering the pilot program and the fund shall be paid from the fund.

(g) Unless otherwise provided by state or federal law, expenses associated with the pilot program shall be paid from the fund.

(h) Any money in the fund at the end of a state fiscal year does not revert to the state general fund.

As added by P.L.108-2019, SEC.201.

IC 12-20-29-4 Authority to adopt rules

Sec. 4. The department of local government finance may adopt rules under IC 4-22-2 to implement this chapter.

As added by P.L.108-2019, SEC.201.

IC 12-21 ARTICLE 21. DIVISION OF MENTAL HEALTH AND ADDICTION

Ch. 1. Establishment of Division
Ch. 2. Director of Division
Ch. 3. Personnel of Division
Ch. 4. Division Advisory Council
Ch. 4.1. Workforce Development Task Force
Ch. 5. Duties of Division
Ch. 6. Repealed
Ch. 6.5. Repealed
Ch. 7. Expired
Ch. 7.1. Indiana Behavioral Health Commission
Ch. 8. 9-8-8 Crisis Hotline Centers and Mobile Crisis Teams
Ch. 9. Therapeutic Psilocybin Research

IC 12-21-1 Chapter 1. Establishment of Division

12-21-1-1 Establishment
12-21-1-2 Application of IC 12-8-8.5
12-21-1-3 Composition of division

IC 12-21-1-1 Establishment

Sec. 1. The division of mental health and addiction is established to apply the division's resources to ensure that Indiana citizens have access to appropriate mental health and addiction services that promote individual self-sufficiency.

[Pre-1992 Revision Citation: 16-13-1-4 part.]

As added by P.L.2-1992, SEC.15. Amended by P.L.40-1994, SEC.26; P.L.215-2001, SEC.54.

IC 12-21-1-2 Application of IC 12-8-8.5

Sec. 2. IC 12-8-8.5 applies to the division.

[1992 Revision Citation: New.]

As added by P.L.2-1992, SEC.15. Amended by P.L.160-2012, SEC.38.

IC 12-21-1-3 Composition of division

Sec. 3. The division is composed of the following:

(1) The director.

(2) The division of mental health and addiction planning and advisory council.

(3) A coordinator for a statewide program for suicide prevention.

(4) Other personnel necessary for the performance of the functions imposed upon the division under law.

[Pre-1992 Revision Citation: 16-13-1-4 part.]

As added by P.L.2-1992, SEC.15. Amended by P.L.40-1994, SEC.27; P.L.215-2001, SEC.55; P.L.28-2012, SEC.3; P.L.254-2017, SEC.1.

IC 12-21-2 Chapter 2. Director of Division

12-21-2-1	Appointment
12-21-2-2	Application of IC 12-8-8.5
12-21-2-3	Duties
12-21-2-3.5	Participation in demonstration program; Medicaid reimbursement for certified community behavioral health clinic services
12-21-2-4	Community programs; availability of services
12-21-2-5	Delegation of duties or powers; final decision on placement
12-21-2-6	Repealed
12-21-2-7	Contracts; powers; approval; requisites
12-21-2-8	Development of comprehensive system of monitoring, evaluation, and quality assurance; contract determination; reimbursement; submission of contract to attorney general; contract requirements
12-21-2-9	Repealed

IC 12-21-2-1 Appointment

Sec. 1. The division shall be administered by a director appointed under IC 12-8-8.5-1.

[1992 Revision Citation: New.]

As added by P.L.2-1992, SEC.15. Amended by P.L.160-2012, SEC.39.

IC 12-21-2-2 Application of IC 12-8-8.5

Sec. 2. IC 12-8-8.5 applies to the director.

[1992 Revision Citation: New.]

As added by P.L.2-1992, SEC.15. Amended by P.L.160-2012, SEC.40.

IC 12-21-2-3 Duties

Sec. 3. The secretary or the secretary's designee shall do the following:

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

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

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

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

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

(A) Standards for the operation of private institutions that are licensed under IC 12-25 for the diagnosis, treatment, and care of individuals with psychiatric disorders, addictions, or other abnormal mental conditions.

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

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

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

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

(ii) Criteria and procedures to justify the change of an assignment of a community

mental health center to a primary service area.

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

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

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

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

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

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

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

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

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

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

(14) Provide that the standards for services provided by recovery residences for residential care and supported housing for chronic addiction, when used as a recovery residence, to:

(A) be certified through an entity approved by the division to ensure adherence to standards determined by the National Alliance for Recovery Residences (NARR) or a similar entity; and

(B) meet other standards established by the division under rules adopted under IC 4-22-2.

(15) Provide that the standards for services provided by recovery community organizations for behavioral health recovery, when used as a recovery community organization:

(A) be certified through an entity approved by the division to ensure adherence to standards determined by the Indiana Recovery Network or similar entity that certifies recovery community organizations; and

(B) meet other standards established by the division under rules adopted under IC 4-22-2.

(16) Require the division to:

(A) provide best practice recommendations to community mental health centers; and

(B) work with community mental health centers in a collaborative manner in order to ensure improved health outcomes as a part of reviews or audits.

Documentation developed as a part of an incident or death reporting audit or review is

confidential and may only be shared between the division and the community mental health center.

[Pre-1992 Revision Citations: 16-13-1-7.1(a)(3), (a)(5), (a)(6), (b), (c); 16-13-2-1(b); 16-13-2-8.]

As added by P.L.2-1992, SEC.15. Amended by P.L.40-1994, SEC.28; P.L.142-1995, SEC.4; P.L.111-1997, SEC.3; P.L.215-2001, SEC.56; P.L.79-2002, SEC.1; P.L.2-2007, SEC.163; P.L.99-2007, SEC.100; P.L.143-2011, SEC.14; P.L.160-2012, SEC.41; P.L.35-2016, SEC.56; P.L.19-2017, SEC.2; P.L.172-2017, SEC.2; P.L.243-2017, SEC.2; P.L.127-2020, SEC.4; P.L.59-2024, SEC.1; P.L.104-2024, SEC.47; P.L.156-2024, SEC.26.

IC 12-21-2-3.5 Participation in demonstration program; Medicaid reimbursement for certified community behavioral health clinic services

Sec. 3.5. (a) This subsection applies if the federal government selects the state of Indiana to participate in the community mental health services demonstration program described in IC 12-15-1.3-25(f). The office of the secretary and the division shall include each community mental health center that is able to meet all federal and state requirements concerning programming and data reporting:

(1) before July 1, 2027, as a part of the community mental health services demonstration program; or

(2) beginning July 1, 2027, as part of a state plan amendment requiring Medicaid reimbursement for Medicaid eligible certified community behavioral health clinic services upon the completion of the demonstration program described in subdivision (1).

(b) This subsection applies if the federal government does not select the state of Indiana to participate in the community mental health services demonstration program described in IC 12-15-1.3-25(f). The office of the secretary and the division may apply for a Medicaid state plan amendment or a Medicaid waiver requiring Medicaid reimbursement for Medicaid eligible certified community behavioral health clinic services provided by a Medicaid behavioral health professional, including each community mental health center and a behavioral health professional authorized to provide Medicaid services and employed by a community mental health center or a certified community behavioral health clinic.

As added by P.L.131-2024, SEC.11.

IC 12-21-2-4 Community programs; availability of services

Sec. 4. Subject to IC 12-26-2-9, the services provided under community programs under section 3(10) of this chapter must be available to any person upon a court order under IC 12-26.

[Pre-1992 Revision Citation: 16-13-2-1(c).]

As added by P.L.2-1992, SEC.15.

IC 12-21-2-5 Delegation of duties or powers; final decision on placement

Sec. 5. (a) Subject to subsections (b) and (c), the secretary may delegate statutory duties or powers of the division, a bureau of the division, the director, or other statutorily created personnel.

(b) If the secretary decides that a final decision is to be made concerning the placement of an individual with a mental illness in a mental health facility, the final decision must be made:

(1) by the secretary, if the secretary is a licensed psychiatrist or licensed psychologist; or

(2) by a licensed psychiatrist or licensed psychologist who is delegated the authority by the secretary;

in consultation with the patient's psychiatrist or psychologist.

(c) Subsection (b) does not apply to an initial placement designation made under

IC 12-24-12-10(b).

[Pre-1992 Revision Citation: 16-13-1-7.1(a)(4).]

As added by P.L.2-1992, SEC.15. Amended by P.L.25-2003, SEC.2; P.L.184-2003, SEC.12; P.L.99-2007, SEC.101; P.L.35-2016, SEC.57.

IC 12-21-2-6 Repealed

[Pre-1992 Revision Citation: 16-13-1-7.1(d).]

As added by P.L.2-1992, SEC.15. Repealed by P.L.40-1994, SEC.83.

IC 12-21-2-7 Contracts; powers; approval; requisites

Sec. 7. (a) The secretary may act for the division in entering into contracts for the disbursal of money and the providing of service.

(b) Before entering into a contract under this section, the secretary shall submit the contract to the attorney general for approval as to form and legality.

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

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

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

[Pre-1992 Revision Citation: 16-13-1-9(e).]

As added by P.L.2-1992, SEC.15. Amended by P.L.40-1994, SEC.29; P.L.39-2015, SEC.11.

IC 12-21-2-8 Development of comprehensive system of monitoring, evaluation, and quality assurance; contract determination; reimbursement; submission of contract to attorney general; contract requirements

Sec. 8. (a) The secretary or the secretary's designee shall develop a comprehensive system of monitoring, evaluation, and quality assurance for the services required by this chapter.

(b) The secretary shall determine to whom contracts are awarded, based on the following factors:

(1) The continuity of services a contractor provides for patients.

(2) The accessibility of a contractor's services to patients.

(3) The acceptability of a contractor's services to patients.

(4) A contractor's ability to focus services on building the self-sufficiency of the patient.

(c) This subsection applies to the reimbursement of contract payments to providers. Payments must be determined prospectively in accordance with generally accepted accounting principles and actuarial principles recognizing costs incurred by efficiently and economically operated programs that:

(1) serve individuals with a mental illness or substance abuse patients; and

(2) are subject to quality and safety standards and laws.

(d) Before entering into a contract under this section, the secretary or the secretary's designee shall submit the contract to the attorney general for approval as to form and legality.

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

(1) Specify:

(A) the work to be performed; and

(B) the patient populations to whom services must be provided.

(2) Provide for a reduction in funding or termination of the contract for failure to comply with terms of the contract.

(3) Require that the contractor meet the standards set forth in rules adopted by the division of mental health and addiction under IC 4-22-2.

(4) Require that the contractor participate in the division's evaluation process.

(5) For any service for which the division chooses to contract on a per diem basis, the

per diem reimbursement shall be determined under subsection (c) for the contractor's reasonable cost of providing services.

(6) In contracts with capitated payment provisions, provide that the contractor's cost of purchasing stop-loss insurance for the patient populations to be served in amounts and with limits customarily purchased by prepaid health care plans must be:

(A) included in the actuarial determination of the capitated payment amounts; or

(B) separately paid to the contractor by the division.

(7) Provide that a contract for enumerated services granted by the division under this section to an approved provider may not create or confer upon the provider liability or responsibility for care or services beyond those services supported by the contract.

As added by P.L.40-1994, SEC.30. Amended by P.L.215-2001, SEC.57; P.L.99-2007, SEC.102; P.L.143-2011, SEC.15; P.L.35-2016, SEC.58.

IC 12-21-2-9 Repealed

As added by P.L.40-1994, SEC.31. Repealed by P.L.40-1994, SEC.85.

IC 12-21-3 Chapter 3. Personnel of Division

12-21-3-1 Repealed
12-21-3-2 Civil or criminal liability; action or proceeding; defense; damages
12-21-3-3 Performance bonds and crime policies
12-21-3-4 Authorization to administer oaths, take depositions, and certify to official acts

IC 12-21-3-1 Repealed

[Pre-1992 Revision Citation: 16-13-1-25 part.]

As added by P.L.2-1992, SEC.15. Repealed by P.L.6-2012, SEC.96.

IC 12-21-3-2 Civil or criminal liability; action or proceeding; defense; damages

Sec. 2. (a) If a member, an officer, or an employee of the division is accused of an offense or sued for civil damages because of an act performed within the course of the individual's employment or because of an act performed under the authority or order of a superior officer, the attorney general shall defend the individual in an action for civil damages. If the action or proceeding is criminal in nature, the governor shall designate counsel to represent and defend the accused and the state is financially responsible for the expense of the defense.

(b) This section does not do either of the following:

(1) Deprive an individual of the right to select defense counsel of the individual's choice at the individual's expense.

(2) Relieve a person from responsibility for civil damages.

[Pre-1992 Revision Citation: 16-13-1.1-1.]

As added by P.L.2-1992, SEC.15.

IC 12-21-3-3 Performance bonds and crime policies

Sec. 3. (a) An officer or employee of the division shall, as the director requires, furnish a bond or crime policy endorsed to include faithful performance in the amount the director determines payable to the state and conditioned upon the faithful performance of the individual's duties.

(b) The bonds or crime policies are subject to approval by the insurance commissioner and shall be filed in the office of the secretary of state.

(c) The premiums for the bonds are payable from the money of the division.

(d) The director may secure a standard form blanket bond or crime insurance policy endorsed to include faithful performance covering all or any part of the officers and employees of the department. However, the blanket bond or crime insurance policy must be in an amount not less than fifty thousand dollars ($50,000).

(e) The commissioner of insurance shall prescribe the form of the bonds or crime policies required by this section.

[Pre-1992 Revision Citation: 16-13-1-29 part.]

As added by P.L.2-1992, SEC.15. Amended by P.L.49-1995, SEC.8.

IC 12-21-3-4 Authorization to administer oaths, take depositions, and certify to official acts

Sec. 4. The director, deputy directors, bureau heads of the division, and the superintendents of the state institutions administered by the division may administer oaths, take depositions, and certify to official acts.

[Pre-1992 Revision Citation: 16-13-1-30 part.]

As added by P.L.2-1992, SEC.15.

IC 12-21-4 Chapter 4. Division Advisory Council

12-21-4-1 "Council"
12-21-4-2 Establishment
12-21-4-3 Members
12-21-4-4 Repealed
12-21-4-5 Chairperson
12-21-4-6 Meetings
12-21-4-7 Repealed
12-21-4-8 Repealed
12-21-4-9 Terms of ex-officio members
12-21-4-10 Quorum
12-21-4-11 Salary per diem; travel expenses

IC 12-21-4-1 "Council"

Sec. 1. As used in this chapter, "council" refers to the division of mental health and addiction planning and advisory council established by this chapter.

[1992 Revision Citation: New.]

As added by P.L.2-1992, SEC.15. Amended by P.L.215-2001, SEC.58; P.L.28-2012, SEC.4.

IC 12-21-4-2 Establishment

Sec. 2. The division of mental health and addiction planning and advisory council is established. Any reference in statute or rule to the "mental health and addiction advisory council" is a reference to the mental health and addiction planning and advisory council.

[Pre-1992 Revision Citation: 12-6-3-5(a).]

As added by P.L.2-1992, SEC.15. Amended by P.L.215-2001, SEC.59; P.L.28-2012, SEC.5.

IC 12-21-4-3 Members

Sec. 3. The council consists of the following twenty-nine (29) members, not less than fifty percent (50%) of whom must be individuals who are not state employees or providers of mental health services:

(1) The director.

(2) The secretary of education or the secretary's designee.

(3) The director of the office of Medicaid policy and planning, or the secretary's designee.

(4) The director of the bureau of rehabilitation services or the director's designee.

(5) The executive director of the Indiana housing and community development authority created by IC 5-20-1-3 or the executive director's designee.

(6) The director of the criminal justice institute or the director's designee.

(7) The director of the department of child services or the director's designee.

(8) Twenty-two (22) individuals who:

(A) are appointed by the secretary;

(B) have a recognized knowledge of or interest in the programs administered by the division;

(C) include:

(i) at least two (2) community mental health center chief executive officers or designees of community mental health center chief executive officers;

(ii) at least one (1) individual who has a serious mental illness and is receiving, or has received, mental health services;

(iii) at least one (1) individual with personal or family experience with mental illness;

(iv) at least one (1) individual representing a public entity concerned with the need for, and the planning, operation, funding, and use of, mental health services and related support services;

(v) at least one (1) individual representing a private entity concerned with the need for, and the planning, operation, funding, and use of, mental health services and related support services; and

(vi) parents of children with serious emotional disturbances, in a sufficiently representative number in relation to the number of other members of the council;

(D) are appointed for a term of four (4) years; and

(E) serve until a successor is appointed.

[Pre-1992 Revision Citation: 12-6-3-5(b).]

As added by P.L.2-1992, SEC.15. Amended by P.L.28-2012, SEC.6; P.L.43-2021, SEC.36; P.L.207-2021, SEC.9; P.L.26-2025, SEC.17.

IC 12-21-4-4 Repealed

[Pre-1992 Revision Citation: 12-6-3-5(c).]

As added by P.L.2-1992, SEC.15. Repealed by P.L.28-2012, SEC.7.

IC 12-21-4-5 Chairperson

Sec. 5. The director serves as chairperson of the council at the first meeting of the council held after July 1 of each year. At the first meeting of the council after July 1 of each year, the director may appoint a chairperson of the council from among the members of the council for a term of one (1) year.

[Pre-1992 Revision Citation: 12-6-3-5(d).]

As added by P.L.2-1992, SEC.15. Amended by P.L.28-2012, SEC.8.

IC 12-21-4-6 Meetings

Sec. 6. The council shall meet at least quarterly and is subject to special meetings at the call of the chairperson.

[Pre-1992 Revision Citation: 12-6-3-5(e).]

As added by P.L.2-1992, SEC.15. Amended by P.L.28-2012, SEC.9.

IC 12-21-4-7 Repealed

[1992 Revision Citation: New.]

As added by P.L.2-1992, SEC.15. Repealed by P.L.28-2012, SEC.10.

IC 12-21-4-8 Repealed

As added by P.L.28-2012, SEC.11. Repealed by P.L.26-2025, SEC.18.

IC 12-21-4-9 Terms of ex-officio members

Sec. 9. An individual serving on the council under section 3(1) through 3(7) of this chapter shall serve until the individual no longer holds the individual's office described in section 3(1) through 3(7) of this chapter. The appointing authority for an individual serving on the council under section 3(1) through 3(7) of this chapter shall appoint a replacement for an appointee who ceases to be a member.

As added by P.L.28-2012, SEC.12.

IC 12-21-4-10 Quorum

Sec. 10. All members of the council are voting members. A majority of the appointed members constitutes a quorum. The affirmative vote of a majority of the appointed members is required for the council to take any action.

As added by P.L.28-2012, SEC.13.

IC 12-21-4-11 Salary per diem; travel expenses

Sec. 11. Each member of the council who is not a state employee is not entitled to the minimum salary per diem provided by IC 4-10-11-2.1(b). The member is, however, entitled

to reimbursement for traveling expenses as provided under IC 4-13-1-4 and other expenses actually incurred in connection with the member's duties as provided in the state policies and procedures established by the Indiana department of administration and approved by the budget agency.

As added by P.L.28-2012, SEC.14.

IC 12-21-4.1 Chapter 4.1. Workforce Development Task Force

12-21-4.1-1 Expired

IC 12-21-4.1-1 Expired

As added by P.L.170-2009, SEC.2. Expired 12-31-2011 by P.L.143-2011, SEC.16.

IC 12-21-5 Chapter 5. Duties of Division

12-21-5-1	Administration of related laws
12-21-5-1.5	Duties; rules
12-21-5-2	Education and treatment of children with an emotional disturbance; provision of training on suicide prevention
12-21-5-3	Application of IC 20-35-2 to education programs for students with disabilities
12-21-5-4	Development and administration of mental health first aid training program; requirements; training; implementation date; report
12-21-5-5	Statewide program for suicide prevention; coordinator; plan
12-21-5-6	Individualized mental health safety plan; requirements
12-21-5-7	Staffing requirements; waiver of staffing requirements
12-21-5-8	Development and administration of certified community behavioral health clinics plan
12-21-5-9	Grant to for-profit organization

IC 12-21-5-1 Administration of related laws

Sec. 1. The division is responsible for administering the following:

(1) This article.

(2) IC 12-22.

(3) IC 12-23.

(4) IC 12-25.

(5) Other programs the division is required to administer by statute.

(6) State institutions listed in IC 12-24-1-3.

[1992 Revision Citation: New.]

As added by P.L.2-1992, SEC.15. Amended by P.L.40-1994, SEC.32.

IC 12-21-5-1.5 Duties; rules

Sec. 1.5. (a) The division shall do the following:

(1) Adopt rules under IC 4-22-2 to establish and maintain criteria to determine patient eligibility and priority for publicly supported mental health and addiction services. The rules must include criteria for patient eligibility and priority based on the following:

(A) A patient's income.

(B) A patient's level of daily functioning.

(C) A patient's prognosis.

(2) Within the limits of appropriated funds, contract with a network of providers to provide services in an appropriate setting that is the least restrictive to individuals who qualify for the services.

(3) Require the providers of services funded directly by the division to be in good standing with an appropriate accrediting body as required by rules adopted under IC 4-22-2 by the division.

(4) Develop a provider profile that must be used to evaluate the performance of a provider. A provider's profile must include input from consumers, citizens, and representatives of the mental health ombudsman program (IC 12-27-9) regarding the provider's:

(A) information provided to the patient on patient rights before treatment;

(B) accessibility, acceptability, and continuity of services provided or requested; and

(C) total cost of care per individual, using state administered funds.

(5) Ensure compliance with all other performance criteria set forth in a provider contract. In addition to the requirements set forth in IC 12-21-2-7, a provider contract must include the following:

(A) A requirement that the standards and criteria used in the evaluation of care plans be available and accessible to the patient.

(B) A requirement that the provider involve the patient in the choice of and

preparation of the treatment plan to the greatest extent feasible.

(C) A provision encouraging the provider to intervene in a patient's situation as early as possible, balancing the patient's right to liberty with the need for treatment.

(D) A requirement that the provider set up and implement an internal appeal process for the patient.

(6) Establish a toll free telephone number that operates during normal business hours for individuals to make comments to the division in a confidential manner regarding services or service providers.

(7) Develop a confidential system to evaluate complaints and patient appeals received by the division of mental health and addiction and to take appropriate action regarding the results of an investigation. A provider is entitled to request and to have a hearing before information derived from the investigation is incorporated into the provider's profile. Information contained within the provider profile is subject to inspection and copying under IC 5-14-3-3.

(8) Ensure that providers of services of residential care and supported housing for chronic addiction, when used as a recovery residence that receives reimbursement from the office, acquire and maintain the certification required in IC 12-21-2-3(14).

(9) Establish and maintain a help line:

(A) to provide confidential emotional support and referrals to behavioral health resources to individuals who call the help line; and

(B) that is accessible by calling a toll free telephone number.

(10) In consultation with the medical licensing board, a forensic psychiatrist, and a forensic psychologist holding a doctorate, establish a training program to certify:

(A) an advanced practice registered nurse with a certification as a psychiatric mental health nurse practitioner; or

(B) a physician assistant who specializes in psychiatry or mental health;

as a competency evaluator who may assist a criminal or juvenile court in determining competency to stand trial or appear at a juvenile adjudication. The training program must consist of at least forty (40) hours of instruction. The division may adopt rules under IC 4-22-2 to implement this subdivision.

(b) The division may adopt rules under IC 4-22-2 to establish standards for residential care and supported housing for chronic addiction when used as a recovery residence.

As added by P.L.40-1994, SEC.33. Amended by P.L.215-2001, SEC.60; P.L.28-2004, SEC.112; P.L.143-2011, SEC.17; P.L.172-2017, SEC.3; P.L.243-2017, SEC.3; P.L.162-2023, SEC.8; P.L.85-2024, SEC.1.

IC 12-21-5-2 Education and treatment of children with an emotional disturbance; provision of training on suicide prevention

Sec. 2. The division is responsible for the following:

(1) The planning, research, and development of programs and methods for the education and treatment of children with an emotional disturbance.

(2) The coordination of governmental services, activities, and programs in Indiana relating to such children.

(3) The administration of the state supported services concerned with such children.

(4) The preparation of the annual report required by IC 7.1-6-2-5.

(5) The provision of a mental health first aid training program developed under section 4 of this chapter, including providing information and guidance to local school corporations on the development of evidence based programs for basic or inservice courses for teachers and training for teachers on the following:

(A) Prevention of child suicide.

(B) Recognition of signs that a student may be considering suicide.

(6) The development, in consultation with stakeholders, and provision of a research based training program for health care providers, including mental health and

behavioral health providers, concerning suicide assessment, training, and management that is:

(A) demonstrated to be an effective or promising program; and

(B) recommended by the Indiana Suicide Prevention Network Advisory Council.

[Pre-1992 Revision Citation: 16-13-1-11.]

As added by P.L.2-1992, SEC.15. Amended by P.L.256-1996, SEC.3; P.L.99-2007, SEC.103; P.L.93-2011, SEC.1; P.L.185-2015, SEC.13; P.L.254-2017, SEC.2; P.L.56-2018, SEC.1.

IC 12-21-5-3 Application of IC 20-35-2 to education programs for students with disabilities

Sec. 3. IC 20-35-2 applies to the operation of each education program for a student with a disability (as defined in IC 20-35-1-8) conducted by a state owned and operated mental health institution or furnished under an agreement with the division.

[Pre-1992 Revision Citation: 16-13-1-9(d).]

As added by P.L.2-1992, SEC.15. Amended by P.L.23-1993, SEC.55; P.L.1-2005, SEC.139; P.L.233-2015, SEC.23.

IC 12-21-5-4 Development and administration of mental health first aid training program; requirements; training; implementation date; report

Sec. 4. (a) To the extent that funds are made available, the division, in consultation with:

(1) the department of education;

(2) the law enforcement training board;

(3) the Indiana Council of Community Mental Health Centers;

(4) Mental Health America-Indiana;

(5) the Indiana emergency medical services commission; and

(6) a private foundation dedicated to the prevention of youth suicide through education and awareness;

shall develop and administer a mental health first aid training program.

(b) The mental health first aid training program developed under subsection (a) must do the following:

(1) Train individuals attending the training program to recognize the risk factors and signs of mental health problems or crises in children and young adults, including signs that a child or young adult may be considering suicide.

(2) Train individuals attending the training program to guide children and young adults who exhibit signs of a mental health problem or crisis to appropriate behavioral health services.

(3) Train individuals attending the training program to not label children who are at risk or show signs of mental health problems in a manner that would stigmatize the child.

(c) The division shall provide training for individuals who will be instructors in the mental health first aid training program.

(d) The division shall make the mental health first aid training program available to licensed teachers, school counselors, emergency medical service providers, law enforcement officers, leaders of community faith organizations, and other persons interested in receiving training under the program.

(e) The division, the department of education, and the Indiana emergency medical services commission may seek federal and state funding and may accept private contributions to administer and provide mental health first aid training programs.

(f) Notwithstanding any other law, the division is not required to implement the mental health first aid training program until after June 30, 2016.

(g) Before October 1, 2015, the division shall report to the interim study committee on public health, behavioral health, and human services established by IC 2-5-1.3-4(14)

concerning the status of the development of the mental health first aid training program.
As added by P.L.185-2015, SEC.14.

IC 12-21-5-5 Statewide program for suicide prevention; coordinator; plan

Sec. 5. (a) The division shall develop a statewide program for suicide prevention.

(b) The division shall employ a coordinator of the statewide program for suicide prevention to implement and maintain the statewide program for suicide prevention.

(c) The statewide program for suicide prevention must include a state plan for suicide prevention that must address the following:

(1) Educational opportunities and activities to increase awareness and knowledge of the public.

(2) Training for individuals who may have frequent contact with individuals at risk of suicide on warning signs and tendencies that may evidence that an individual is considering suicide.

(3) Materials to increase public awareness of suicide and suicide prevention.

(4) Enhancement of crisis services relating to suicide prevention.

(5) Assistance for school corporations on suicide awareness and intervention training.

(6) Coordination of county and regional advisory groups to support the statewide program.

(7) Coordination with appropriate entities to identify and address barriers in providing services to individuals at risk of suicide.

(8) Maintenance of a website containing information and resources related to suicide awareness, prevention, and intervention.

(9) Development of recommendations for improved collection of data on suicide and factors related to suicide.

(10) Development and submission of proposals for funding from federal agencies or other sources of funding.

As added by P.L.254-2017, SEC.3. Amended by P.L.10-2019, SEC.61; P.L.1-2025, SEC.176.

IC 12-21-5-6 Individualized mental health safety plan; requirements

Sec. 6. (a) The division shall establish a standard format for an individualized mental health safety plan that may be disclosed without a patient's consent under IC 16-39-2-6(b).

(b) An individualized mental health safety plan format approved by the division under this section must:

(1) provide that a mental health provider develop the individualized mental health safety plan collaboratively with the patient; and

(2) include the following:

(A) The patient's name, address, and contact information.

(B) Early warning signs that a crisis may be developing.

(C) Internal coping strategies.

(D) Contact information for individuals and social settings that may provide distraction for the patient.

(E) Contact information for persons from whom the patient can ask for help.

(F) Contact information for professionals or agencies that the patient can contact at the onset of or during a crisis.

(G) A plan for making the environment safe for the patient.

(H) The one (1) thing that matters most to the patient and for which the patient considers life worth living.

(I) Other information identified by the division, including issues concerning the patient's physical health.

As added by P.L.225-2019, SEC.1. Amended by P.L.126-2021, SEC.1.

IC 12-21-5-7 Staffing requirements; waiver of staffing requirements

Sec. 7. (a) The division may grant a waiver of any staffing requirements to a community mental health center applicant that is unable to meet any staffing ratio requirements the division has for community mental health centers.

(b) A licensed clinical addiction counselor shall be counted by the division in determining whether a community mental health center applicant meets the direct care full-time equivalent staffing requirements for community mental health center certification.

(c) Any licensed prescriber with prescriptive authority shall be counted by the division when determining whether a community mental health center applicant meets the psychiatric staffing requirements for community mental health center certification.

As added by P.L.127-2020, SEC.5.

IC 12-21-5-8 Development and administration of certified community behavioral health clinics plan

Sec. 8. (a) As used in this section, "certified community behavioral health clinic" refers to a community behavioral health clinic that has been certified according to criteria established by the Secretary of the United States Department of Health and Human Services under Section 223 of the federal Protecting Access to Medicare Act of 2014 (P.L. 113-93).

(b) Not later than November 1, 2022, the division shall establish a plan to expand the use of certified community behavioral health clinics in Indiana.

(c) The division shall, in preparing the plan required under subsection (b), consider the following:

(1) Use of crisis response centers and mobile crisis teams, as described in IC 12-21-8.

(2) Use of the federal Substance Abuse and Mental Health Services Administration Certified Community Behavioral Health Clinic Expansion Grants.

(3) Potential expansion of Medicaid certified community behavioral health clinics under Section 223 of the federal Protecting Access to Medicare Act of 2014 (P.L. 113-93).

(4) Restructuring state funding for behavioral health services through prospective payment or another financing model.

As added by P.L.74-2022, SEC.14. Amended by P.L.162-2023, SEC.9.

IC 12-21-5-9 Grant to for-profit organization

Sec. 9. Except as required by federal law, the division may award a grant that is administered by the division for mental health care and services to a for-profit community mental health organization if a nonprofit organization does not qualify for the grant.

As added by P.L.48-2024, SEC.1.

IC 12-21-6 Chapter 6. Repealed

[Pre-1992 Revision Citations:

12-21-6-1	New
12-21-6-2	formerly 16-13-1-5(a) part
12-21-6-3	formerly 16-13-1-5(a) part
12-21-6-4	formerly 16-13-1-5(a) part
12-21-6-5	formerly 16-13-1-5(a) part
12-21-6-6	formerly 16-13-1-5(a) part
12-21-6-7	formerly 16-13-1-5(a) part
12-21-6-8	formerly 16-13-1-5(a) part
12-21-6-9	formerly 16-13-1-5(b)
12-21-6-10	formerly 16-13-1-5(c)
12-21-6-11	formerly 16-13-1-5.5.]

Repealed by P.L.40-1994, SEC.83.

IC 12-21-6.5 Chapter 6.5. Repealed

Repealed by P.L.53-2014, SEC.113.

IC 12-21-7 Chapter 7. Expired

As added by P.L.75-2020, SEC.2. Expired 12-31-2022 by P.L.75-2020, SEC.2.

IC 12-21-7.1 Chapter 7.1. Indiana Behavioral Health Commission

12-21-7.1-1 "Commission"
12-21-7.1-2 Commission established; staff support; meetings
12-21-7.1-3 Commission members; appointing authority; expenses
12-21-7.1-4 Report; reporting requirements
12-21-7.1-5 Expiration

IC 12-21-7.1-1 "Commission"

Sec. 1. As used in this chapter, "commission" means the Indiana behavioral health commission established by section 2 of this chapter.

As added by P.L.162-2023, SEC.10.

IC 12-21-7.1-2 Commission established; staff support; meetings

Sec. 2. (a) The Indiana behavioral health commission is established.

(b) The division shall staff the commission. The commission shall meet at the call of the chairperson.

As added by P.L.162-2023, SEC.10.

IC 12-21-7.1-3 Commission members; appointing authority; expenses

Sec. 3. (a) The commission shall consist of the following members:

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

(2) The director of the department of child services or the director's designee.

(3) The secretary of education or the secretary's designee.

(4) A representative from a community mental health provider association with statewide jurisdiction.

(5) A representative from a mental health advocacy association with statewide jurisdiction.

(6) A licensed pediatric adolescent psychiatrist.

(7) A representative of a statewide elder advisory group.

(8) A representative from the Indiana Association of County Commissioners.

(b) The president pro tempore of the senate, the minority leader of the senate, the speaker of the house of representatives, and the minority leader of the house of representatives may each appoint one (1) legislative member as a nonvoting member in an advisory role to the commission.

(c) The governor shall appoint the commission members described in subsection (a)(4) through (a)(8). The governor shall appoint one (1) member of the commission to serve as chairperson of the commission.

(d) A:

(1) chairperson shall serve at the pleasure of the governor; and

(2) commission member shall serve at the pleasure of the appointing authority who appointed the member.

If a vacancy occurs on the commission, the appointing authority that appointed the member whose position is vacant shall appoint an individual to fill the vacancy.

(e) Each member of the commission who is not a state employee is not entitled to the minimum salary per diem provided under IC 4-10-11-2.1(b). The member is, however, entitled to reimbursement for traveling expenses as provided under IC 4-13-1-4 and other expenses actually incurred in connection with the member's duties, as provided in the state policies and procedures established by the state department of administration and approved by the budget agency.

(f) Each member of the commission who is a state employee but who is not a member of the general assembly is entitled to reimbursement for traveling expenses as provided under IC 4-13-1-4 and other expenses actually incurred in connection with the member's duties, as

provided in the state policies and procedures established by the Indiana department of administration and approved by the budget agency.

(g) Each member of the commission who is appointed under subsection (b) is not entitled to the legislative per diem for serving on the commission.

As added by P.L.162-2023, SEC.10.

IC 12-21-7.1-4 Report; reporting requirements

Sec. 4. The commission shall prepare a final report due not later than October 1, 2024. The report must address issues in the following areas:

(1) Progress on the division's implementation of the 988 suicide and crisis lifeline and the community behavioral health clinic model.

(2) Progress on the recommendations of the commission's previous report submitted on October 1, 2022.

(3) An in depth examination of the following areas:

(A) The mental health of youth and adolescents, as well as the systems in place for treatment and care of youth and adolescents.

(B) The mental health of individuals fifty-five (55) years of age or older.

(C) The level of mental health care available to individuals with intellectual and developmental disabilities.

(4) A review of the:

(A) annual increase in the number of crisis services provided by certified community behavioral health centers;

(B) annual increase in the number of behavioral health professionals providing Medicaid services;

(C) annual change in the number of suicides in the state;

(D) annual change in the number of persons admitted to emergency rooms for mental illness; and

(E) annual number of people held in a local jail with a mental health condition or substance use disorder.

As added by P.L.162-2023, SEC.10.

IC 12-21-7.1-5 Expiration

Sec. 5. This chapter expires December 31, 2025.

As added by P.L.162-2023, SEC.10.

IC 12-21-8 Chapter 8. 9-8-8 Crisis Hotline Centers and Mobile Crisis Teams

12-21-8-1	"9-8-8 crisis response center"
12-21-8-1.2	"9-8-8 suicide and crisis lifeline"
12-21-8-1.5	"Account"
12-21-8-2	"Crisis receiving and stabilization services"
12-21-8-3	"Mobile crisis team"
12-21-8-4	Repealed
12-21-8-5	"Peer"
12-21-8-5.5	"Veteran crisis line"
12-21-8-6	Division having primary oversight over suicide prevention and crisis services activities and coordination with centers; ensuring consistency; designation of center; requirements
12-21-8-7	Rules
12-21-8-8	Deployment of crisis and outgoing services; coordination of access; requirements; follow-up services
12-21-8-9	Written report
12-21-8-10	Division coordination requirements; mobile crisis team requirements
12-21-8-11	Statewide 9-8-8 trust fund
12-21-8-11.4	First responder crisis intervention account
12-21-8-12	Rules

IC 12-21-8-1 "9-8-8 crisis response center"

Sec. 1. As used in this chapter, "9-8-8 crisis response center" or "center" means a state identified center participating in the 9-8-8 suicide and crisis lifeline network to respond to statewide or regional 9-8-8 calls.

As added by P.L.207-2021, SEC.10. Amended by P.L.162-2023, SEC.11.

IC 12-21-8-1.2 "9-8-8 suicide and crisis lifeline"

Sec. 1.2. As used in this chapter, "9-8-8 suicide and crisis lifeline" means the nationally certified network of local crisis centers that provide free and confidential emotional support to people in suicidal crisis or emotional distress on a twenty-four (24) hours a day, seven (7) days a week basis.

As added by P.L.162-2023, SEC.12.

IC 12-21-8-1.5 "Account"

Sec. 1.5. As used in this chapter, "account" means the first responder crisis intervention account established under section 11.4 of this chapter.

As added by P.L.170-2022, SEC.13.

IC 12-21-8-2 "Crisis receiving and stabilization services"

Sec. 2. As used in this chapter, "crisis receiving and stabilization services" means behavioral health services that provide short term, less than twenty-four (24) hour care with the capacity for diagnosis, initial management, observation, crisis stabilization, and follow-up referral services to a person in a homelike environment.

As added by P.L.207-2021, SEC.10.

IC 12-21-8-3 "Mobile crisis team"

Sec. 3. As used in this chapter, "mobile crisis team" means behavioral health professionals and peers that provide professional onsite community based intervention, including de-escalation, stabilization, and treatment for individuals who are experiencing a behavioral health crisis.

As added by P.L.207-2021, SEC.10. Amended by P.L.11-2023, SEC.43.

IC 12-21-8-4 Repealed

As added by P.L.207-2021, SEC.10. Repealed by P.L.162-2023, SEC.13.

IC 12-21-8-5 "Peer"

Sec. 5. As used in this chapter, "peer" means an individual employed on the basis of the individual's personally lived experience with mental illness or addiction and recovery and meets the requirements of peer certification established by the division.

As added by P.L.207-2021, SEC.10.

IC 12-21-8-5.5 "Veteran crisis line"

Sec. 5.5. As used in this chapter, "veteran crisis line" means the veteran crisis line maintained by the United States Department of Veterans Affairs.

As added by P.L.162-2023, SEC.14.

IC 12-21-8-6 Division having primary oversight over suicide prevention and crisis services activities and coordination with centers; ensuring consistency; designation of center; requirements

Sec. 6. (a) The division has primary oversight over suicide prevention and crisis services activities and essential coordination with designated 9-8-8 crisis response centers. The division shall work with the 9-8-8 suicide and crisis lifeline and the veteran crisis line networks for the purpose of ensuring consistency of public messaging concerning 9-8-8 services.

(b) Not later than July 1, 2022, the division may designate at least one (1) 9-8-8 crisis response center in Indiana to coordinate crisis intervention services and crisis care coordination to individuals accessing the 9-8-8 suicide and crisis lifeline from anywhere in Indiana twenty-four (24) hours a day, seven (7) days a week.

(c) In order to be designated by the division under subsection (b), a 9-8-8 crisis response center must meet the following:

(1) Have an active agreement with the administrator of the 9-8-8 suicide and crisis lifeline for participation within the network.

(2) Comply with the 9-8-8 suicide and crisis lifeline requirements and best practice guidelines for operational and clinical standards.

(3) Use technology, including chat and texting that is interoperable between and across crisis and emergency response systems used throughout Indiana to ensure cohesive and coordinated crisis care.

As added by P.L.207-2021, SEC.10. Amended by P.L.162-2023, SEC.15.

IC 12-21-8-7 Rules

Sec. 7. The division shall adopt rules under IC 4-22-2 to allow appropriate information sharing and communication between and across crisis and emergency response systems for the purpose of real time crisis care coordination, including deployment of crisis and outgoing services and linked, flexible services specific to crisis response.

As added by P.L.207-2021, SEC.10.

IC 12-21-8-8 Deployment of crisis and outgoing services; coordination of access; requirements; follow-up services

Sec. 8. (a) A designated 9-8-8 crisis response center may deploy crisis and outgoing services, including mobile crisis teams, and coordinate access to crisis receiving and stabilization services or other appropriate local sources in accordance with guidelines by the 9-8-8 suicide and crisis lifeline.

(b) A designated 9-8-8 crisis response center shall coordinate access to crisis receiving and stabilization services for individuals accessing the 9-8-8 suicide and crisis lifeline through appropriate information sharing concerning availability of services.

(c) A designated 9-8-8 crisis response center shall meet the requirements set forth by the 9-8-8 suicide and crisis lifeline for serving high risk and specialized populations, including individuals with co-occurring mental health and substance use disorders and other relevant and culturally sensitive special populations, as identified by the federal Substance Abuse and Mental Health Services Administration, including training requirements and policies for transferring callers to an appropriate specialized center or subnetwork.

(d) A designated 9-8-8 crisis response center must provide follow-up services to individuals accessing the 9-8-8 suicide and crisis lifeline consistent with guidelines and policies established by the 9-8-8 suicide and crisis lifeline.

As added by P.L.207-2021, SEC.10. Amended by P.L.162-2023, SEC.16.

IC 12-21-8-9 Written report

Sec. 9. Before March 1 of each year, a designated 9-8-8 crisis response center shall submit a written report to the division concerning the 9-8-8 suicide and crisis lifeline's usage and the services provided by the center.

As added by P.L.207-2021, SEC.10. Amended by P.L.162-2023, SEC.17.

IC 12-21-8-10 Division coordination requirements; mobile crisis team requirements

Sec. 10. (a) The division shall coordinate:

(1) available onsite response services of crisis calls using state and locally funded mobile crisis teams; and

(2) crisis receiving and stabilization services resulting from a 9-8-8 call.

(b) The mobile crisis teams must include:

(1) a peer certified by the division; and

(2) at least one (1) of the following:

(A) A behavioral health professional licensed under IC 25-23.6.

(B) An other behavioral health professional (OBHP), as defined in 440 IAC 11-1-12.

(C) Emergency medical services personnel licensed under IC 16-31.

(D) Law enforcement based coresponder behavioral health teams.

(c) Crisis response services provided by a mobile crisis team must be provided under the supervision of:

(1) a behavioral health professional licensed under IC 25-23.6;

(2) a licensed physician; or

(3) an advanced practice registered nurse (as defined in IC 12-7-2-3.1).

The supervision required under this subsection may be performed remotely.

As added by P.L.207-2021, SEC.10. Amended by P.L.74-2022, SEC.15; P.L.11-2023, SEC.44.

IC 12-21-8-11 Statewide 9-8-8 trust fund

Sec. 11. (a) The statewide 9-8-8 trust fund is established for purposes of creating and maintaining a statewide 9-8-8 suicide prevention and mental health crisis system described in this chapter. The fund shall be administered by the division.

(b) The expenses of administering the fund shall be paid from money in the fund.

(c) The treasurer of the state shall invest the money in the fund not currently needed to meet the obligations of the fund in the same manner as other public money may be invested. Interest that accrues from the investments shall be deposited in the fund.

(d) The fund shall consist of the following:

(1) Appropriations made to the fund by the general assembly.

(2) Funds received from the federal government for the support of 9-8-8 services in Indiana.

(3) Investment earnings, including interest, on money in the fund.

(4) Money from any other source, including gifts and grants.

(e) Money in the fund at the end of a state fiscal year does not revert to the state general fund and is not subject to transfer to any other fund for any other use or purpose outside of those specified in this section.
As added by P.L.207-2021, SEC.10.

IC 12-21-8-11.4 First responder crisis intervention account

Sec. 11.4. (a) The state comptroller shall establish a first responder crisis intervention account within the statewide 9-8-8 trust fund established by section 11 of this chapter for the purpose of awarding grants to public safety agencies that provide first responder emergency services, to be used by the agencies for:

(1) developing local crisis intervention team programs;

(2) improving data collection on behavioral health runs and interactions; and

(3) updating training manuals.

The account shall be administered by the division.

(b) The account shall consist of the following:

(1) Funds received from the federal government for the purposes described in subsection (a).

(2) Investment earnings, including interest, on money in the fund.

(3) Money from any other source, including gifts and grants.

(c) The expenses of administering the account shall be paid from money in the account.

(d) The division may award grants from the account to public safety agencies described in subsection (a) for the purposes specified in subsection (a).

(e) Money in the account at the end of a state fiscal year does not revert to the state general fund.
As added by P.L.170-2022, SEC.14. Amended by P.L.9-2024, SEC.336.

IC 12-21-8-12 Rules

Sec. 12. The division may adopt rules under IC 4-22-2 to implement and administer this chapter.
As added by P.L.207-2021, SEC.10.

IC 12-21-9 Chapter 9. Therapeutic Psilocybin Research

12-21-9-1 "Fund"
12-21-9-1.5 "Ibogaine"
12-21-9-2 "Psilocybin"
12-21-9-3 "Research institution"
12-21-9-4 Therapeutic psilocybin and ibogaine research fund
12-21-9-5 Administration; expenses
12-21-9-6 Sources of funds; investment; nonreverting fund; appropriation
12-21-9-7 Application; clinical study requirements
12-21-9-8 Report
12-21-9-9 Process to administer fund; applications

IC 12-21-9-1 "Fund"

Sec. 1. As used in this chapter, "fund" refers to the therapeutic psilocybin and ibogaine research fund established by section 4 of this chapter.

As added by P.L.152-2024, SEC.4. Amended by P.L.213-2025, SEC.123.

IC 12-21-9-1.5 "Ibogaine"

Sec. 1.5. (a) As used in this chapter, "ibogaine" means a naturally occurring psychoactive compound found in the root bark of the iboga.

(b) The term includes ibogaine.

As added by P.L.213-2025, SEC.124.

IC 12-21-9-2 "Psilocybin"

Sec. 2. (a) As used in this chapter, "psilocybin" means a naturally occurring psychedelic prodrug compound that is produced by fungi, including members of the genus psilocybe.

(b) The term includes psilocin.

As added by P.L.152-2024, SEC.4.

IC 12-21-9-3 "Research institution"

Sec. 3. As used in this chapter, "research institution" refers to an organization that meets all of the following:

(1) Has an academic institution that operates an institutional review board (IRB) that oversees research.

(2) Publishes the results of previous clinical trials in peer reviewed publications.

(3) Has access to a clinical research center and the center's resources, including research dedicated medical staff.

As added by P.L.152-2024, SEC.4.

IC 12-21-9-4 Therapeutic psilocybin and ibogaine research fund

Sec. 4. The therapeutic psilocybin and ibogaine research fund is established for the purpose of providing financial assistance to research institutions in Indiana to study, in accordance with the requirements established in section 7 of this chapter, the use of psilocybin and ibogaine to treat mental health and other medical conditions.

As added by P.L.152-2024, SEC.4. Amended by P.L.213-2025, SEC.125.

IC 12-21-9-5 Administration; expenses

Sec. 5. (a) The fund shall be administered by the division.

(b) The expenses of administering the fund shall be paid from money in the fund.

As added by P.L.152-2024, SEC.4.

IC 12-21-9-6 Sources of funds; investment; nonreverting fund; appropriation

Sec. 6. (a) The fund consists of:

(1) money received from state or federal grants or programs; and

(2) gifts, money, and donations received from any other source, including transfers from other funds or accounts.

(b) The treasurer of state shall invest the money in the fund not currently needed to meet the obligations of the fund in the same manner as other public money may be invested. Interest that accrues from these investments shall be deposited in the fund.

(c) Money in the fund at the end of a state fiscal year does not revert to the state general fund.

(d) Money in the fund is continuously appropriated for purposes of this chapter.

As added by P.L.152-2024, SEC.4.

IC 12-21-9-7 Application; clinical study requirements

Sec. 7. (a) A research institution in Indiana may apply to the division to receive financial assistance from the fund to conduct one (1) or more clinical studies to evaluate the efficacy of psilocybin and ibogaine as an alternative treatment for mental health and other medical conditions, including the following:

(1) Posttraumatic stress disorder, with a focus on treating the disorder in combat veterans and first responders.

(2) Anxiety.

(3) Depression.

(4) Bipolar disorder.

(5) Chronic pain.

(6) Migraines.

(7) Alcohol use disorder.

(8) Tobacco use disorder.

(b) In conducting a clinical study under this section, a research institution that receives a grant under this chapter shall do the following:

(1) Include veterans and first responders in the study sample.

(2) Evaluate and determine whether psilocybin is an effective treatment for mental health and other medical conditions described in subsection (a).

(3) Compare the efficacy of psilocybin as a treatment for mental health and other medical conditions described in subsection (a) with the efficacy of other current treatment options for mental health and other medical conditions described in subsection (a).

(4) Before entering the study, require each participant to undergo a mental health evaluation.

As added by P.L.152-2024, SEC.4. Amended by P.L.213-2025, SEC.126.

IC 12-21-9-8 Report

Sec. 8. After a research institution that receives a grant under this chapter completes and finalizes a study under this chapter, a research institution shall prepare and submit a report summarizing the results of the study and any recommendations for legislation to the following:

(1) The interim study committee on public health, behavioral health, and human services established by IC 2-5-1.3-4 in an electronic format under IC 5-14-6.

(2) The Indiana department of health.

(3) The division.

As added by P.L.152-2024, SEC.4.

IC 12-21-9-9 Process to administer fund; applications

Sec. 9. Not later than July 1, 2024, the division shall establish a process to administer the fund and process applications under this chapter.

As added by P.L.152-2024, SEC.4.

IC 12-22 ARTICLE 22. SERVICES FOR PERSONS WITH MENTAL ILLNESS

Ch. 1. Repealed
Ch. 2. Community Residential Programs
Ch. 3. Repealed
Ch. 4. Repealed

IC 12-22-1 Chapter 1. Repealed

[Pre-1992 Revision Citations:
12-22-1-1 formerly 16-13-20-1
12-22-1-2 formerly 16-13-20-2
12-22-1-3 formerly 16-13-20-3(a), (b) part
12-22-1-4 formerly 16-13-20-3(b) part
12-22-1-5 formerly 16-13-20-4
12-22-1-6 formerly 16-13-20-6.]

Repealed by P.L.143-2011, SEC.31.

IC 12-22-2 Chapter 2. Community Residential Programs

12-22-2-0.3	Termination of unsuccessful sub-acute stabilization program; general assembly approval needed for increase in number or relocation
12-22-2-1	Planning and administration of programs
12-22-2-2	Simulation of homelike atmosphere
12-22-2-3	Repealed
12-22-2-3.5	Community based residential programs
12-22-2-4	Repealed
12-22-2-5	Least restrictive placement
12-22-2-6	Repealed
12-22-2-7	Repealed
12-22-2-8	Repealed
12-22-2-9	Repealed
12-22-2-10	Repealed
12-22-2-11	Operation by unlicensed entity; investigations; penalties

IC 12-22-2-0.3 Termination of unsuccessful sub-acute stabilization program; general assembly approval needed for increase in number or relocation

Sec. 0.3. (a) This section applies to the four (4) sub-acute stabilization programs implemented under the subdivision (1) added by P.L.62-1993 to IC 12-22-2-3 (repealed).

(b) If the division determines that any one (1) of the four (4) sub-acute stabilization programs is not successful, the division shall terminate operation of the unsuccessful program. The division may not expand the number of sub-acute stabilization programs or change the location of a program without approval from the general assembly.

As added by P.L.220-2011, SEC.273. Amended by P.L.6-2012, SEC.97.

IC 12-22-2-1 Planning and administration of programs

Sec. 1. The division shall plan, develop, and administer programs of community based residential alternatives to placement in state institutions and nursing facilities licensed under IC 16-28 for individuals with a mental illness.

[Pre-1992 Revision Citation: 16-13-22-1 part.]

As added by P.L.2-1992, SEC.16. Amended by P.L.78-1992, SEC.25; P.L.2-1993, SEC.113; P.L.99-2007, SEC.109.

IC 12-22-2-2 Simulation of homelike atmosphere

Sec. 2. The programs described in section 1 of this chapter must, to the extent feasible, simulate a homelike atmosphere with patterns and conditions of everyday life that are as close as possible to normal.

[Pre-1992 Revision Citation: 16-13-22-1 part.]

As added by P.L.2-1992, SEC.16.

IC 12-22-2-3 Repealed

[Pre-1992 Revision Citation: 16-13-22-1 part.]

As added by P.L.2-1992, SEC.16. Amended by P.L.78-1992, SEC.26; P.L.62-1993, SEC.5; P.L.6-1995, SEC.12; P.L.99-2007, SEC.110. Repealed by P.L.143-2011, SEC.31.

IC 12-22-2-3.5 Community based residential programs

Sec. 3.5. Community based residential programs include a broad range of living arrangements designed to meet the unique needs of individuals with behavioral health disorders in integrated settings and described in rules adopted by the division under IC 4-22-2.

As added by P.L.143-2011, SEC.24.

IC 12-22-2-4 Repealed

[Pre-1992 Revision Citation: 16-13-22-2.]

As added by P.L.2-1992, SEC.16. Amended by P.L.99-2007, SEC.111. Repealed by P.L.143-2011, SEC.31.

IC 12-22-2-5 Least restrictive placement

Sec. 5. To the extent that programs described in section 3.5 of this chapter are available and meet an individual's needs, an individual should be placed in a program that is the least restrictive.

[Pre-1992 Revision Citation: 16-13-22-3.]

As added by P.L.2-1992, SEC.16. Amended by P.L.143-2011, SEC.25.

IC 12-22-2-6 Repealed

[Pre-1992 Revision Citation: 16-13-22-7.]

As added by P.L.2-1992, SEC.16. Amended by P.L.81-1992, SEC.32; P.L.2-1993, SEC.114; P.L.145-2006, SEC.123; P.L.99-2007, SEC.112. Repealed by P.L.143-2011, SEC.31.

IC 12-22-2-7 Repealed

[Pre-1992 Revision Citation: 16-13-22-4(a).]

As added by P.L.2-1992, SEC.16. Amended by P.L.6-1995, SEC.13. Repealed by P.L.143-2011, SEC.31.

IC 12-22-2-8 Repealed

[Pre-1992 Revision Citation: 16-13-22-4(b).]

As added by P.L.2-1992, SEC.16. Repealed by P.L.143-2011, SEC.31.

IC 12-22-2-9 Repealed

[Pre-1992 Revision Citation: 16-13-22-5.]

As added by P.L.2-1992, SEC.16. Repealed by P.L.143-2011, SEC.31.

IC 12-22-2-10 Repealed

[Pre-1992 Revision Citation: 16-13-22-6.]

As added by P.L.2-1992, SEC.16. Amended by P.L.62-1993, SEC.6; P.L.99-2007, SEC.113. Repealed by P.L.143-2011, SEC.31.

IC 12-22-2-11 Operation by unlicensed entity; investigations; penalties

Sec. 11. (a) An entity, other than a psychiatric residential treatment facility, may not operate or hold itself out as operating a group home for individuals with serious mental illness (SMI), serious emotional disturbance (SED), or chronic addiction (CA) unless the entity is licensed or certified by the division.

(b) The division of mental health and addiction shall investigate a report of:

(1) an unlicensed facility housing a community residential program described in section 3.5 of this chapter;

(2) an uncertified operator of a community residential program described in section 3.5 of this chapter; or

(3) a licensed or certified entity's noncompliance with this article;

and report the division's findings to the attorney general.

(c) The attorney general may do the following:

(1) Seek the issuance of a search warrant to assist in an investigation under this section.

(2) File an action for injunctive relief to stop the operation of a facility described in subsection (b) if there is reasonable cause to believe that:

(A) the facility or the operator of a community residential program described in subsection (b) is operating without a required license or certification; or

(B) a licensed or certified entity's actions or omissions create an immediate danger of serious bodily injury to an individual with a mental illness or an imminent danger to the health of an individual with a mental illness.

(3) Seek in a civil action a civil penalty of not more than one hundred dollars ($100) a day for each day a facility is operating:

(A) without a license or certification required by law; or

(B) with a license or certification required under this chapter, but is not in compliance with this article, IC 12-21-2-3, or rules adopted under this article or IC 12-21-2-3.

(d) The division of mental health and addiction may provide for the removal of individuals with a mental illness from facilities for individuals with a mental illness described in subsection (c).

(e) There must be an opportunity for an informal meeting with the division of mental health and addiction after injunctive relief is ordered under this section.

(f) The civil penalties collected under this section must be deposited in the state general fund.

As added by P.L.111-1997, SEC.4. Amended by P.L.215-2001, SEC.61; P.L.99-2007, SEC.114; P.L.143-2011, SEC.26; P.L.201-2023, SEC.140.

IC 12-22-3 Chapter 3. Repealed

Repealed by P.L.143-2011, SEC.31.

IC 12-22-4 Chapter 4. Repealed

Repealed by P.L.28-2012, SEC.16.

IC 12-23 ARTICLE 23. ADDICTION SERVICES

Ch. 1.	Bureau of Addiction Services
Ch. 2.	Addiction Services Fund
Ch. 3.	Repealed
Ch. 4.	Reporting Requirements for Service Providers
Ch. 5.	Conditional Deferment of Judicial Proceedings After Commission of Misdemeanor or Infraction
Ch. 6.	Repealed
Ch. 6.1.	Addiction Services
Ch. 7.	Repealed
Ch. 7.1.	Continuance of Prosecution After Criminal Charge
Ch. 8.	Repealed
Ch. 8.1.	Treatment and Probation Following Criminal Conviction
Ch. 9.	Voluntary Treatment by Division for Alcoholics
Ch. 10.	Repealed
Ch. 10.1.	Voluntary Treatment by Division for Drug Abusers
Ch. 11.	Repealed
Ch. 11.1.	Involuntary Treatment by Division for Alcoholics and Drug Abusers
Ch. 12.	Voluntary and Involuntary Treatment by Division for Minors
Ch. 13.	Miscellaneous Lawful Activity Relating to Controlled Substances
Ch. 14.	Court Established Alcohol and Drug Services Program
Ch. 14.5.	Repealed
Ch. 15.	Citations for Public Intoxication
Ch. 16.	Program on Drug Abuse
Ch. 17.	Institution for Alcohol and Drug Abusers
Ch. 18.	Opioid Treatment Diversion Control and Oversight Program
Ch. 19.	Mental Health and Addiction Forensic Treatment Services Grants
Ch. 19.5.	Addiction Treatment Teams
Ch. 20.	Opioid Treatment Providers
Ch. 21.	Physician Medication Assisted Treatment Training Reimbursement Pilot Program
Ch. 21.2.	Expired
Ch. 21.5.	Comprehensive Addiction Recovery Centers
Ch. 22.	Expired
Ch. 23.	Employee Substance Abuse Treatment
Ch. 24.	Community and Faith Based Substance Abuse Programs Grant
Ch. 24.2.	Community and Faith Based Substance Abuse Transportation Assistance Grant Program

IC 12-23-1 Chapter 1. Bureau of Addiction Services

12-23-1-1	Repealed
12-23-1-2	Repealed
12-23-1-3	Repealed
12-23-1-4	Repealed
12-23-1-5	Repealed
12-23-1-6	Powers
12-23-1-7	Authority of the office of the secretary; grants, loans, and gifts; federal government grants and contracts
12-23-1-8	Authority of division; disbursements to addiction services advisory council or for purposes of IC 12-23-1-6
12-23-1-9	Allocation of federal aid for Drug Abuse and Alcohol Abuse/Alcoholic Efforts
12-23-1-10	Cooperation of other agencies
12-23-1-11	Operation of vehicle under influence of liquor or drugs; laws unaffected; alternative methods of prosecution
12-23-1-12	Enforcement of article
12-23-1-13	Participation in alcohol and drug services program

IC 12-23-1-1 Repealed

[Pre-1992 Revision Citation: 16-13-6.1-3.]
As added by P.L.2-1992, SEC.17. Repealed by P.L.40-1994, SEC.83.

IC 12-23-1-2 Repealed

[Pre-1992 Revision Citation: 16-13-6.1-7 part.]
As added by P.L.2-1992, SEC.17. Repealed by P.L.40-1994, SEC.83.

IC 12-23-1-3 Repealed

[Pre-1992 Revision Citation: 16-13-6.1-7 part.]
As added by P.L.2-1992, SEC.17. Repealed by P.L.40-1994, SEC.83.

IC 12-23-1-4 Repealed

[Pre-1992 Revision Citation: 16-13-6.1-12.5.]
As added by P.L.2-1992, SEC.17. Repealed by P.L.40-1994, SEC.83.

IC 12-23-1-5 Repealed

[Pre-1992 Revision Citation: 16-13-6.1-7 part.]
As added by P.L.2-1992, SEC.17. Repealed by P.L.40-1994, SEC.83.

IC 12-23-1-6 Powers

Sec. 6. The division has the following powers:

(1) Promoting unified programs for education and research, prevention and control, diagnosis, and treatment of substance and gambling abuse based on comprehensive plans developed by the division.

(2) Assuring compliance with state rules and federal regulations for substance abuse services programs and revoking authorization of the programs upon a determination that the programs do not comply with the rules and regulations.

(3) Making agreements and contracts with:

(A) another department, authority, or agency of the state;

(B) another state;

(C) the federal government;

(D) a state or private postsecondary educational institution; or

(E) a public or private agency;

to effectuate the purposes of this article.

(4) Directly or by contract, approving and certifying facilities and services for the treatment, care, or rehabilitation of alcoholics, drug abusers, and compulsive gamblers in accordance with requirements established by the division and assigning or transferring individuals placed under the division's care or supervision to the facilities.

(5) Requiring, as a condition of operation, that each public and private treatment facility, except facilities and services created and funded under IC 12-23-14 that do not provide treatment and rehabilitation services, be certified according to standards established by the division.

(6) Maintaining a toll free telephone line that the public may use to obtain counseling and information about programs that help individuals with drug, alcohol, and gambling problems.

(7) Adopting rules under IC 4-22-2 to implement this article.

[Pre-1992 Revision Citation: 16-13-6.1-4.]
As added by P.L.2-1992, SEC.17. Amended by P.L.40-1994, SEC.34; P.L.54-1995, SEC.3; P.L.122-1997, SEC.1; P.L.2-2007, SEC.164.

IC 12-23-1-7 Authority of the office of the secretary; grants, loans, and gifts; federal government grants and contracts

Sec. 7. (a) Except as provided in subsection (b) and notwithstanding any other law, the

office of the secretary is the sole state authority authorized to:

(1) disburse grants, loans, or gifts made by the federal government or any other source to the state, state agencies, and subdivisions of the state; and

(2) review and approve grants or contracts made by the federal government to or with a local governmental unit or other public or private agency;

for alcoholism, compulsive gambling, or drug abuse prevention or for treatment in the field of addictions.

(b) Subsection (a) does not apply if the federal law regulating a grant, loan, or gift does not allow exclusive power and control over the disbursement of the grant, loan, or gift to be vested in a single state authority.

[Pre-1992 Revision Citation: 16-13-6.1-11.6(a), (c).]

As added by P.L.2-1992, SEC.17. Amended by P.L.40-1994, SEC.35; P.L.54-1995, SEC.4; P.L.39-2015, SEC.12.

IC 12-23-1-8 Authority of division; disbursements to addiction services advisory council or for purposes of IC 12-23-1-6

Sec. 8. Notwithstanding any other law, the division is the sole state authority authorized to disburse money appropriated to the division for a purpose described in section 6 of this chapter.

[Pre-1992 Revision Citation: 16-13-6.1-11.6(b), (c).]

As added by P.L.2-1992, SEC.17. Amended by P.L.40-1994, SEC.36.

IC 12-23-1-9 Allocation of federal aid for Drug Abuse and Alcohol Abuse/Alcoholic Efforts

Sec. 9. (a) A part of the total amount of the federal money earmarked for Drug Abuse and Alcohol Abuse/Alcoholics Efforts received for disbursement by the division shall be used for local programs that provide prevention, intervention, or treatment services for individuals who:

(1) have a primary diagnosis of chronic substance abuse and dependence; and

(2) are without significant or immediate treatment needs for mental illness or serious emotional disturbance.

(b) The amount designated in subsection (a) shall be distributed to specialty addiction providers that serve the eligible population to provide consumer choice based on outcomes determined by the division.

[Pre-1992 Revision Citation: 16-13-6.1-11.7.]

As added by P.L.2-1992, SEC.17. Amended by P.L.40-1994, SEC.37; P.L.143-2011, SEC.27.

IC 12-23-1-10 Cooperation of other agencies

Sec. 10. The division is the state authority primarily responsible for prevention, control, treatment and rehabilitation, education, research, and planning in the field of addictions. All other agencies of state and local government shall cooperate with the division to assist in the performance of the division's functions.

[Pre-1992 Revision Citation: 16-13-6.1-9.]

As added by P.L.2-1992, SEC.17. Amended by P.L.40-1994, SEC.38.

IC 12-23-1-11 Operation of vehicle under influence of liquor or drugs; laws unaffected; alternative methods of prosecution

Sec. 11. (a) This article does not repeal or modify Indiana law relating to the operation of a vehicle under the influence of liquor or drugs.

(b) IC 12-23-5, IC 12-23-6.1, IC 12-23-7.1, IC 12-23-8.1, and any other related provisions of this article shall be considered to be alternative methods or procedures for the prosecution of alcoholics or drug abusers as criminals.

[Pre-1992 Revision Citation: 16-13-6.1-14.]

As added by P.L.2-1992, SEC.17. Amended by P.L.113-2014, SEC.36; P.L.187-2015, SEC.13.

IC 12-23-1-12 Enforcement of article

Sec. 12. (a) The division and the director shall enforce this article.

(b) The division or the director may bring an action at law or in equity to enforce any of the provisions of this article and the circuit and superior courts of the state have jurisdiction to compel or enforce the provisions of this article by prohibitory or mandatory injunction.

[Pre-1992 Revision Citation: 16-13-6.1-29.]

As added by P.L.2-1992, SEC.17.

IC 12-23-1-13 Participation in alcohol and drug services program

Sec. 13. Notwithstanding the amendments made to IC 12-7-2-12 by P.L.168-2002, a person participating in an alcohol and drug services program before July 1, 2002, solely as a result of committing an infraction may continue in the program until the person successfully completes the program or is removed for a violation or noncompliance, whichever occurs first.

As added by P.L.220-2011, SEC.274.

IC 12-23-2 Chapter 2. Addiction Services Fund

12-23-2-1 Fund defined
12-23-2-2 Establishment of fund
12-23-2-3 Reversion of funds
12-23-2-4 Investment of fund money
12-23-2-5 Appropriations by general assembly of fund money; purposes
12-23-2-6 Repealed
12-23-2-7 Administrative costs associated with use of money from fund; limitation; reimbursing Indiana gaming commission
12-23-2-8 Allocation of funds for local programs

IC 12-23-2-1 Fund defined

Sec. 1. As used in this chapter, "fund" refers to the addiction services fund established by section 2 of this chapter.

[1992 Revision Citation: New.]

As added by P.L.2-1992, SEC.17.

IC 12-23-2-2 Establishment of fund

Sec. 2. The addiction services fund is established for the deposit of excise taxes on alcoholic beverages as described in IC 7.1-4-11 and taxes on riverboat admissions under IC 4-33-12-6.

[Pre-1992 Revision Citation: 16-13-6.1-3.5(a).]

As added by P.L.2-1992, SEC.17. Amended by P.L.54-1995, SEC.5.

IC 12-23-2-3 Reversion of funds

Sec. 3. The money in the fund does not revert to the state general fund at the close of a state fiscal year.

[Pre-1992 Revision Citation: 16-13-6.1-3.5(b).]

As added by P.L.2-1992, SEC.17. Amended by P.L.201-2023, SEC.141.

IC 12-23-2-4 Investment of fund money

Sec. 4. The treasurer of state may invest the money in the fund in the manner provided by law for investing money in the state general fund.

[Pre-1992 Revision Citation: 16-13-6.1-3.5(c).]

As added by P.L.2-1992, SEC.17.

IC 12-23-2-5 Appropriations by general assembly of fund money; purposes

Sec. 5. The general assembly shall appropriate money from the addiction services fund solely for the purpose of funding programs:

(1) that provide prevention services and intervention and treatment services for individuals who are psychologically or physiologically dependent upon alcohol or other drugs; and

(2) that are for the prevention and treatment of gambling problems.

Programs funded by the addiction services fund must include the creation and maintenance of a toll free telephone line under IC 4-33-12-9(c)(3) to provide the public with information about programs that provide help with gambling, alcohol, and drug addiction problems.

[Pre-1992 Revision Citation: 16-13-6.1-3.5(d) part.]

As added by P.L.2-1992, SEC.17. Amended by P.L.54-1995, SEC.6; P.L.1-2009, SEC.107; P.L.255-2015, SEC.63; P.L.86-2018, SEC.162.

IC 12-23-2-6 Repealed

[Pre-1992 Revision Citation: 16-13-6.1-3.5(d) part.]

As added by P.L.2-1992, SEC.17. Repealed by P.L.40-1994, SEC.83.

IC 12-23-2-7 Administrative costs associated with use of money from fund; limitation; reimbursing Indiana gaming commission

Sec. 7. (a) For each state fiscal year, the division may not spend more than an amount equal to five percent (5%) of the total amount received by the division from the fund established under section 2 of this chapter for the administrative costs associated with the use of money received from the fund.

(b) The division shall allocate at least twenty-five percent (25%) of the funds derived from the riverboat admissions tax under IC 4-33-12-6 to the prevention and treatment of compulsive gambling.

(c) The division shall reimburse the Indiana gaming commission for the costs incurred in administering a voluntary exclusion program established under the rules of the Indiana gaming commission. The division shall pay the reimbursement from funds derived from the riverboat admissions tax under IC 4-33-12-6.

[Pre-1992 Revision Citation: 16-13-6.1-3.5(e) part.]

As added by P.L.2-1992, SEC.17. Amended by P.L.40-1994, SEC.39; P.L.54-1995, SEC.7; P.L.143-2003, SEC.4.

IC 12-23-2-8 Allocation of funds for local programs

Sec. 8. (a) Except as provided in subsection (b), for each state fiscal year, the division shall distribute an amount equal to at least thirty-three percent (33%) of the total amount received by the division from the addiction services fund established by section 2 of this chapter during the immediately preceding fiscal year to local programs that provide prevention services and intervention and treatment services for individuals who are:

(1) psychologically or physiologically dependent upon alcohol or other drugs; or

(2) psychologically dependent on gambling.

(b) The amount described in subsection (a) may not be distributed to a county home, a local mental health program established under IC 12-29, or a state institution.

[Pre-1992 Revision Citation: 16-13-6.1-3.5(e) part.]

As added by P.L.2-1992, SEC.17. Amended by P.L.40-1994, SEC.40; P.L.54-1995, SEC.8.

IC 12-23-3 Chapter 3. Repealed

[Pre-1992 Revision Citations:

12-23-3-1	New
12-23-3-2	formerly 16-13-6.1-10.5(a) part
12-23-3-3	formerly 16-13-6.1-10.5(a) part
12-23-3-4	formerly 16-13-6.1-10.5(a) part
12-23-3-5	formerly 16-13-6.1-10.5(a) part
12-23-3-6	formerly 16-13-6.1-10.5(a) part
12-23-3-7	formerly 16-13-6.1-10.5(b)
12-23-3-8	formerly 16-13-6.1-11.5(a)
12-23-3-9	formerly 16-13-6.1-11.5(b).]

Repealed by P.L.40-1994, SEC.83.

IC 12-23-4 Chapter 4. Reporting Requirements for Service Providers

12-23-4-1 Repealed
12-23-4-2 Repealed
12-23-4-3 Repealed
12-23-4-4 Repealed
12-23-4-5 Alcohol and drug abuse treatment programs; prohibited conduct

IC 12-23-4-1 Repealed

[Pre-1992 Revision Citation: 16-13-6.1-27(b).]

As added by P.L.2-1992, SEC.17. Repealed by P.L.40-1994, SEC.83.

IC 12-23-4-2 Repealed

[1992 Revision Citation: New.]

As added by P.L.2-1992, SEC.17. Amended by P.L.8-1993, SEC.185. Repealed by P.L.40-1994, SEC.83.

IC 12-23-4-3 Repealed

[Pre-1992 Revision Citation: 16-13-6.1-27(a).]

As added by P.L.2-1992, SEC.17. Repealed by P.L.40-1994, SEC.83.

IC 12-23-4-4 Repealed

[Pre-1992 Revision Citation: 16-13-6.1-27(c).]

As added by P.L.2-1992, SEC.17. Repealed by P.L.40-1994, SEC.83.

IC 12-23-4-5 Alcohol and drug abuse treatment programs; prohibited conduct

Sec. 5. An entity may not maintain, operate, advertise, or conduct an alcoholism or a drug abuse treatment program in Indiana:

(1) in violation of a statute, rule, or regulation; or

(2) in a manner that creates a hazard to the mental or physical health of a participant or to the general public.

[Pre-1992 Revision Citation: 16-13-6.1-28.]

As added by P.L.2-1992, SEC.17.

IC 12-23-5 Chapter 5. Conditional Deferment of Judicial Proceedings After Commission of Misdemeanor or Infraction

12-23-5-0.5	Applicability after June 30, 2005
12-23-5-1	Judicial notice of rehabilitative or other treatment
12-23-5-2	Deferral of prosecution; order requiring treatment; conditions
12-23-5-3	Violation of condition; resumption of criminal proceedings
12-23-5-4	Fulfillment of conditions; dismissal of charges
12-23-5-5	Conditional deferral of charges under IC 9-30-5; suspension of driving privileges; probationary driving privileges; ignition interlock device
12-23-5-5.5	Offenses; operating motor vehicle without ignition interlock device
12-23-5-6	Misdemeanor convictions; probation; referring defendant to treatment or therapy program
12-23-5-7	Exceptions to eligibility for deferral
12-23-5-8	Exception to eligibility for deferral; previous dismissal under this chapter of charges of operating vehicle while intoxicated
12-23-5-9	Programs in which defendants ordered to participate

IC 12-23-5-0.5 Applicability after June 30, 2005

Sec. 0.5. After June 30, 2005, this chapter does not apply to a person who:

(1) holds a commercial driver's license; and

(2) has been charged with an offense involving the operation of a motor vehicle in accordance with the federal Motor Carrier Safety Improvement Act of 1999 (MCSIA) (Public Law 106-159.113 Stat. 1748).

As added by P.L.219-2003, SEC.10.

IC 12-23-5-1 Judicial notice of rehabilitative or other treatment

Sec. 1. In a criminal proceeding for a misdemeanor or infraction in which:

(1) the use or abuse of alcohol, drugs, or harmful substances is a contributing factor or a material element of the offense; or

(2) the defendant's mental illness other than substance abuse, is a contributing factor; the court may take judicial notice of the fact that proper early intervention, medical, advisory, or rehabilitative treatment of the defendant is likely to decrease the defendant's tendency to engage in antisocial behavior.

[Pre-1992 Revision Citation: 16-13-6.1-15.1(a).]

As added by P.L.2-1992, SEC.17. Amended by P.L.224-2003, SEC.125; P.L.85-2004, SEC.4.

IC 12-23-5-2 Deferral of prosecution; order requiring treatment; conditions

Sec. 2. (a) Subject to section 8 of this chapter, before conviction a court may, with the consent of the defendant and the prosecuting attorney, conditionally defer the proceedings described in section 1 of this chapter for up to one (1) year.

(b) The court may do the following:

(1) Order the defendant to satisfactorily complete an alcohol and drug services treatment program if the court makes a determination under section 1(1) of this chapter.

(2) Order the defendant to undergo treatment for the defendant's mental illness if the court makes a determination under section 1(2) of this chapter.

(3) Impose other appropriate conditions upon the defendant.

[Pre-1992 Revision Citation: 16-13-6.1-15.1(b) part.]

As added by P.L.2-1992, SEC.17.

IC 12-23-5-3 Violation of condition; resumption of criminal proceedings

Sec. 3. If a defendant violates a condition imposed by the court, the court may order the criminal proceedings to be resumed.

[Pre-1992 Revision Citation: 16-13-6.1-15.1(b) part.]

As added by P.L.2-1992, SEC.17.

IC 12-23-5-4 Fulfillment of conditions; dismissal of charges

Sec. 4. Except as provided in section 8 of this chapter, if a defendant fulfills the conditions set by the court, the court shall dismiss the charges against the defendant.

[Pre-1992 Revision Citation: 16-13-6.1-15.1(b) part.]

As added by P.L.2-1992, SEC.17.

IC 12-23-5-5 Conditional deferral of charges under IC 9-30-5; suspension of driving privileges; probationary driving privileges; ignition interlock device

Sec. 5. (a) Subject to subsection (b), if a court enters an order conditionally deferring charges that involve a violation of IC 9-30-5, the court shall do the following:

(1) Suspend the defendant's driving privileges for at least ninety (90) days but not more than two (2) years.

(2) Impose other appropriate conditions.

(b) A defendant may be granted probationary driving privileges only after the defendant's license has been suspended for at least thirty (30) days under IC 9-30-6-9.

(c) If a defendant has at least one (1) conviction for an offense under IC 9-30-5, the order granting probationary driving privileges under subsection (b) must, in a county that provides for the installation of an ignition interlock device under IC 9-30-8, prohibit the defendant from operating a motor vehicle unless the motor vehicle is equipped with a functioning certified ignition interlock device under IC 9-30-8.

(d) If a defendant does not have a prior conviction for an offense under IC 9-30-5, the court may, as an alternative to a license suspension under subsection (a)(1), issue an order prohibiting the defendant from operating a motor vehicle unless the motor vehicle is equipped with a functioning certified ignition interlock device under IC 9-30-8. An order requiring an ignition interlock device must remain in effect for at least two (2) years but not more than four (4) years.

[Pre-1992 Revision Citation: 16-13-6.1-15.1(c).]

As added by P.L.2-1992, SEC.17. Amended by P.L.76-2004, SEC.21.

IC 12-23-5-5.5 Offenses; operating motor vehicle without ignition interlock device

Sec. 5.5. (a) A person commits a Class B infraction if the person:

(1) operates a motor vehicle without a functioning certified ignition interlock device; and

(2) is prohibited from operating a motor vehicle unless the motor vehicle is equipped with a functioning certified ignition interlock device under section 5(d) of this chapter.

(b) A person commits a Class B misdemeanor if the person:

(1) operates a motor vehicle without a functioning certified ignition interlock device; and

(2) knows the person is prohibited from operating a motor vehicle unless the motor vehicle is equipped with a functioning certified ignition interlock device under section 5(d) of this chapter.

As added by P.L.76-2004, SEC.22.

IC 12-23-5-6 Misdemeanor convictions; probation; referring defendant to treatment or therapy program

Sec. 6. If a defendant is convicted in a proceeding described in section 1 of this chapter and the court places the defendant on probation, the court may do the following:

(1) Refer the defendant to an alcohol and drug services treatment program if the court makes a determination under section 1(1) of this chapter.

(2) Refer the defendant to an appropriate therapy program if the court makes a determination under section 1(2) of this chapter.

(3) Require the defendant to undergo treatment as a condition of probation.

[Pre-1992 Revision Citation: 16-13-6.1-15.1(d).]

As added by P.L.2-1992, SEC.17.

IC 12-23-5-7 Exceptions to eligibility for deferral

Sec. 7. Prosecution may be deferred under sections 2 through 5 of this chapter if a defendant has been charged with a misdemeanor or infraction in which the use of alcohol or drugs was a contributing factor or material element of the offense or the defendant's mental illness was a contributing factor, unless at least one (1) of the following exists:

(1) The offense involves death or serious bodily injury.

(2) The defendant has a record of at least two (2) prior convictions of forcible felonies (as defined in IC 35-31.5-2-138).

(3) Other criminal proceedings, not arising out of the same incident, alleging commission of a felony are pending against the defendant.

(4) The defendant is on probation or parole and the appropriate parole or probation authority does not consent to the defendant's participation.

(5) The defendant fails to meet additional eligibility requirements imposed by the court.

[Pre-1992 Revision Citation: 16-13-6.1-15.1(e).]

As added by P.L.2-1992, SEC.17. Amended by P.L.114-2012, SEC.32.

IC 12-23-5-8 Exception to eligibility for deferral; previous dismissal under this chapter of charges of operating vehicle while intoxicated

Sec. 8. If:

(1) a defendant was previously charged under IC 9-4-1-54 (before its repeal September 1, 1983), IC 9-11-2 (before its repeal July 1, 1991), or IC 9-30-5; and

(2) the previous charges were dismissed under this chapter;

the individual is not eligible to have subsequent charges under IC 9-30-5 dismissed under this chapter.

[Pre-1992 Revision Citation: 16-13-6.1-15.1(f).]

As added by P.L.2-1992, SEC.17.

IC 12-23-5-9 Programs in which defendants ordered to participate

Sec. 9. A court may not order a defendant or a convicted individual to complete an alcohol and drug services treatment program under section 2(b)(1) or 6(1) of this chapter unless the court determines that the program in which the individual is to participate is administered by a court under IC 12-23-14 or is certified by the division of mental health and addiction.

[Pre-1992 Revision Citation: 16-13-6.1-15.1(g).]

As added by P.L.2-1992, SEC.17. Amended by P.L.40-1994, SEC.41; P.L.215-2001, SEC.62.

IC 12-23-6 Chapter 6. Repealed

[Pre-1992 Revision Citation:
12-23-6-1 formerly 16-13-6.1-16.]

Repealed by P.L.113-2014, SEC.37.

IC 12-23-6.1 Chapter 6.1. Addiction Services

12-23-6.1-1 Treatment request by drug abuser or alcoholic

IC 12-23-6.1-1 Treatment request by drug abuser or alcoholic

Sec. 1. A drug abuser or an alcoholic charged with or convicted of a felony may request treatment under the supervision of the division and upon the consent of the authorities concerned as set forth in IC 12-23-7.1 instead of prosecution or imprisonment, unless any of the following conditions exist:

(1) The offense is a forcible felony or burglary classified as a Class A or Class B felony (for a crime committed before July 1, 2014) or a Level 1, Level 2, Level 3, or Level 4 felony (for a crime committed after June 30, 2014).

(2) The defendant has a record that includes at least two (2) prior convictions for forcible felonies or a burglary classified as a Class A or Class B felony (for a crime committed before July 1, 2014) or a Level 1, Level 2, Level 3, or Level 4 felony (for a crime committed after June 30, 2014).

(3) Other criminal proceedings, not arising out of the same incident, alleging commission of a felony are pending against the defendant.

(4) The defendant was admitted to a treatment program under IC 12-23-7 or IC 12-23-8 (before their repeal) or under IC 12-23-7.1 or IC 12-23-8.1 (after June 30, 2015) on two (2) or more prior occasions within the preceding two (2) years.

As added by P.L.187-2015, SEC.14.

IC 12-23-7 Chapter 7. Repealed

[Pre-1992 Revision Citations:

12-23-7-1	formerly 16-13-6.1-17(a) part
12-23-7-2	formerly 16-13-6.1-17(a) part
12-23-7-3	formerly 16-13-6.1-17(b) part
12-23-7-4	formerly 16-13-6.1-17(b) part
12-23-7-5	formerly 16-13-6.1-17(b) part
12-23-7-6	formerly 16-13-6.1-17(b) part
12-23-7-7	formerly 16-13-6.1-17(b) part
12-23-7-8	formerly 16-13-6.1-17(b) part
12-23-7-9	formerly 16-13-6.1-l7(b) part
12-23-7-10	formerly 16-13-6.1-17(b) part
12-23-7-11	formerly 16-13-6.1-17(c) part
12-23-7-12	formerly 16-13-6.1-17(c) part
12-23-7-13	formerly 16-13-6.1-17(c) part
12-23-7-14	formerly 16-13-6.1-17(d).]

Repealed by P.L.113-2014, SEC.38.

IC 12-23-7.1 Chapter 7.1. Continuance of Prosecution After Criminal Charge

12-23-7.1-1 Treatment request by drug abuser or alcoholic; requirements
12-23-7.1-2 Treatment conditions and duties
12-23-7.1-3 Examination of individual requesting treatment
12-23-7.1-4 Denial of treatment request
12-23-7.1-5 Court duties
12-23-7.1-6 Division report to court
12-23-7.1-7 Court determination; individual to answer charge
12-23-7.1-8 Court deferral; consent of prosecuting attorney
12-23-7.1-9 Progress reports
12-23-7.1-10 Division acceptance
12-23-7.1-11 Criminal charge; continued or dismissed
12-23-7.1-12 Resumption of criminal proceeding
12-23-7.1-13 Accrued time
12-23-7.1-14 Release requirements

IC 12-23-7.1-1 Treatment request by drug abuser or alcoholic; requirements

Sec. 1. If:

(1) a court has reason to believe that an individual charged with an offense is a drug abuser or an alcoholic or the individual states that the individual is a drug abuser or an alcoholic;

(2) the court finds that the individual is eligible to make the request for treatment provided for in IC 12-23-6.1; and

(3) the defendant is not disqualified under IC 12-23-6.1-1;

the court may advise the individual that the prosecution of the charge may be continued if the individual requests to undergo treatment and is accepted for treatment by the division.

As added by P.L.187-2015, SEC.15.

IC 12-23-7.1-2 Treatment conditions and duties

Sec. 2. In offering an individual an opportunity to request treatment, the court shall advise the individual of the following:

(1) If the individual requests to undergo treatment and is accepted, the individual may be placed under the supervision of the division for a period not to exceed three (3) years.

(2) During treatment the individual may be confined in an institution or, at the discretion of the division, the individual may be released for treatment or supervised aftercare in the community.

(3) If the individual completes treatment, the charge will be dismissed, but if the individual does not complete treatment, prosecution on the charge may be resumed.

(4) A request constitutes a formal waiver of the right to a speedy trial and constitutes a formal waiver of Criminal Rule 4 concerning discharge for delay in criminal trials.

(5) To make a request the individual must waive a jury trial and consent to a trial by the court or must enter a guilty plea, with the general finding to be entered by the court to be deferred until the time that prosecution may be resumed.

As added by P.L.187-2015, SEC.15.

IC 12-23-7.1-3 Examination of individual requesting treatment

Sec. 3. If an eligible individual requests to undergo treatment, the court may order the division to conduct an examination of the individual to determine whether the individual is a drug abuser or an alcoholic and is likely to be rehabilitated through treatment.

As added by P.L.187-2015, SEC.15.

IC 12-23-7.1-4 Denial of treatment request

Sec. 4. The court may deny a request if after conducting a pretrial or preplea investigation the court finds the individual would not qualify under the criteria of the court to be released on probation if convicted.
As added by P.L.187-2015, SEC.15.

IC 12-23-7.1-5 Court duties

Sec. 5. If a request is granted, the court shall do the following:

(1) Certify to the division that the individual may request treatment.

(2) Transmit to the division the following:

(A) A summary of the criminal history of the individual.

(B) A copy of the report of all background investigations conducted by or for the court.

As added by P.L.187-2015, SEC.15.

IC 12-23-7.1-6 Division report to court

Sec. 6. Within a reasonable time after receiving an order to conduct an examination, together with the court's certification of eligibility and required supporting documents, the division shall report to the court the results of the examination and recommend if an individual should be placed under supervision for treatment.
As added by P.L.187-2015, SEC.15.

IC 12-23-7.1-7 Court determination; individual to answer charge

Sec. 7. If the court, acting on the report and other information coming to the court's attention, determines that:

(1) an individual is not a drug abuser or an alcoholic; or

(2) the individual is not likely to be rehabilitated through treatment;

the individual may be held to answer the charge.
As added by P.L.187-2015, SEC.15.

IC 12-23-7.1-8 Court deferral; consent of prosecuting attorney

Sec. 8. If the court determines that an individual is a drug abuser or an alcoholic and is likely to be rehabilitated through treatment, the court may, with the consent of the prosecuting attorney:

(1) defer the trial; or

(2) without a jury, conduct the trial of the individual but may, with the consent of the prosecuting attorney, do the following:

(A) Defer entering general findings with respect to the individual until the time that prosecution may be resumed.

(B) Place the individual under the supervision of the division for treatment for a maximum of three (3) years.

As added by P.L.187-2015, SEC.15.

IC 12-23-7.1-9 Progress reports

Sec. 9. The court may require progress reports on an individual that the court finds necessary.
As added by P.L.187-2015, SEC.15.

IC 12-23-7.1-10 Division acceptance

Sec. 10. An individual may not be placed under the supervision of the division for treatment under this chapter unless the division accepts the individual for treatment.
As added by P.L.187-2015, SEC.15.

IC 12-23-7.1-11 Criminal charge; continued or dismissed

Sec. 11. If an individual is placed under the supervision of the division for treatment under this chapter, the criminal charge against the individual shall be:

(1) continued without final disposition; and

(2) dismissed if the division certifies to the court that the individual has successfully completed the treatment program.

As added by P.L.187-2015, SEC.15.

IC 12-23-7.1-12 Resumption of criminal proceeding

Sec. 12. (a) If by the expiration of the supervisory period the division has not been able to certify that an individual has completed the treatment program, the pending proceeding may be resumed upon motion of the prosecuting attorney.

(b) If, before the supervisory period expires, the division determines that further treatment of the individual is not likely to be successful, the division shall so advise the court. The court shall terminate the supervision, and the pending criminal proceeding may be resumed upon motion of the prosecuting attorney.

As added by P.L.187-2015, SEC.15.

IC 12-23-7.1-13 Accrued time

Sec. 13. If a criminal proceeding is resumed and the individual subsequently completes the treatment program, the individual is entitled to accrued time for the time spent in institutional care.

As added by P.L.187-2015, SEC.15.

IC 12-23-7.1-14 Release requirements

Sec. 14. The division may not release an offender under section 2(2) of this chapter to an alcohol and drug services treatment program that is not a program administered by a court under IC 12-23-14 or that has not complied with the certification requirements of the division of mental health and addiction.

As added by P.L.187-2015, SEC.15.

IC 12-23-8 Chapter 8. Repealed

[Pre-1992 Revision Citations:

12-23-8-1	formerly 16-13-6.1-18(a) part
12-23-8-2	formerly 16-13-6.1-18(a) part
12-23-8-3	formerly 16-13-6.1-18(b) part
12-23-8-4	formerly 16-13-6.1-18(b) part
12-23-8-5	formerly 16-13-6.1-18(b) part
12-23-8-6	formerly 16-13-6.1-18(b) part
12-23-8-7	formerly 16-13-6.1-18(b) part
12-23-8-8	formerly 16-13-6.1-18(b) part
12-23-8-9	formerly 16-13-6.1-18(b) part
12-23-8-10	formerly 16-13-6.1-18(b) part
12-23-8-11	formerly 16-13-6.1-18(c).]

Repealed by P.L.113-2014, SEC.39.

IC 12-23-8.1 Chapter 8.1. Treatment and Probation Following Criminal Conviction

12-23-8.1-1 Probation; request for treatment
12-23-8.1-2 Conditions of probation
12-23-8.1-3 Examination by division
12-23-8.1-4 Denial of request
12-23-8.1-5 Court certification to division
12-23-8.1-6 Court duties
12-23-8.1-7 Division duties; report and recommendation
12-23-8.1-8 Court determination; sentencing of individual
12-23-8.1-9 Court determination; placement of individual on probation
12-23-8.1-10 Division acceptance of individual
12-23-8.1-11 Probation violation

IC 12-23-8.1-1 Probation; request for treatment

Sec. 1. If:

(1) a court has reason to believe that an individual convicted of an offense is a drug abuser or an alcoholic or the individual states that the individual is a drug abuser or an alcoholic; and

(2) the court finds that the individual is eligible to make the request for treatment provided for under IC 12-23-6.1;

the court may advise the individual that the individual may be placed on probation, subject to any mandatory minimum or nonsuspendible sentence imposed on the individual, if the individual requests to undergo treatment and is accepted for treatment by the division.

As added by P.L.187-2015, SEC.16.

IC 12-23-8.1-2 Conditions of probation

Sec. 2. (a) In offering an individual an opportunity to request treatment, the court shall advise the individual of what may be required of the individual under IC 35-38-2-2.3 as conditions of probation.

(b) The court may certify an individual for treatment while on probation regardless of the failure of the individual to request treatment.

As added by P.L.187-2015, SEC.16.

IC 12-23-8.1-3 Examination by division

Sec. 3. If an individual requests to undergo treatment or is certified for treatment, the court may order an examination by the division to determine whether the individual is a drug abuser or an alcoholic and is likely to be rehabilitated through treatment.

As added by P.L.187-2015, SEC.16.

IC 12-23-8.1-4 Denial of request

Sec. 4. The court may deny the request if after conducting a presentence investigation the court finds that the individual would not qualify under criteria of the court to be released on probation.

As added by P.L.187-2015, SEC.16.

IC 12-23-8.1-5 Court certification to division

Sec. 5. If a request is granted, the court shall certify to the division that the individual may request treatment.

As added by P.L.187-2015, SEC.16.

IC 12-23-8.1-6 Court duties

Sec. 6. The court shall do the following:

(1) Transmit to the division a summary of an individual's criminal history.

(2) Transmit to the division a copy of the reports on all background and presentence investigations conducted by or for the court.

As added by P.L.187-2015, SEC.16.

IC 12-23-8.1-7 Division duties; report and recommendation

Sec. 7. Within a reasonable time after receiving an order to conduct an examination and after the court submits the required supporting documents and certification of eligibility, the division shall do the following:

(1) Report to the court the results of the examination.

(2) Recommend whether the individual should be placed on probation and supervision for treatment.

As added by P.L.187-2015, SEC.16.

IC 12-23-8.1-8 Court determination; sentencing of individual

Sec. 8. If the court, acting on a report and other information coming to the court's attention, determines that:

(1) an individual is not a drug abuser or an alcoholic; or

(2) the individual is not likely to be rehabilitated through treatment;

the court shall sentence the individual as in other cases.

As added by P.L.187-2015, SEC.16.

IC 12-23-8.1-9 Court determination; placement of individual on probation

Sec. 9. If the court determines that an individual is a drug abuser or an alcoholic and is likely to be rehabilitated through treatment, the court may do the following:

(1) Place the individual on probation under IC 35-38-2 and under the supervision of the division for treatment.

(2) Require progress reports on the individual from the probation officer and the division that the court finds necessary.

As added by P.L.187-2015, SEC.16.

IC 12-23-8.1-10 Division acceptance of individual

Sec. 10. An individual may not be placed under supervision unless the division accepts the individual for treatment.

As added by P.L.187-2015, SEC.16.

IC 12-23-8.1-11 Probation violation

Sec. 11. (a) Failure of an individual placed on probation and under the treatment supervision of the division to observe the requirements set down by the division constitutes a violation of a condition of probation.

(b) A failure shall be reported by the division to the probation officer in charge of the individual and treated in accordance with IC 35-38-2-3.

As added by P.L.187-2015, SEC.16.

IC 12-23-9 Chapter 9. Voluntary Treatment by Division for Alcoholics

12-23-9-1	Application for treatment; minors
12-23-9-2	Examination by physician
12-23-9-3	Admission; referral; transportation
12-23-9-4	Incapacitation by alcohol; length of detention
12-23-9-5	Notification of family or next of kin
12-23-9-6	Determination by administrator of persons to be admitted; referral to another facility; rules
12-23-9-7	Patients leaving facility; outpatient and intermediate treatment; assistance
12-23-9-8	Police officer taking custody of intoxicated individual; immunity from liability

IC 12-23-9-1 Application for treatment; minors

Sec. 1. An alcoholic may apply for voluntary treatment directly to a certified treatment facility. If the proposed patient is a minor or an incapacitated individual, the proposed patient, a parent, a legal guardian, or other legal representative may make the application.

[Pre-1992 Revision Citation: 16-13-6.1-19(a).]

As added by P.L.2-1992, SEC.17.

IC 12-23-9-2 Examination by physician

Sec. 2. An individual who:

(1) comes voluntarily; or

(2) is a minor or an incapacitated individual who is brought to a certified public treatment facility;

shall be examined by a licensed physician as soon as possible.

[Pre-1992 Revision Citation: 16-13-6.1-19(b) part.]

As added by P.L.2-1992, SEC.17.

IC 12-23-9-3 Admission; referral; transportation

Sec. 3. (a) After a physical examination under section 2 of this chapter, an individual may be admitted as a patient or referred to another health facility.

(b) The referring certified treatment facility shall arrange for the individual's transportation.

[Pre-1992 Revision Citation: 16-13-6.1-19(b) part.]

As added by P.L.2-1992, SEC.17.

IC 12-23-9-4 Incapacitation by alcohol; length of detention

Sec. 4. (a) An individual who by medical examination is found to be incapacitated by alcohol at the time of admission or to have become incapacitated by alcohol at any time after admission may not be detained at a facility:

(1) after the individual is no longer incapacitated by alcohol; or

(2) if the individual remains incapacitated by alcohol for more than forty-eight (48) hours after admission as a patient, unless the individual is committed under IC 12-23-7.1 through IC 12-23-8.1.

(b) An individual may consent to remain in a facility as long as the physician in charge believes it is appropriate.

[Pre-1992 Revision Citation: 16-13-6.1-19(c).]

As added by P.L.2-1992, SEC.17. Amended by P.L.113-2014, SEC.40; P.L.187-2015, SEC.17.

IC 12-23-9-5 Notification of family or next of kin

Sec. 5. (a) If an individual is admitted to a certified public treatment facility, the individual's family or next of kin shall be notified as soon as possible.

(b) An adult patient who is not incapacitated may request that there be no notification.

The request shall be respected.

[Pre-1992 Revision Citation: 16-13-6.1-19(d).]

As added by P.L.2-1992, SEC.17.

IC 12-23-9-6 Determination by administrator of persons to be admitted; referral to another facility; rules

Sec. 6. (a) The administrator in charge of a certified treatment facility may determine who shall be admitted for treatment.

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

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

[Pre-1992 Revision Citation: 16-13-6.1-19(e).]

As added by P.L.2-1992, SEC.17. Amended by P.L.40-1994, SEC.43; P.L.210-2015, SEC.59.

IC 12-23-9-7 Patients leaving facility; outpatient and intermediate treatment; assistance

Sec. 7. If a patient receiving inpatient care leaves a certified treatment facility, the patient shall be encouraged to consent to appropriate outpatient or intermediate treatment. If the administrator in charge of the treatment facility believes that the patient is an alcoholic who requires help, the bureau may assist the patient in obtaining supportive services and residential facilities.

[Pre-1992 Revision Citation: 16-13-6.1-19(f).]

As added by P.L.2-1992, SEC.17. Amended by P.L.6-1995, SEC.14; P.L.210-2015, SEC.60.

IC 12-23-9-8 Police officer taking custody of intoxicated individual; immunity from liability

Sec. 8. A police officer who takes custody of an intoxicated individual in good faith for the purpose of delivering the individual to:

(1) a certified treatment facility; or

(2) the alcoholic rehabilitation program provided for in IC 12-23-14;

is immune from civil or criminal liability arising out of a claim for or charge of false arrest or false imprisonment.

[Pre-1992 Revision Citation: 16-13-6.1-19(g).]

As added by P.L.2-1992, SEC.17.

IC 12-23-10 Chapter 10. Repealed

[Pre-1992 Revision Citations:
12-23-10-1 formerly 16-13-6.1-20 part
12-23-10-2 formerly 16-13-6.1-20 part
12-23-10-3 formerly 16-13-6.1-20 part
12-23-10-4 formerly 16-13-6.1-20 part.]

Repealed by P.L.113-2014, SEC.41.

IC 12-23-10.1 Chapter 10.1. Voluntary Treatment by Division for Drug Abusers

12-23-10.1-1 Request for treatment
12-23-10.1-2 Examination of individual
12-23-10.1-3 Examination
12-23-10.1-4 Decision of facility

IC 12-23-10.1-1 Request for treatment

Sec. 1. An individual who believes the individual is a drug abuser may request the division or a facility approved by the division to provide the individual with treatment.

As added by P.L.187-2015, SEC.18.

IC 12-23-10.1-2 Examination of individual

Sec. 2. Upon receipt of a request, the division or facility may require an examination of the individual to determine if:

(1) the individual is a drug abuser; and

(2) the individual should be admitted to an existing treatment facility or program.

As added by P.L.187-2015, SEC.18.

IC 12-23-10.1-3 Examination

Sec. 3. The examination shall be conducted within a reasonable time of the receipt of a request.

As added by P.L.187-2015, SEC.18.

IC 12-23-10.1-4 Decision of facility

Sec. 4. The decision of the facility whether to offer treatment to an individual and whether to discontinue treatment to an individual is final and not subject to appeal.

As added by P.L.187-2015, SEC.18.

IC 12-23-11 Chapter 11. Repealed

[Pre-1992 Revision Citations:
12-23-11-1 formerly 16-13-6.1-21
12-23-11-2 formerly 16-13-6.1-22.]

Repealed by P.L.113-2014, SEC.42.

IC 12-23-11.1 Chapter 11.1. Involuntary Treatment by Division for Alcoholics and Drug Abusers

12-23-11.1-1 Involuntary commitment
12-23-11.1-2 Parole conditions

IC 12-23-11.1-1 Involuntary commitment

Sec. 1. (a) Except as provided in subsection (b), an individual who is:

(1) an alcoholic;

(2) incapacitated by alcohol; or

(3) a drug abuser;

may be involuntarily committed to the care of the division under IC 12-26.

(b) A drug abuser who is charged with or convicted of an offense that makes the individual ineligible to make an election for treatment under IC 12-23-6.1 may not be involuntarily committed under subsection (a).

As added by P.L.187-2015, SEC.19.

IC 12-23-11.1-2 Parole conditions

Sec. 2. (a) Acceptance of treatment for drug abuse under the supervision of the division may be made a condition of parole under IC 11-13-3-4. Failure to comply with treatment may be treated as a violation of parole.

(b) The division shall establish the conditions under which a parolee is accepted for treatment.

(c) A parolee may not be placed under supervision of the division for treatment unless the division accepts the individual for treatment.

(d) The division shall make periodic progress reports regarding each parolee to the appropriate parole authority and shall report failures to comply with the prescribed treatment program.

As added by P.L.187-2015, SEC.19.

IC 12-23-12 Chapter 12. Voluntary and Involuntary Treatment by Division for Minors

12-23-12-1 Notification or consent of parents or guardians; treatment in absence of notification
12-23-12-2 Notification or consent of parents or guardians; discretion of division or facility; immunity from suit
12-23-12-3 Court placement

IC 12-23-12-1 Notification or consent of parents or guardians; treatment in absence of notification

Sec. 1. A minor who voluntarily seeks treatment for alcoholism, alcohol abuse, or drug abuse from the division or a facility approved by the division may receive treatment without notification or consent of the parents, guardian, or person having control or custody of the minor.

[Pre-1992 Revision Citation: 16-13-6.1-23 part.]

As added by P.L.2-1992, SEC.17.

IC 12-23-12-2 Notification or consent of parents or guardians; discretion of division or facility; immunity from suit

Sec. 2. Notification or consent is at the discretion of the division or a facility approved by the division. A criminal action or civil suit may not be maintained against the division or the division's agents for the reasonable exercise of this discretion.

[Pre-1992 Revision Citation: 16-13-6.1-23 part.]

As added by P.L.2-1992, SEC.17.

IC 12-23-12-3 Court placement

Sec. 3. A minor less than eighteen (18) years of age may be placed under the treatment supervision of the division by the court having jurisdiction over the minor, according to the procedure established for juveniles in such cases or the procedure established by this article if the court having juvenile jurisdiction waives jurisdiction.

[Pre-1992 Revision Citation: 16-13-6.1-24.]

As added by P.L.2-1992, SEC.17.

IC 12-23-13 Chapter 13. Miscellaneous Lawful Activity Relating to Controlled Substances

12-23-13-1 Individuals under influence of controlled substance in public place; lawful circumstances
12-23-13-2 Prescribing, dispensing, or administering controlled substances for treatment of drug abuse; conditions

IC 12-23-13-1 Individuals under influence of controlled substance in public place; lawful circumstances

Sec. 1. It is lawful for an individual to be under the influence of a controlled substance in a public place if the individual can present positive proof of the following:

(1) The individual is under the care of the division, a community mental health center, a managed care provider, or a licensed physician.

(2) The controlled substance constitutes medical treatment authorized by state and federal law.

[Pre-1992 Revision Citation: 16-13-6.1-25.]

As added by P.L.2-1992, SEC.17. Amended by P.L.40-1994, SEC.44.

IC 12-23-13-2 Prescribing, dispensing, or administering controlled substances for treatment of drug abuse; conditions

Sec. 2. It is lawful to prescribe, dispense, or administer controlled substances for the treatment of drug abuse if the following conditions are met:

(1) The controlled substances are used for the treatment or maintenance of a drug abuser.

(2) The treatment or maintenance is medically indicated.

(3) The treatment or maintenance is prescribed by a physician as a part of a rehabilitation program approved by the director and dispensed in compliance with the regulations for the dispensing of controlled substances.

[Pre-1992 Revision Citation: 16-13-6.1-26.]

As added by P.L.2-1992, SEC.17.

IC 12-23-14 Chapter 14. Court Established Alcohol and Drug Services Program

12-23-14-1	Authority to establish program
12-23-14-2	Operation of program by court or under private contract
12-23-14-3	Rules and special orders
12-23-14-4	Individuals eligible; jurisdiction of court
12-23-14-5	Individuals eligible; referrals
12-23-14-6	Range of services provided
12-23-14-7	Direct treatment or rehabilitation services; inadequacy of existing community resources
12-23-14-8	Establishment in county of alcohol and drug services program; statement from office of judicial administration; approval of legislative and appropriating body
12-23-14-9	Petition for approval
12-23-14-10	Approval of program operated through private contractor; drafting of contract
12-23-14-11	Program executive director; assistants and clerks
12-23-14-12	Program employees and contractors; duties; assignment by court
12-23-14-13	Powers of the office of judicial administration
12-23-14-14	Program costs; payment; city or county general fund; user fee fund; compensation of employees and contractors
12-23-14-15	Financial assistance; private and governmental sources
12-23-14-16	Fees charged for program; fee schedule; maximum fee; deposit of fees
12-23-14-17	Indiana supreme court drug and alcohol programs fund; grants
12-23-14-18	Chemical tests; costs; reporting of chemical test results
12-23-14-19	Right to participate; immunity from liability

IC 12-23-14-1 Authority to establish program

Sec. 1. A court having misdemeanor jurisdiction in a city or county may establish an alcohol and drug services program.

[Pre-1992 Revision Citation: 16-13-6.1-30(a).]

As added by P.L.2-1992, SEC.17.

IC 12-23-14-2 Operation of program by court or under private contract

Sec. 2. The court may establish an alcohol and drug services program under the court's operation or under private contract.

[Pre-1992 Revision Citation: 16-13-6.1-30(b) part.]

As added by P.L.2-1992, SEC.17.

IC 12-23-14-3 Rules and special orders

Sec. 3. The court may establish uniform rules and may make special orders and rules as necessary.

[Pre-1992 Revision Citation: 16-13-6.1-30(b) part.]

As added by P.L.2-1992, SEC.17. Amended by P.L.168-2002, SEC.4.

IC 12-23-14-4 Individuals eligible; jurisdiction of court

Sec. 4. Except as provided in section 5 of this chapter, an alcohol and drug services program and accompanying services and treatment facilities shall be open only to the individuals over whom the court has jurisdiction.

[Pre-1992 Revision Citation: 16-13-6.1-30(c) part.]

As added by P.L.2-1992, SEC.17.

IC 12-23-14-5 Individuals eligible; referrals

Sec. 5. The court may agree to provide the services and facilities of a program for individuals referred from another court, a probation department, the department of correction, the Federal Bureau of Prisons, the division, the prosecuting attorney's office, or pretrial

services.

[Pre-1992 Revision Citation: 16-13-6.1-30(c) part.]

As added by P.L.2-1992, SEC.17. Amended by P.L.192-2007, SEC.8.

IC 12-23-14-6 Range of services provided

Sec. 6. (a) A program may provide for eligible individuals a range of necessary intervention services, including the following:

(1) Screening for eligibility and other appropriate services.

(2) Clinical assessment.

(3) Education.

(4) Referral.

(5) Service coordination and case management.

(b) A program that is eligible under section 7 of this chapter may also provide a range of necessary treatment and rehabilitation services, including the following:

(1) Emergency services.

(2) Detoxification.

(3) Counseling.

(4) Rehabilitative care.

[Pre-1992 Revision Citation: 16-13-6.1-30(d) part.]

As added by P.L.2-1992, SEC.17. Amended by P.L.168-2002, SEC.5.

IC 12-23-14-7 Direct treatment or rehabilitation services; inadequacy of existing community resources

Sec. 7. A program may not provide direct treatment or rehabilitation services unless the program is certified by the division and the court determines that existing community resources are inadequate to respond satisfactorily to the demand for the services from the court.

[Pre-1992 Revision Citation: 16-13-6.1-30(d) part.]

As added by P.L.2-1992, SEC.17. Amended by P.L.122-1997, SEC.2.

IC 12-23-14-8 Establishment in county of alcohol and drug services program; statement from office of judicial administration; approval of legislative and appropriating body

Sec. 8. Before an alcohol and drug services program may be established in a county, the court must do the following:

(1) Have a written statement from the office of judicial administration approving the establishment of the program and the plans for operation before the court may submit the petition to the legislative and appropriating body for approval.

(2) Obtain the approval of the legislative and appropriating body from which the court derives the court's money.

[Pre-1992 Revision Citation: 16-13-6.1-30(e) part.]

As added by P.L.2-1992, SEC.17. Amended by P.L.122-1997, SEC.3; P.L.161-2018, SEC.28.

IC 12-23-14-9 Petition for approval

Sec. 9. The court must submit a petition for approval containing the following:

(1) A full description of a proposed program.

(2) A budget for the program, supported by statistics showing the total fines and costs collected by the court in the most recent year.

(3) Details on the implementation of the program.

(4) If the program is to be operated through a private contractor, a reference file on the contractor, including the contractor's most recent financial statement and statements of the qualifications of program staff associated with the contractor.

[Pre-1992 Revision Citation: 16-13-6.1-30(e) part.]

As added by P.L.2-1992, SEC.17.

IC 12-23-14-10 Approval of program operated through private contractor; drafting of contract

Sec. 10. (a) If the legislative and appropriating body approves an alcohol and drug services program and the operation through a private contractor, the court may direct the appropriate attorney to draft a contract governing the rights and duties of the contractor, the court, and the appropriating authority.

(b) The court is responsible for the administration of the program.

[Pre-1992 Revision Citation: 16-13-6.1-30(f).]

As added by P.L.2-1992, SEC.17.

IC 12-23-14-11 Program executive director; assistants and clerks

Sec. 11. The court may, subject to the approval of the legislative and appropriating body, appoint a full-time executive director of a program and assistants and clerks that are necessary.

[Pre-1992 Revision Citation: 16-13-6.1-30(g).]

As added by P.L.2-1992, SEC.17.

IC 12-23-14-12 Program employees and contractors; duties; assignment by court

Sec. 12. Program employees or contractors shall perform duties the court assigns, including the following:

(1) Providing places for the program and the program's services.

(2) Providing intervention, treatment, and rehabilitation services for eligible individuals.

(3) Compiling information and statistics on the program's activities.

(4) Reporting periodically to the court on program activities.

[Pre-1992 Revision Citation: 16-13-6.1-30(h).]

As added by P.L.2-1992, SEC.17. Amended by P.L.40-1994, SEC.45.

IC 12-23-14-13 Powers of the office of judicial administration

Sec. 13. (a) As used in this section, "board" refers to the board of directors of the judicial conference of Indiana established by IC 33-38-9-3.

(b) As used in this section, "effective date" means the date established by the board after which minimum employment standards are required for persons employed in court drug and alcohol programs.

(c) A program established under this chapter is subject to the regulatory powers of the office of judicial administration created by IC 33-24-6-1.

(d) With regard to alcohol and drug services programs established under this chapter, the office of judicial administration may do the following:

(1) Ensure that programs comply with rules adopted under this section and applicable federal regulations.

(2) Revoke the authorization of a program upon a determination that the program does not comply with rules adopted under this section and applicable federal regulations.

(3) Make agreements and contracts with:

(A) another department, authority, or agency of the state;

(B) another state;

(C) the federal government;

(D) a state educational institution or a private postsecondary educational institution; or

(E) a public or private agency;

to effectuate the purposes of this chapter.

(4) Directly, or by contract, approve and certify programs established under this chapter.

(5) Require, as a condition of operation, that each program created or funded under this chapter be certified according to rules established by the office of judicial administration.

(6) Adopt rules to implement this chapter.

(e) The board shall adopt rules concerning standards, requirements, and procedures for initial certification, recertification, and decertification of alcohol and drug services programs.

(f) The board may adopt rules concerning educational and occupational qualifications needed to be employed by or to provide services to a court alcohol and drug services program. If the board adopts qualifications under this subsection:

(1) the board shall establish an effective date after which any person employed by a court alcohol and drug services program must meet the minimum qualifications adopted under this subsection; and

(2) the minimum employment qualifications adopted under this subsection do not apply to a person who is employed:

(A) by a certified court alcohol and drug program before the effective date; or

(B) as administrative personnel.

(g) The board may delegate any of the functions described in subsections (e) and (f) to the court alcohol and drug program advisory committee or the office of judicial administration.

[Pre-1992 Revision Citation: 16-13-6.1-30(i), (j).]

As added by P.L.2-1992, SEC.17. Amended by P.L.40-1994, SEC.46; P.L.122-1997, SEC.4; P.L.113-2001, SEC.2; P.L.98-2004, SEC.87; P.L.2-2007, SEC.165; P.L.161-2018, SEC.29; P.L.10-2019, SEC.62.

IC 12-23-14-14 Program costs; payment; city or county general fund; user fee fund; compensation of employees and contractors

Sec. 14. (a) The costs of an alcohol and drug services program established under this chapter shall be paid out of the city general fund or the county general fund and may be supplemented by payment from the user fee fund upon appropriation made under IC 33-37-8.

(b) The court shall fix the compensation of employees and contractors.

[Pre-1992 Revision Citation: 16-13-6.1-31(a).]

As added by P.L.2-1992, SEC.17. Amended by P.L.98-2004, SEC.88.

IC 12-23-14-15 Financial assistance; private and governmental sources

Sec. 15. A program may apply for and receive the following:

(1) Gifts, bequests, and donations from private sources.

(2) Grant and contract money from governmental sources.

(3) Other forms of financial assistance approved by the court to supplement the budget.

[Pre-1992 Revision Citation: 16-13-6.1-31(b).]

As added by P.L.2-1992, SEC.17.

IC 12-23-14-16 Fees charged for program; fee schedule; maximum fee; deposit of fees

Sec. 16. (a) The court may require an eligible individual to pay a fee for a service of a program.

(b) If a fee is required, the court shall adopt by court rule a schedule of fees to be assessed for program services.

(c) The fee for program services, excluding reasonable fees for education or treatment and rehabilitation services, may not exceed four hundred dollars ($400).

(d) An alcohol and drug services program or the clerk of the court shall collect fees under this chapter. The fees must be transferred within thirty (30) days after the fees are collected

for deposit by the auditor or fiscal officer in the appropriate user fee fund established under IC 33-37-8.

[Pre-1992 Revision Citation: 16-13-6.1-31(c).]

As added by P.L.2-1992, SEC.17. Amended by P.L.113-2001, SEC.3; P.L.136-2012, SEC.6; P.L.187-2015, SEC.20.

IC 12-23-14-17 Indiana supreme court drug and alcohol programs fund; grants

Sec. 17. (a) The Indiana supreme court drug and alcohol programs fund is established for the purpose of administering, certifying, and supporting alcohol and drug services programs under this chapter. The fund shall be administered by the office of judicial administration established by IC 33-24-6-1.

(b) The treasurer of state shall invest the money in the fund not currently needed to meet the obligations of the fund in the same manner as other public funds may be invested.

(c) Money in the fund at the end of the fiscal year does not revert to the state general fund.

(d) The office of judicial administration may award a grant from the fund to a probation department or a community corrections program to increase substance abuse treatment access for individuals on probation or individuals placed in a community corrections program who are under court supervision and who have been diagnosed with a substance abuse disorder or co-occurring disorder.

(e) To receive a grant under this section, a probation department or community corrections program and the agency that will be providing treatment if the grant is approved must submit an application to the office of judicial administration:

(1) on a form; and

(2) in the manner;

prescribed by the office of judicial administration.

(f) The office of judicial administration shall determine the amount of a grant awarded under this section in consultation with the division of mental health and addiction and the local probation department or community corrections program.

(g) Mental health and substance abuse counseling provided by grants under this section must be contracted for with a certified mental health or addiction provider as determined by the division of mental health and addiction.

As added by P.L.122-1997, SEC.5. Amended by P.L.98-2004, SEC.89; P.L.158-2013, SEC.182; P.L.161-2018, SEC.30.

IC 12-23-14-18 Chemical tests; costs; reporting of chemical test results

Sec. 18. (a) As a condition of participation in an alcohol and drug services program, a participant may be required to undergo a chemical test or a series of chemical tests as specified by the program. A participant is liable for the costs of all chemical tests required under this section, regardless of whether the costs are paid to the court alcohol and drug services program or the laboratory.

(b) A laboratory that performs a chemical test under this section shall report the results of the test to the program.

As added by P.L.168-2002, SEC.6.

IC 12-23-14-19 Right to participate; immunity from liability

Sec. 19. (a) A person does not have a right to participate in an alcohol and drug services program under this chapter.

(b) The director and members of the professional and administrative staff of an alcohol and drug services program who perform duties in good faith under this chapter are immune from civil liability for:

(1) acts or omissions in providing services under this chapter; and

(2) the reasonable exercise of discretion in determining eligibility to participate in an

alcohol and drug services program.

As added by P.L.168-2002, SEC.7.

IC 12-23-14.5 Chapter 14.5. Repealed

Repealed by P.L.108-2010, SEC.10.

IC 12-23-15 Chapter 15. Citations for Public Intoxication

12-23-15-1	Arrest for public intoxication; options available
12-23-15-2	Individuals taken to city lock-up or county jail; evaluation of nonalcoholic factors contributing to intoxicated appearance
12-23-15-3	Form and contents of citation

IC 12-23-15-1 Arrest for public intoxication; options available

Sec. 1. A police officer or peace officer making an arrest for public intoxication may do the following:

(1) If an individual is unmanageable or is causing damage to the individual or others, take the individual into custody for criminal processing in the city lock-up or county jail.

(2) If an individual is manageable and not causing damage to the individual or others, issue a citation and do either of the following:

(A) If within reasonable proximity, take the individual to any of the following:

(i) The individual's home.

(ii) The home of a relative of the individual.

(iii) A responsible person who is competent and willing to provide care, assistance, and treatment.

(B) Take the individual to an approved public or private treatment facility or to the city lock-up or county jail if no facility is available.

[Pre-1992 Revision Citation: 16-13-6.1-32(a), (b).]

As added by P.L.2-1992, SEC.17.

IC 12-23-15-2 Individuals taken to city lock-up or county jail; evaluation of nonalcoholic factors contributing to intoxicated appearance

Sec. 2. An individual to be taken to the city lock-up or county jail shall be evaluated at the earliest possible time for nonalcoholic factors that may be contributing to the appearance of intoxication.

[Pre-1992 Revision Citation: 16-13-6.1-32(c).]

As added by P.L.2-1992, SEC.17.

IC 12-23-15-3 Form and contents of citation

Sec. 3. A citation written for the purpose of the offense of public intoxication must contain the following:

(1) The name of the individual arrested.

(2) The place where arrested.

(3) The name of the arresting officer.

(4) The time of arrest.

(5) The time and place for trial.

(6) Any other pertinent information thought necessary by the enforcement agency under whose jurisdiction the intoxicated individual was arrested.

[Pre-1992 Revision Citation: 16-13-6.1-33.]

As added by P.L.2-1992, SEC.17.

IC 12-23-16 Chapter 16. Program on Drug Abuse

12-23-16-1 Symptoms and conditions constituting drug abuse; determination by director
12-23-16-2 Powers and duties of division
12-23-16-3 Drug abuse treatment and rehabilitation centers; establishment

IC 12-23-16-1 Symptoms and conditions constituting drug abuse; determination by director

Sec. 1. For the purpose of this chapter, the director, in accordance with sound medical and psychiatric knowledge, may determine what symptoms and conditions must exist to say that an individual abuses drugs.

[Pre-1992 Revision Citation: 16-13-7-1.]

As added by P.L.2-1992, SEC.17.

IC 12-23-16-2 Powers and duties of division

Sec. 2. The division may do the following:

(1) Provide for the promotion, establishment, coordination, and conduct of unified local programs of prevention, diagnosis, treatment, and rehabilitation in the field of drug abuse in cooperation with federal, state, local, and private agencies.

(2) Survey and analyze the state's needs and formulate a comprehensive plan for the long range development of local community treatment programs through the utilization of state, federal, local, and private resources for the prevention and control of drug abuse.

(3) With the approval of the budget agency, make agreements concerning local community treatment programs, including agreements with public and private agencies, to do or cause to be done whatever is necessary, desirable, or proper to carry out the purposes and objectives of this chapter within the amounts made available by appropriation, gift, grant, devise, or bequest.

(4) Establish and operate local community rehabilitation centers and other local facilities that the division considers necessary or desirable for the care, treatment, and rehabilitation of drug abusers.

(5) Approve facilities and services for the local community treatment, care, or rehabilitation of drug abusers.

(6) With the approval of the budget agency, accept on behalf of the state a gift, grant, devise, or bequest.

(7) Adopt rules under IC 4-22-2 to implement this chapter.

[Pre-1992 Revision Citation: 16-13-7-2.]

As added by P.L.2-1992, SEC.17.

IC 12-23-16-3 Drug abuse treatment and rehabilitation centers; establishment

Sec. 3. The division may establish drug abuse treatment and rehabilitation units:

(1) independently within local communities;

(2) as part of the community mental health plan; or

(3) in cooperation with local authorities or associations for the purpose of study, rehabilitation, and treatment necessary for the control and prevention of drug abuse.

[Pre-1992 Revision Citation: 16-13-7-3.]

As added by P.L.2-1992, SEC.17.

IC 12-23-17 Chapter 17. Institution for Alcohol and Drug Abusers

12-23-17-1 Alcohol and drug abusers; separate state institution; establishment; transfer of programs, records, and property
12-23-17-2 Administration of state institution
12-23-17-3 Transfer of programs, records, and property; transfer of related appropriations

IC 12-23-17-1 Alcohol and drug abusers; separate state institution; establishment; transfer of programs, records, and property

Sec. 1. With the approval of the governor, the director may do the following:

(1) Establish a separate state institution for the purposes of observing, diagnosing, or treating alcohol abusers or drug abusers.

(2) Transfer any part of the programs, records, and property at another state institution administered by the division relating to the observation, diagnosis, and treatment of alcohol abusers or drug abusers and the unused property at the other state institution to the state institution established under subdivision (1).

[Pre-1992 Revision Citation: 16-13-1-9.3(b).]

As added by P.L.2-1992, SEC.17.

IC 12-23-17-2 Administration of state institution

Sec. 2. The division shall administer and operate a state institution established under section 1 of this chapter.

[Pre-1992 Revision Citation: 16-13-1-9.3(c).]

As added by P.L.2-1992, SEC.17.

IC 12-23-17-3 Transfer of programs, records, and property; transfer of related appropriations

Sec. 3. If the programs, records, and property of a state institution are transferred under section 1(2) of this chapter, the state board of finance shall, under IC 4-9.1-1-7 and IC 4-13-2-23, transfer an appropriation to the state institution related to the transferred programs, records, and property to the state institution established under section 1 of this chapter.

[Pre-1992 Revision Citation: 16-13-1-9.3(d).]

As added by P.L.2-1992, SEC.17.

IC 12-23-18 Chapter 18. Opioid Treatment Diversion Control and Oversight Program

12-23-18-0.5	Opioid treatment program; requirements for operation
12-23-18-1	Rules
12-23-18-2	Diversion control
12-23-18-2.5	Drug testing
12-23-18-3	Opioid treatment program fees
12-23-18-4	Opioid treatment program fund
12-23-18-5	Standards for operation; report; initial patient assessment; prohibitions
12-23-18-5.3	Rules concerning opioid treatment
12-23-18-5.5	Opioid treatment programs; limitations; report to General Assembly; rules
12-23-18-5.6	Central registry
12-23-18-5.7	Repealed
12-23-18-5.8	Violations; penalties
12-23-18-6	Repealed
12-23-18-7	Adoption of rules establishing standards and protocols; use of alternative medication for treatment; explanation of side effects
12-23-18-7.5	Office based opioid treatment providers; treatment protocol; clinical practice guidelines
12-23-18-8	"Dispense"; provision of information to division; annual report

IC 12-23-18-0.5 Opioid treatment program; requirements for operation

Sec. 0.5. (a) An opioid treatment program shall not operate in Indiana unless the opioid treatment program meets the following conditions:

(1) Is specifically approved and the opioid treatment facility is certified by the division.

(2) Is in compliance with state and federal law.

(3) Provides treatment for opioid addiction using a drug approved by the federal Food and Drug Administration for the treatment of opioid addiction, including:

(A) opioid maintenance;

(B) detoxification;

(C) overdose reversal;

(D) relapse prevention; and

(E) long acting, nonaddictive medication assisted treatment medications.

(4) Beginning July 1, 2017, is:

(A) enrolled:

(i) as a Medicaid provider under IC 12-15; and

(ii) as a healthy Indiana plan provider under IC 12-15-44.2; or

(B) enrolled as an ordering, prescribing, or referring provider in accordance with Section 6401 of the federal Patient Protection and Affordable Care Act (P.L. 111-148), as amended by the federal Health Care and Education Reconciliation Act of 2010 (P.L. 111-152) and maintains a memorandum of understanding with a community mental health center for the purpose of ordering, prescribing, or referring treatments covered by Medicaid and the healthy Indiana plan.

(b) Separate specific approval and certification under this chapter is required for each location at which an opioid treatment program is operated. If an opioid treatment program moves the opioid treatment program's facility to another location, the opioid treatment program's certification does not apply to the new location and certification for the new location under this chapter is required.

(c) Each opioid treatment program that is enrolled as an ordering, prescribing, or referring provider shall report to the office on an annual basis the services provided to Indiana Medicaid patients. The report must include the following:

(1) The number of Medicaid patients seen by the ordering, prescribing, or referring provider.

(2) The services received by the provider's Medicaid patients, including any drugs

prescribed.

(3) The number of Medicaid patients referred to other providers.

(4) Any other provider types to which the Medicaid patients were referred.

As added by P.L.116-2008, SEC.2. Amended by P.L.1-2009, SEC.108; P.L.8-2016, SEC.2.

IC 12-23-18-1 Rules

Sec. 1. (a) Subject to federal law and consistent with standard medical practice in opioid treatment of drug abuse, the division shall adopt rules under IC 4-22-2 to establish and administer an opioid treatment diversion control and oversight program to identify individuals who divert opioid treatment medications from legitimate treatment use and to terminate the opioid treatment of those individuals.

(b) Rules adopted under subsection (a) must include provisions relating to the following matters concerning opioid treatment programs and patients who receive opioid treatment:

(1) Regular clinic attendance by the patient.

(2) Specific counseling requirements for the opioid treatment program.

(3) Serious behavior problems of the patient.

(4) Stable home environment of the patient.

(5) Safe storage capacity of opioid treatment medications within the patient's home.

(6) Medically recognized testing protocols to determine legitimate opioid treatment medication use.

(7) The opioid treatment program's medical director and administrative staff responsibilities for preparing and implementing a diversion control plan.

As added by P.L.11-2003, SEC.2. Amended by P.L.116-2008, SEC.3.

IC 12-23-18-2 Diversion control

Sec. 2. (a) Not later than February 28 of each year, each opioid treatment program must submit to the division a diversion control plan that:

(1) meets the requirements of section 1 of this chapter; and

(2) includes in the opioid treatment program's diversion control plan the program's drug testing procedure for testing a patient during the patient's treatment by the program as required by section 2.5 of this chapter.

(b) Not later than May 1 of each year, the division shall review and approve a plan submitted under subsection (a).

(c) If the division denies a plan submitted under subsection (a), the opioid treatment program must submit another plan not later than sixty (60) days after the denial of the plan.

As added by P.L.11-2003, SEC.2. Amended by P.L.116-2008, SEC.4.

IC 12-23-18-2.5 Drug testing

Sec. 2.5. (a) An opioid treatment program must periodically and randomly test, including before receiving treatment, a patient for the following during the patient's treatment by the program:

(1) Methadone.

(2) Cocaine.

(3) Opiates.

(4) Amphetamines.

(5) Barbiturates.

(6) Tetrahydrocannabinol.

(7) Benzodiazepines.

(8) Any other suspected or known drug that may have been abused by the patient.

(b) If a patient tests positive under a test described in subsection (a) for:

(1) a controlled substance other than a drug for which the patient has a prescription or that is part of the patient's treatment plan at the opioid treatment program; or

(2) an illegal drug other than the drug that is part of the patient's treatment plan at the

opioid treatment program;

the opioid treatment program and the patient must comply with the requirements under subsection (c).

(c) If a patient tests positive under a test for a controlled substance or illegal drug that is not allowed under subsection (a), the following conditions must be met:

(1) The opioid treatment program must refer the patient to:

(A) the onsite physician; or

(B) another health care provider authorized to conduct the clinical evaluation under section 5(g) of this chapter;

for a clinical evaluation that must be conducted not more than ten (10) days after the date of the patient's positive test. The physician or health care provider shall consult with medical and behavioral staff to conduct the evaluation. The clinical evaluation must recommend a remedial action for the patient that may include discharge from the opioid treatment program or amending the treatment plan to require a higher level of supervision.

(2) The opioid treatment program may not, unless otherwise authorized by the division, allow the patient to take any opioid treatment medications from the treatment facility until the patient has completed a clinical assessment under subdivision (1) and has passed a random test. The patient must report to the treatment facility daily, except when the facility is closed, until the onsite physician or other authorized health care provider who conducts the clinical evaluation under subdivision (1), after consultation with the medical and behavioral staff, determines that daily treatment is no longer necessary.

(3) The patient must take a monthly random test until the patient passes a test under subsection (a).

(d) An opioid treatment program must conduct all tests required under this section in an observed manner to assure that a false sample is not provided by the patient.

As added by P.L.116-2008, SEC.5. Amended by P.L.131-2014, SEC.2; P.L.143-2025, SEC.2.

IC 12-23-18-3 Opioid treatment program fees

Sec. 3. (a) By May 15 of each year, each opioid treatment program shall submit to the division a fee that is:

(1) an amount established by the division by rule under IC 4-22-2;

(2) not more than necessary to recover the costs of administering this chapter; and

(3) not more than seventy-five dollars ($75) for each opioid treatment program patient who was treated by the opioid treatment program during the preceding calendar year.

(b) The fee collected under subsection (a) shall be deposited in the fund.

As added by P.L.11-2003, SEC.2. Amended by P.L.116-2008, SEC.6.

IC 12-23-18-4 Opioid treatment program fund

Sec. 4. (a) As used in this section, "fund" means the opioid treatment program fund established under subsection (b).

(b) The opioid treatment program fund is established to implement this chapter. The fund shall be administered by the division.

(c) The expenses of administering the fund shall be paid from money in the fund.

(d) The treasurer of state shall invest money in the fund in the same manner as other public money may be invested.

(e) Money in the fund at the end of the state fiscal year does not revert to the state general fund.

As added by P.L.11-2003, SEC.2. Amended by P.L.116-2008, SEC.7.

IC 12-23-18-5 Standards for operation; report; initial patient assessment; prohibitions

Sec. 5. (a) The division shall adopt rules under IC 4-22-2 to establish the following:

(1) Standards for operation of an opioid treatment program in Indiana, including the following requirements:

(A) Except as otherwise prescribed by the division, an opioid treatment program shall obtain prior authorization from the division for any patient receiving more than fourteen (14) days of opioid maintenance treatment medications at one (1) time and the division may approve the authorization only under the following circumstances:

(i) A physician licensed under IC 25-22.5 has issued an order for the opioid treatment medication.

(ii) The patient has not tested positive under a drug test for a drug for which the patient does not have a prescription for a period of time set forth by the division.

(iii) The opioid treatment program has determined that the benefit to the patient in receiving the take home opioid treatment medication outweighs the potential risk of diversion of the take home opioid treatment medication.

(B) Minimum requirements for a licensed physician's regular:

(i) physical presence in the opioid treatment facility; and

(ii) physical evaluation and progress evaluation of each opioid treatment program patient.

(C) Minimum staffing requirements by licensed and unlicensed personnel.

(D) Clinical standards for the appropriate tapering of a patient on and off of an opioid treatment medication.

(2) A requirement that, not later than February 28 of each year, a current diversion control plan that meets the requirements of 21 CFR Part 290 and 42 CFR Part 8 be submitted for each opioid treatment facility.

(3) Fees to be paid by an opioid treatment program for deposit in the fund for annual certification under this chapter as described in section 3 of this chapter.

The fees established under this subsection must be sufficient to pay the cost of implementing this chapter.

(b) The division shall conduct an annual onsite visit of each opioid treatment program facility to assess compliance with this chapter.

(c) Not later than April 1 of each year, the division shall report to the general assembly in electronic format under IC 5-14-6 the following information:

(1) The number of prior authorizations that were approved under subsection (a)(1)(A) in the previous year and the:

(A) time frame for each approval; and

(B) duration of each approved treatment.

(2) The number of authorizations under subdivision (1) that were, in the previous year, revoked due to a patient's violation of an applicable term or condition.

(3) The number of each of the actions taken under section 5.8(a) of this chapter in the previous year.

(4) The number and type of violations assessed for each action specified in section 5.8(a) of this chapter in the previous year.

(d) A facility shall report, in a manner prescribed by the division, all information required by the division to complete the report described in subsection (c).

(e) An opioid treatment program may close on Sundays and a national legal holiday recognized by the federal government.

(f) The division may not require the medical director of an opioid treatment program to obtain admitting privileges at a hospital.

(g) Any of the following health care providers may conduct an initial assessment, examination, or evaluation of a patient, including documenting the information in the patient's medical record, that is within the health care provider's scope of practice and upon the patient's admission to an opioid treatment program:

(1) A physician licensed under IC 25-22.5.

(2) An advanced practice registered nurse who:
(A) is licensed under and meets the requirements of IC 25-23; and
(B) maintains a collaborative agreement under IC 25-23-1-19.4 with a physician who works onsite at the opioid treatment program.
(3) A physician assistant who:
(A) is licensed under IC 25-27.5; and
(B) maintains a collaborative agreement with a physician who works onsite at the opioid treatment program.

(h) The division may not establish rules or guidelines that are more stringent than the regulations set forth in 42 CFR 8.12 concerning the following:
(1) Criteria for patient admission to an opioid treatment program.
(2) Clinical standards concerning the administering or dispensing of an initial dose of opioid treatment medication.

As added by P.L.11-2003, SEC.2. Amended by P.L.116-2008, SEC.8; P.L.131-2014, SEC.3; P.L.7-2015, SEC.38; P.L.8-2016, SEC.3; P.L.181-2021, SEC.1; P.L.143-2025, SEC.3.

IC 12-23-18-5.3 Rules concerning opioid treatment

Sec. 5.3. Subject to federal law and consistent with standard medical practices in opioid treatment for substance abuse, the division shall adopt rules under IC 4-22-2 concerning opioid treatment by an opioid treatment provider, including the following:
(1) A requirement that the opioid treatment provider periodically review with the patient the patient's treatment plan. In the review, the opioid treatment provider shall consider changes to the plan with the goal of requiring the minimal clinically necessary medication dose, including, when appropriate, the goal of opioid abstinence.
(2) Treatment protocols containing best practice guidelines for the treatment of opiate dependent patients, including the following:
(A) Appropriate clinical use of all drugs approved by the federal Food and Drug Administration for the treatment of opioid addiction, including the following when available:
(i) Opioid maintenance.
(ii) Detoxification.
(iii) Overdose reversal.
(iv) Relapse prevention.
(v) Long acting, nonaddictive medication assisted treatment medications.
(B) Requirement of initial and periodic behavioral health assessments for each patient.
(C) Appropriate use of providing overdose reversal, relapse prevention, counseling, and ancillary services.
(D) Transitioning off agonist and partial agonist therapies with the goal, when appropriate, of opioid abstinence.
(E) Training and experience requirements for providers who treat and manage opiate dependent patients.
(F) Requirement that a provider who prescribes opioid medication for a patient periodically review INSPECT (as defined in IC 25-26-24-7) concerning controlled substance information for the patient.

As added by P.L.8-2016, SEC.4. Amended by P.L.51-2019, SEC.1.

IC 12-23-18-5.5 Opioid treatment programs; limitations; report to General Assembly; rules

Sec. 5.5. (a) The division may not grant specific approval to be a new opioid treatment program. This section does not apply to applications for new opioid treatment programs:
(1) pending prior to March 1, 2007; or
(2) that are operated by a hospital licensed under IC 16-21, an institution licensed under

IC 12-25, or a certified community mental health center:

(A) within the licensed hospital, institution, or center; or

(B) in a separate office that meets federal opioid treatment program requirements;

and that meets the requirements of this section.

(b) A hospital licensed under IC 16-21, an institution licensed under IC 12-25, or a certified community mental health center may apply to the division to operate an opioid treatment program. Upon approval, the hospital, institution, or community mental health center may operate an opioid treatment program in compliance with this chapter and federal law.

(c) Before June 30, 2018, the division may approve the operation of not more than five (5) additional opioid treatment programs described in subsection (a)(2) only if the division determines as described in subsection (f) that there is a need for a new opioid treatment program in the proposed location and the requirements of this chapter are met.

(d) Beginning July 1, 2018, the division may approve the operation of not more than nine (9) additional opioid treatment programs described in subsection (a)(2) only if the division determines as described in subsection (f) that there is a need for a new opioid treatment program in the proposed location and the requirements of this chapter are met.

(e) Not later than June 30, 2018, the division shall report to the general assembly in an electronic format under IC 5-14-6 concerning whether any new opioid treatment programs have been approved under subsection (c). The report must include the following:

(1) The impact on access to opioid treatment programs.

(2) The number of individuals served in the opioid treatment programs approved under subsection (c).

(3) Treatment outcomes for individuals receiving services in the opioid treatment programs approved under subsection (c).

(4) Any recommendations the division has concerning future treatment programs.

(f) The division shall adopt rules under IC 4-22-2 setting forth the manner in which the division will determine whether there is a need for a new opioid treatment program in a proposed program location's geographic area.

As added by P.L.210-2007, SEC.1. Amended by P.L.116-2008, SEC.9; P.L.209-2015, SEC.14; P.L.195-2018, SEC.7.

IC 12-23-18-5.6 Central registry

Sec. 5.6. (a) The division shall establish a central registry to maintain information concerning each patient served by an opioid treatment program.

(b) An opioid treatment program shall, at least monthly, provide to the division information required by the division concerning patients currently served by the opioid treatment program.

(c) Information that could be used to identify an opioid treatment program patient and that is:

(1) contained in; or

(2) provided to the division and related to;

the central registry is confidential.

As added by P.L.116-2008, SEC.10.

IC 12-23-18-5.7 Repealed

As added by P.L.116-2008, SEC.11. Repealed by P.L.28-2012, SEC.17.

IC 12-23-18-5.8 Violations; penalties

Sec. 5.8. (a) The state opioid treatment authority may take any of the following actions based on any grounds described in subsection (b):

(1) Issue a letter of correction.

(2) Reinspect an opioid treatment program facility.

(3) Deny renewal of, or revoke, any of the following:

(A) Specific approval to operate as an opioid treatment program.

(B) Certification of an opioid treatment facility.

(4) Impose a civil penalty in an amount not to exceed ten thousand dollars ($10,000) per violation.

(b) The state opioid treatment authority may take action under subsection (a) based on any of the following grounds:

(1) Violation of this chapter or rules adopted under this chapter.

(2) Permitting, aiding, or abetting the commission of any illegal act in an opioid treatment program facility.

(3) Conduct or practice found by the state opioid treatment authority to be detrimental to the welfare of an opioid treatment program patient.

(c) IC 4-21.5 applies to an action under this section.

As added by P.L.116-2008, SEC.12. Amended by P.L.181-2021, SEC.2.

IC 12-23-18-6 Repealed

As added by P.L.11-2003, SEC.2. Repealed by P.L.116-2008, SEC.13.

IC 12-23-18-7 Adoption of rules establishing standards and protocols; use of alternative medication for treatment; explanation of side effects

Sec. 7. (a) The division shall adopt rules under IC 4-22-2 to establish standards and protocols for opioid treatment programs to do the following:

(1) Assess new opioid treatment program patients to determine the most effective opioid treatment medications to start the patient's opioid treatment.

(2) Ensure that each patient voluntarily chooses maintenance treatment and that relevant facts concerning the use of opioid treatment medications are clearly and adequately explained to the patient.

(3) Have appropriate opioid treatment program patients who are receiving methadone for opioid treatment move to receiving other approved opioid treatment medications.

(b) An opioid treatment program shall follow the standards and protocols adopted under subsection (a) for each opioid treatment program patient.

(c) Subject to subsection (a), an opioid treatment program may use any of the following medications as an alternative for methadone for opioid treatment:

(1) Buprenorphine.

(2) Buprenorphine combination products containing naloxone.

(3) Naltrexone injectable and extended release.

(4) A federal Food and Drug Administration approved long acting, nonaddictive medication for the treatment of opioid or alcohol dependence.

(5) Any other medication that has been approved by:

(A) the federal Food and Drug Administration for use in the treatment of opioid addiction; and

(B) the division under subsection (e).

(d) Before starting a patient on a new opioid treatment medication, the opioid treatment program shall explain to the patient the potential side effects of the new medication.

(e) The division may adopt rules under IC 4-22-2 to provide for other medications, including a federal Food and Drug Administration approved long acting, nonaddictive medication for the treatment of opioid or alcohol dependence, as alternatives to methadone that may be used under subsection (a).

As added by P.L.131-2014, SEC.4. Amended by P.L.187-2015, SEC.21; P.L.209-2015, SEC.15.

IC 12-23-18-7.5 Office based opioid treatment providers; treatment protocol;

clinical practice guidelines

Sec. 7.5. (a) This section applies to an office based opioid treatment provider who:

(1) has obtained a waiver from the federal Substance Abuse and Mental Health Services Administration (SAMHSA) and meets the qualifying standards required to treat opioid addicted patients in an office based setting; and

(2) has a valid federal Drug Enforcement Administration registration number and identification number that specifically authorizes treatment in an office based setting.

(b) The office of the secretary and the division shall develop a treatment protocol containing best practice guidelines for the treatment of opiate dependent patients. The treatment protocol must require the minimal clinically necessary medication dose, including, when appropriate, the goal of opioid abstinence, and including the following:

(1) Appropriate clinical use of any drug approved by the federal Food and Drug Administration for the treatment of opioid addiction, including the following:

(A) Opioid maintenance.

(B) Opioid detoxification.

(C) Overdose reversal.

(D) Relapse prevention.

(E) Long acting, nonaddictive medication assisted treatment medications.

(2) A requirement for initial and periodic behavioral health assessments for each patient.

(3) Appropriate use of providing overdose reversal, relapse prevention, counseling, and ancillary services.

(4) Transitioning off agonist and partial agonist therapies, when appropriate, with the goal of opioid abstinence.

(5) Training and experience requirements for prescribers of drugs described in subdivision (1) in the treatment and management of opiate dependent patients.

(6) A requirement that prescribers obtain informed consent from a patient concerning all available opioid treatment options, including each option's potential benefits and risks, before prescribing a drug described in subdivision (1).

(c) Before December 31, 2016, the office of the secretary shall recommend the clinical practice guidelines required under subsection (b) to:

(1) the Indiana professional licensing agency established under IC 25-1-5;

(2) the office of Medicaid policy and planning established under IC 12-8-6.5; and

(3) a managed care organization that has contracted with the office of Medicaid policy and planning.

As added by P.L.8-2016, SEC.5.

IC 12-23-18-8 "Dispense"; provision of information to division; annual report

Sec. 8. (a) As used in this section, "dispense" means to deliver a controlled substance to an ultimate user.

(b) Subject to the federal patient confidentiality requirements under 42 CFR Part 2, when an opioid treatment program dispenses a controlled substance designated by the Indiana board of pharmacy under IC 35-48-2-5 through IC 35-48-2-10, the opioid treatment program shall provide the following information upon request from the division:

(1) The medications dispensed by the program.

(2) The medication delivery process, which includes whether the medication was in liquid, film, or another form.

(3) The number of doses dispensed of each medication.

(4) The dosage quantities for each medication.

(5) The number of patients receiving take home medications.

(6) The number of days of supply dispensed.

(7) Patient demographic information for each medication, including gender, age, and

time in treatment.

(8) The dispenser's United States Drug Enforcement Agency registration number.

(9) The average number of patients served by:

(A) the opioid treatment program annually; and

(B) each employed or contracted prescriber of the opioid treatment program.

(10) The annual ratio of employed or contracted prescribers to patients served at each opioid treatment program.

(11) The number of patients and the average length of treatment for each medication dispensed by the opioid treatment program.

(12) The number of patients completing an opiate treatment program treatment service having transitioned to opioid abstinence, including the use of long acting, nonaddictive medication for relapse prevention.

(13) The number of patients demonstrating improvement in functioning, as defined by the division, while in treatment at an opiate treatment program.

(14) An annual submission of each opiate treatment program's policy concerning:

(A) the use of INSPECT (as defined in IC 25-26-24-7);

(B) the protocol for addressing patients who are found, using INSPECT data, to have prescriptions for a controlled substance, including benzodiazepines or other opiate medications; and

(C) the protocol for addressing patients who have illicit urine drug screens indicating the use of a controlled substance, including benzodiazepines or other opiates, whether prescribed or not.

(15) The number of patients denied access to services due to inability to pay, including the demographic information of the patient concerning race.

(16) The number of patients who are receiving behavioral health services in addition to medication.

(17) The average mileage a patient is traveling to receive treatment.

(18) The patient relapse rate or the average time an individual is receiving treatment from the opioid treatment program.

(19) The number of admissions and discharges of patients at the opioid treatment program.

(20) The number of pregnant women being treated.

(21) Whether an individual is employed at the time of admission and whether the patient obtains employment during treatment.

(22) The number of patients who are eligible for the Medicaid program.

(23) A description of programs offered by the opioid treatment program.

(24) A description of any community outreach or education to the public offered by the opioid treatment program.

(25) The number of patients who have eliminated the use of an illegal substance after the first year of treatment at the opioid treatment program.

(c) An opioid treatment program shall provide the information required under this section to the division in a manner prescribed by the division.

(d) The division shall annually report the information collected under this section to the legislative council in an electronic format under IC 5-14-6 not later than October 1.

As added by P.L.131-2014, SEC.5. Amended by P.L.8-2016, SEC.6; P.L.165-2017, SEC.1; P.L.51-2019, SEC.2.

IC 12-23-19 Chapter 19. Mental Health and Addiction Forensic Treatment Services Grants

12-23-19-1 "Mental health and addiction forensic treatment services"
12-23-19-2 Eligibility; use of grants and vouchers; determination on reimbursement
12-23-19-3 Administration or coordination of services by certified or licensed provider
12-23-19-4 Mental health and addiction forensic treatment services account
12-23-19-5 Subrogation concerning reimbursement
12-23-19-6 Education and training on involuntary commitment and medication assisted treatment
12-23-19-7 Survey of individuals receiving services; report
12-23-19-8 Coordination of employment and training services
12-23-19-9 Appeals process

IC 12-23-19-1 "Mental health and addiction forensic treatment services"

Sec. 1. (a) As used in this chapter, "mental health and addiction forensic treatment services" means evidence based treatment and recovery wraparound support services that may be provided to individuals in the criminal justice system who are charged with a felony offense, or have a prior felony conviction, and have been placed or are eligible to be placed in a pretrial services program, community corrections program, prosecuting attorney's diversion program, or jail as an alternative to commitment to the department of correction. The term includes the following:

(1) Mental health and substance abuse treatment, including:
(A) addiction counseling;
(B) inpatient detoxification;
(C) case management;
(D) daily living skills; and
(E) medication assisted treatment, including a federal Food and Drug Administration approved long acting, nonaddictive medication for the treatment of opioid or alcohol dependence.
(2) Vocational services.
(3) Housing assistance.
(4) Community support services.
(5) Care coordination.
(6) Transportation assistance.
(7) Mental health and substance abuse assessments.
(8) Competency restoration services.

(b) The term applies to services provided under a pilot program under section 2 of this chapter to individuals who are charged with a misdemeanor.

As added by P.L.179-2015, SEC.10; P.L.209-2015, SEC.16. Amended by P.L.69-2016, SEC.3; P.L.65-2018, SEC.4; P.L.57-2021, SEC.2.

IC 12-23-19-2 Eligibility; use of grants and vouchers; determination on reimbursement

Sec. 2. (a) An individual is eligible for mental health and addiction forensic treatment services if:

(1) subject to subsection (d), the individual:
(A) is a member of a household with an annual income that does not exceed two hundred percent (200%) of the federal income poverty level;
(B) is a resident of Indiana;
(C) is:
(i) at least eighteen (18) years of age; or
(ii) subject to the approval of the Indiana commission to combat substance use disorder, less than eighteen (18) years of age and the individual is a defendant

whose case is either waived from juvenile court to adult court or directly filed in adult court; and

(D) has entered the criminal justice system as a felon or with a prior felony conviction or is ordered to be committed for competency restoration services as described in IC 35-36-3-1(f); and

(2) subject to subsection (b), reimbursement for the service is not available to the individual through any of the following:

(A) A policy of accident and sickness insurance (IC 27-8-5).

(B) A health maintenance organization contract (IC 27-13).

(C) The Medicaid program (IC 12-15), excluding the Medicaid rehabilitation program and the Behavioral and Primary Health Coordination Program under Section 1915(i) of the Social Security Act.

(D) The federal Medicare program or any other federal assistance program.

(b) If an individual is not entitled to reimbursement from the sources described in subsection (a)(2) of the full amount of the cost of the mental health and addiction forensic treatment services, grants and vouchers under this chapter may be used to provide those services to the extent that the costs of those services exceed the reimbursement the individual is entitled to receive from the sources described in subsection (a)(2), excluding any copayment or deductible that the individual is required to pay.

(c) The division shall determine the extent to which an individual who is provided mental health and addiction forensic treatment services under this chapter is entitled to receive reimbursement from the sources described in subsection (a)(2).

(d) Notwithstanding subsection (a)(1)(D), subject to available funding and on the recommendation of the justice reinvestment advisory council (established by IC 33-38-9.5-2), the division may operate a pilot program applying the eligibility criteria in this section to individuals who are charged with a misdemeanor. If the division operates a pilot program under this subsection, the division shall issue annual reports to the justice reinvestment advisory council.

As added by P.L.179-2015, SEC.10; P.L.209-2015, SEC.16. Amended by P.L.243-2017, SEC.4; P.L.65-2018, SEC.5; P.L.57-2021, SEC.3; P.L.114-2022, SEC.21; P.L.85-2024, SEC.2.

IC 12-23-19-3 Administration or coordination of services by certified or licensed provider

Sec. 3. Except as provided in IC 12-23-19.5, mental health and addiction forensic treatment services may be administered or coordinated only by a provider certified by the division of mental health and addiction or licensed by the Indiana professional licensing agency to provide mental health and addiction treatment services.

As added by P.L.179-2015, SEC.10; P.L.209-2015, SEC.16. Amended by P.L.203-2017, SEC.3; P.L.195-2018, SEC.8.

IC 12-23-19-4 Mental health and addiction forensic treatment services account

Sec. 4. (a) As used in this section, "account" refers to the mental health and addiction forensic treatment services account established by subsection (b).

(b) The mental health and addiction forensic treatment services account is established for the purpose of providing grants and vouchers and for leveraging federal funds for the provision of mental health and addiction forensic treatment services. The account shall be administered by the division. The division may use money in the account only to fund grants and vouchers under this chapter that are provided to the following:

(1) Community corrections programs.

(2) Court administered programs.

(3) Probation and diversion programs.

(4) Community mental health centers.
(5) Certified or licensed mental health or addiction providers.
(6) Recovery community organizations certified by the division or its designee.
(7) Recovery residences certified by the division or its designee.

(c) The account consists of:
(1) appropriations made by the general assembly;
(2) grants; and
(3) gifts and bequests.

(d) The expenses of administering the account shall be paid from money in the account.

(e) The treasurer of state shall invest the money in the account not currently needed to meet the obligations of the account in the same manner as other public money may be invested. Interest that accrues from these investments shall be deposited in the account.

(f) Money deposited in the account may be used as the required state match under the Medicaid program.

As added by P.L.179-2015, SEC.10; P.L.209-2015, SEC.16. Amended by P.L.114-2018, SEC.8; P.L.57-2021, SEC.4; P.L.165-2021, SEC.144.

IC 12-23-19-5 Subrogation concerning reimbursement

Sec. 5. In the case of an individual who is provided mental health and addiction forensic treatment services under this chapter, the division is subrogated to the rights of the individual under any policy, contract, or program described in section 2(a)(2) of this chapter with respect to reimbursement under the policy, contract, or program for mental health and addiction forensic treatment services, excluding services provided through the Medicaid rehabilitation program and the Behavioral and Primary Health Coordination Program under Section 1915(i) of the Social Security Act.

As added by P.L.179-2015, SEC.10; P.L.209-2015, SEC.16.

IC 12-23-19-6 Education and training on involuntary commitment and medication assisted treatment

Sec. 6. (a) The division shall provide or cause to be provided education and training on the use of:
(1) involuntary commitment; and
(2) medication assisted treatment, including federal Food and Drug Administration approved long acting, nonaddictive medications for the treatment of opioid or alcohol dependence for individuals with an addictive disorder.

(b) The division shall provide or cause to be provided education and training required in subsection (a) to the following:
(1) Circuit and superior court judges.
(2) Prosecuting attorneys and deputy prosecuting attorneys.
(3) Public defenders.
(4) Programs and providers identified in section 4(b) of this chapter.

As added by P.L.179-2015, SEC.10; P.L.209-2015, SEC.16.

IC 12-23-19-7 Survey of individuals receiving services; report

Sec. 7. (a) The division shall survey individuals receiving mental health and addiction forensic treatment services under this chapter. The division shall survey and develop demographic research on such an individual one (1) year after the individual begins receiving the services. The survey must request information concerning:
(1) the employment status of the individual since the individual began receiving the services;
(2) whether the individual has been arrested, convicted of a crime, alleged to have violated probation, or placed in a community corrections program as an alternative to commitment to the department of correction since the individual began receiving the

services; and

(3) the racial and ethnic demographics of the individuals referred.

(b) The division shall report to the justice reinvestment advisory council established by IC 33-38-9.5-2 any findings from the survey under subsection (a) concerning providing mental health and addiction forensic treatment services to individuals charged with a misdemeanor offense.

As added by P.L.179-2015, SEC.10; P.L.209-2015, SEC.16. Amended by P.L.243-2017, SEC.5; P.L.57-2021, SEC.5.

IC 12-23-19-8 Coordination of employment and training services

Sec. 8. During the year after an individual begins receiving mental health and addiction forensic treatment services under this chapter, the division shall work jointly with the department of workforce development to coordinate employment and training services for the individual.

As added by P.L.179-2015, SEC.10; P.L.209-2015, SEC.16.

IC 12-23-19-9 Appeals process

Sec. 9. (a) On or before January 1, 2021, the division of mental health and addiction shall develop a comprehensive appeals process under the mental health and addiction forensic treatment services program when a corrective action plan is required.

(b) The appeals process described in subsection (a) must reserve the right to restrict ongoing treatment and referrals of new clients in cases of alleged abuse or neglect, filing false claims, providing false information, or waste. In all other cases, conscious effort should be made to ensure the maintained continuity of care of clients by allowing providers to continue to offer services while the corrective action plan is being completed.

As added by P.L.127-2020, SEC.6.

IC 12-23-19.5 Chapter 19.5. Addiction Treatment Teams

12-23-19.5-1 "Addiction treatment team"
12-23-19.5-2 Addiction treatment services
12-23-19.5-3 Memorandum of understanding
12-23-19.5-4 Reimbursement; reimbursement system; incentive payments
12-23-19.5-5 Supplementing treatment infrastructure shortages

IC 12-23-19.5-1 "Addiction treatment team"

Sec. 1. As used in this chapter, "addiction treatment team" means a group of providers consisting of at least:

(1) either:

(A) an advanced practice registered nurse licensed under IC 25-23 with prescriptive authority to prescribe a legend drug; or

(B) a physician assistant licensed under IC 25-27.5;

(2) either:

(A) a psychologist licensed under IC 25-33;

(B) a licensed clinical addiction counselor licensed under IC 25-23.6-10.5; or

(C) another master's level licensed therapist certified by the division; and

(3) a recovery coach certified by a credentialing body endorsed by the division;

that provides comprehensive treatment for addiction and substance use disorders in a manner that moves a patient with an addiction or substance use disorder to abstinence or the lowest appropriate maintenance dose and provides, in consultation with the department of workforce development, educational services and vocational training that lead to employment.

As added by P.L.203-2017, SEC.4. Amended by P.L.129-2018, SEC.7.

IC 12-23-19.5-2 Addiction treatment services

Sec. 2. An addiction treatment team shall provide addiction treatment services with a goal of patient abstinence. An addiction treatment team shall provide the following services, when appropriate:

(1) Addiction counseling.

(2) Detoxification.

(3) Medication assisted treatment, including a long acting, nonaddictive medication that:

(A) has been approved by the federal Food and Drug Administration; and

(B) is used for the treatment of opioid or alcohol dependence.

As added by P.L.203-2017, SEC.4.

IC 12-23-19.5-3 Memorandum of understanding

Sec. 3. When considered necessary, an addiction treatment team shall enter into a memorandum of understanding with the following:

(1) A pharmacy licensed under IC 25-26, for purposes of accessing medication assisted treatment drugs.

(2) A mental health provider that treats patients with substance use disorders, for the purpose of providing comprehensive treatment for a patient.

As added by P.L.203-2017, SEC.4.

IC 12-23-19.5-4 Reimbursement; reimbursement system; incentive payments

Sec. 4. (a) The division shall reimburse for the use of addiction treatment teams from mental health and addiction forensic treatment services grants under IC 12-23-19 for those entities that have been approved by a community corrections advisory board (IC 11-12-2-2).

(b) The division shall develop a reimbursement system for addiction treatment teams that is sufficient to encourage the development and use of addiction treatment teams.

(c) The division may use private grants, gifts, and donations to provide additional incentive payments to addiction treatment teams for providing services in high risk areas with a substance abuse epidemic.

As added by P.L.203-2017, SEC.4.

IC 12-23-19.5-5 Supplementing treatment infrastructure shortages

Sec. 5. An addiction treatment team may supplement treatment infrastructure shortages by providing services in a mobile unit or temporary location, including in the following locations:

(1) Geographically high risk areas for substance use disorders.

(2) Medically underserved areas.

(3) Areas with a high incidence of neonatal abstinence syndrome.

(4) Areas with high forensic treatment services needs under IC 12-23-19.

As added by P.L.203-2017, SEC.4.

IC 12-23-20 Chapter 20. Opioid Treatment Providers

12-23-20-1 Application of section; development of treatment protocol
12-23-20-2 Office based opioid treatment; requirements

IC 12-23-20-1 Application of section; development of treatment protocol

Sec. 1. (a) This section applies to an office based opioid treatment provider who:

(1) has obtained a waiver from the federal Substance Abuse and Mental Health Services Administration (SAMHSA) and meets the qualifying standards required to treat opioid addicted patients in an office based setting; and

(2) has a valid federal Drug Enforcement Administration registration number and identification number that specifically authorizes treatment in an office based setting.

(b) The office of the secretary and the division shall develop a treatment protocol containing best practice guidelines for the treatment of opiate dependent patients. The treatment protocol must require the minimal clinically necessary medication dose that includes, when appropriate, the goal of opioid abstinence, and the following:

(1) Require an opioid treatment provider to periodically and randomly test a patient for the following before and during the patient's treatment by the provider:

(A) Methadone.

(B) Cocaine.

(C) Opiates.

(D) Amphetamines.

(E) Barbiturates.

(F) Tetrahydrocannabinol.

(G) Benzodiazepines.

(H) Any other suspected or known drug that may have been abused by the patient.

(2) Require that if a patient tests positive under a test described in subdivision (1) for:

(A) a controlled substance other than a drug for which the patient has a prescription or that is part of the patient's treatment plan with the provider; or

(B) an illegal drug other than the drug that is part of the patient's treatment plan with the provider;

the opioid treatment provider and the patient shall review the treatment plan and consider changes with the goal of opioid abstinence.

(3) Require that an opioid treatment provider must determine that the benefit to the patient in receiving the take home opioid treatment medication outweighs the potential risk of diversion of the take home opioid treatment medication.

(4) Develop clinical standards for:

(A) the appropriate tapering of a patient on and off an opioid treatment medication;

(B) relapse; and

(C) overdose prevention.

(5) Develop standards and protocols for an opioid treatment provider to do the following:

(A) Assess new opioid treatment patients to determine the most effective opioid treatment medications to start the patient's opioid treatment.

(B) Ensure that each patient voluntarily chooses maintenance treatment and that relevant facts concerning the use of opioid treatment medications, including nonaddictive medication options, are clearly and adequately explained to the patient.

(C) Have appropriate opioid treatment patients who are receiving maintenance medications for opioid treatment move to receiving other approved opioid treatment medications.

(c) Before December 31, 2016, the office of the secretary shall recommend the best practice guidelines required under subsection (b) to:

(1) the Indiana professional licensing agency established under IC 25-1-5;

(2) the office; and

(3) a managed care organization that has contracted with the office.

As added by P.L.37-2016, SEC.3.

IC 12-23-20-2 Office based opioid treatment; requirements

Sec. 2. (a) This section does not apply to a health care provider providing services in any of the following:

(1) An adult or juvenile correctional facility operated by the state or a local unit.

(2) A hospital licensed under IC 16-21-2.

(3) A facility that is certified by the division.

(4) An opioid treatment program that has been certified or licensed by the division under IC 12-23-18.

(5) A state institution.

(6) A health facility licensed under IC 16-28.

(7) The Indiana Veterans' Home.

(b) A physician who is providing office based opioid treatment or who is acting in a supervisory capacity to other health care providers that are providing office based opioid treatment must:

(1) have a valid federal Drug Enforcement Administration registration number and identification number; and

(2) abide by all:

(A) federal; and

(B) state;

laws and regulations concerning the prescribing of medications.

(c) A health care provider that prescribes for a patient in an office based opioid treatment setting shall do and document the following:

(1) Determine the patient's age.

(2) Perform an initial assessment and a physical examination as appropriate for the patient's condition and the health care provider's scope of practice and obtain a medical history of the patient before treatment begins.

(3) Obtain substance use history and any substance use disorder diagnosis of the patient.

(4) Perform a mental health assessment.

(5) Obtain informed consent for treatment and establish a treatment agreement with the patient that meets the requirements set forth in subsection (d).

(6) If determined appropriate, prescribe office based opioid treatment for the patient and require office visits of the patient in person throughout treatment.

(7) Evaluate the patient's progress and compliance with the treatment agreement and document the patient's progress with the treatment plan.

(8) Perform toxicology screening for the following in accordance with rules adopted under IC 25-22.5-2-7(a)(14) in order to assess medication adherence and to screen for other substances:

(A) Stimulants.

(B) Alcohol.

(C) Opioids, including:

(i) oxycodone;

(ii) methadone; and

(iii) buprenorphine.

(D) Tetrahydrocannabinol.

(E) Benzodiazepines.

(F) Cocaine.

(9) Review INSPECT (as defined in IC 25-26-24-7) concerning controlled substance information for the patient before induction and at least four (4) times per year during

treatment.

(10) If the patient is a female and has child bearing potential:

(A) perform a pregnancy test at the onset of treatment;

(B) counsel the patient about the risks of treatment to a fetus, including fetal opioid dependency and neonatal abstinence syndrome; and

(C) provide for or refer the patient to prenatal care, if the pregnancy test performed under clause (A) is positive.

(11) Prescribe an overdose intervention drug and education on how to fill the prescription when buprenorphine is initiated on the patient.

(12) Provide for an ongoing component of psychosocial supportive therapy, with direction from the health care provider on the amount of the therapy.

(d) The treatment agreement required in subsection (c)(5) must include at least the following:

(1) The goals of the treatment.

(2) The patient's consent to drug monitoring testing.

(3) The prescriber's prescribing policies that include at least the following:

(A) A requirement that the patient take the medication as prescribed.

(B) A prohibition on sharing or selling the medication.

(C) A requirement that the patient inform the prescriber about any:

(i) other controlled substances or other medication prescribed or taken by the patient; and

(ii) alcohol consumed by the patient.

(4) The patient's consent to allow the prescriber to conduct random pill counts for prescriptions.

(5) Reasons that the office based opioid treatment of the patient may be changed or discontinued by the prescriber.

The provider shall maintain a copy of the informed consent for treatment in the patient's medical record.

(e) During the examinations required by subsection (c)(6), the prescriber shall do the following:

(1) Evaluate and document patient progress and compliance with the patient's treatment plan.

(2) Document in the patient's medical record whether the patient is meeting treatment goals.

(3) Discuss with the patient the benefits and risks, if relevant, of ongoing buprenorphine treatment.

(f) If a toxicology screening described in subsection (c)(8) shows an absence of a prescribed drug, the provider must discuss and implement a plan with the patient to optimize medication adherence and schedule an earlier follow up appointment with the patient. The provider shall document the discussion in the patient's medical record.

(g) If a toxicology screening described in subsection (c)(8) shows a presence of an illegal or nonprescribed drug, the provider shall assess the risk of the patient to be successfully treated and document the results in the patient's medical record.

(h) The provider may perform a subsequent confirmation toxicology screening of the patient if the provider considers it medically necessary or to clarify an inconsistent or unexpected toxicology screening result.

As added by P.L.213-2019, SEC.1. Amended by P.L.32-2021, SEC.32; P.L.233-2023, SEC.4.

IC 12-23-21 Chapter 21. Physician Medication Assisted Treatment Training Reimbursement Pilot Program

12-23-21-1 "Waiver training"
12-23-21-2 Establishment of physician medication assisted treatment training reimbursement pilot program; administration
12-23-21-3 Requirements; eligibility; application procedure
12-23-21-4 Rules

IC 12-23-21-1 "Waiver training"

Sec. 1. As used in this chapter, "waiver training" refers to an eight (8) hour training program required under the federal Drug Addiction Treatment Act of 2000 for a qualified physician to prescribe schedule III, IV, and V controlled substances in settings other than an opioid treatment program for the treatment of opioid use disorders.

As added by P.L.168-2017, SEC.3.

IC 12-23-21-2 Establishment of physician medication assisted treatment training reimbursement pilot program; administration

Sec. 2. (a) Subject to the approval of the Indiana commission to combat substance use disorder, the physician medication assisted treatment training reimbursement pilot program is established to provide reimbursement to physicians who meet the requirements of section 3 of this chapter, for the purpose of increasing the number of qualified physicians in Indiana with training in medication assisted treatment.

(b) The division shall administer the program.

As added by P.L.168-2017, SEC.3. Amended by P.L.114-2022, SEC.22.

IC 12-23-21-3 Requirements; eligibility; application procedure

Sec. 3. (a) Physician training in medication assisted treatment must include the following:

(1) Waiver training.

(2) Training in the use of a federal Food and Drug Administration approved long acting, nonaddictive medication for the treatment of opioid dependence.

(3) Treatment protocols containing best practice guidelines for the treatment of opiate dependent patients as developed under IC 12-23-18-7.5(b).

(b) A physician licensed under IC 25-22.5 is eligible to participate in the reimbursement pilot program established under this chapter if the physician meets all of the following requirements:

(1) At least twenty-five percent (25%) of the physician's practice is providing obstetrics and gynecology services to pregnant women.

(2) The physician has not received the waiver training and meets all of the requirements for obtaining the training.

(3) The physician agrees to and receives the training in medication assisted treatment.

(c) The division shall determine the number of physicians approved for reimbursement under the reimbursement pilot program based on the availability of funds. The division shall apply for and seek any grants or funding available to fund the reimbursement pilot program.

(d) The division shall establish the procedure a physician must follow in order to apply for and receive reimbursement under the reimbursement pilot program.

As added by P.L.168-2017, SEC.3.

IC 12-23-21-4 Rules

Sec. 4. The division may adopt rules under IC 4-22-2 necessary to implement this chapter.

As added by P.L.168-2017, SEC.3.

IC 12-23-21.2 Chapter 21.2. Expired

As added by P.L.125-2017, SEC.1. Expired 12-31-2022 by P.L.222-2019, SEC.3.

IC 12-23-21.5 Chapter 21.5. Comprehensive Addiction Recovery Centers

12-23-21.5-1 Certification of comprehensive addiction recovery centers; grant program
12-23-21.5-2 Awarding of grant; requirements; priority
12-23-21.5-3 Submission of data; confidentiality
12-23-21.5-4 Fund

IC 12-23-21.5-1 Certification of comprehensive addiction recovery centers; grant program

Sec. 1. The division shall establish:

(1) a comprehensive addiction recovery center certification for eligible entities that meet the requirements of this chapter; and

(2) a comprehensive addiction recovery center grant program for the purpose of assisting in the establishment or operation of comprehensive addiction recovery centers.

As added by P.L.145-2019, SEC.1.

IC 12-23-21.5-2 Awarding of grant; requirements; priority

Sec. 2. (a) The division may award a grant in accordance with this chapter to an eligible entity or group of entities working in cooperation to establish or operate a comprehensive addiction recovery center. In order for an entity to be certified as a comprehensive addiction recovery center and be eligible for a grant under this chapter, the entity must apply for the certification or grant in the manner set forth by the division and meet the following requirements:

(1) Be credentialed to accept reimbursement through all of the following:

(A) A policy of accident and sickness insurance (as defined in IC 27-8-5-1).

(B) A contract with a health maintenance organization under IC 27-13.

(C) The Medicaid program (IC 12-15).

(D) Mental health and addiction forensic treatment services under IC 12-23-19.

(2) Determine that the applicant carries out or is capable of coordinating with other entities to carry out the following:

(A) Community outreach as follows:

(i) Train and supervise outreach staff to work with schools, workplaces, faith based organizations, the Indiana department of health, local health departments, law enforcement, and first responders to ensure awareness of the center's services.

(ii) Disseminate and make available online evidence based resources that educate professionals and the public on opioid use disorder and other substance use disorders.

(B) Treatment and recovery services as follows:

(i) Intake evaluation that determines the clinical needs of patients.

(ii) Full continuum of treatment services including all drugs approved by the Food and Drug Administration for medication assisted treatment, including withdrawal management and maintenance of substance use disorders.

(iii) Treatment services include either partial hospitalization or intensive outpatient, at least one (1) level of residential care, at least one (1) level of inpatient or acute hospitalization, peer support services, and outpatient services, including medication management and behavioral therapies, recovery residences, and other services as defined by the division.

(iv) Administration of an onsite pharmacy and provision of toxicology services.

(C) Establishment and operation of a secure and confidential electronic health information system that is capable of measuring recovery outcomes, including measures of:

(i) housing and employment; and

(ii) any other measures determined by the division.

(D) Partnering with community or faith based entities to offer family support services, including child care, family counseling, and other services as defined by the division.

(E) Partnering with entities to deliver job training and workforce readiness services.

(3) Use the grant funds to establish or operate a comprehensive addiction recovery center.

(b) The division shall give priority to applications by eligible entities that:

(1) are geographically distributed around the state and at least in the:

(A) north;

(B) central; and

(C) south;

regions; and

(2) meet other criteria or need, as determined by the division.

(c) The division may award at least three (3) grants under this chapter.

As added by P.L.145-2019, SEC.1. Amended by P.L.56-2023, SEC.126.

IC 12-23-21.5-3 Submission of data; confidentiality

Sec. 3. (a) Not later than September 1, 2020, each entity that is awarded a grant under this chapter to establish or operate a comprehensive addiction recovery center must submit to the division the following data:

(1) The programs and activities funded by the grant.

(2) The health outcomes, including recovery measures concerning housing and employment, of individuals with a substance use disorder who received services from the center.

(3) The effectiveness of interventions designed, tested, and evaluated by the center.

(4) Any other information required by the division to:

(A) evaluate the effectiveness of the center; and

(B) ensure that the center is complying with all of the requirements of the grant, including providing:

(i) the full continuum of services described in section 2(a) of this chapter; and

(ii) the drugs and devices for overdose reversal.

(b) Any data submitted under this section that identifies any patient information of a comprehensive addiction recovery center is confidential. However, the outcomes data may be released to any board, commission, department, division, bureau, committee, agency, office, instrumentality, or authority, by whatever name designated, exercising any part of the executive, administrative, judicial, or legislative power of the state.

As added by P.L.145-2019, SEC.1.

IC 12-23-21.5-4 Fund

Sec. 4. (a) The comprehensive addiction recovery center fund is established for the purpose of carrying out this chapter. The fund shall be administered by the division. The expenses of administering the fund shall be paid from money in the fund.

(b) The fund shall consist of the following:

(1) Money appropriated to the fund by the general assembly.

(2) Money received from state or federal grants or programs.

(3) Donations, gifts, and money received from any other source.

(c) The treasurer of state shall invest the money in the fund not currently needed to meet the obligations of the fund in the same manner as other public money may be invested. Interest that accrues from these investments shall be deposited in the fund.

(d) Money in the fund at the end of a state fiscal year does not revert to the state general fund.

(e) Expenditures from the fund may not be made unless the expenditure is approved by

the executive director for drug prevention, treatment, and enforcement.
As added by P.L.145-2019, SEC.1.

IC 12-23-22 Chapter 22. Expired

As added by P.L.168-2017, SEC.4. Expired 1-1-2020 by P.L.168-2017, SEC.4.

IC 12-23-23 Chapter 23. Employee Substance Abuse Treatment

12-23-23-0.5 Approval by commission
12-23-23-1 "Employee"
12-23-23-2 "Guidelines"
12-23-23-3 Employer electing to comply
12-23-23-4 Establishment of best practice guidelines
12-23-23-5 Employee eligibility requirements
12-23-23-6 Division responsibilities
12-23-23-7 Guideline requirements; employer authority
12-23-23-8 Violation of policy; notification of treatment provider
12-23-23-9 Annual collection of information by division; report
12-23-23-10 Criteria compliance with federal law
12-23-23-11 Rules
12-23-23-12 Immunity; not admissible as evidence

IC 12-23-23-0.5 Approval by commission

Sec. 0.5. This chapter is subject to the approval of the Indiana commission to combat substance use disorder.

As added by P.L.195-2018, SEC.9. Amended by P.L.114-2022, SEC.24.

IC 12-23-23-1 "Employee"

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

(1) has recently been hired by an employer; or

(2) is a current employee;

and failed a drug screening.

As added by P.L.195-2018, SEC.9. Amended by P.L.246-2019, SEC.4.

IC 12-23-23-2 "Guidelines"

Sec. 2. As used in this chapter, "guidelines" refers to the best practice guidelines established by the division under section 4 of this chapter.

As added by P.L.195-2018, SEC.9.

IC 12-23-23-3 Employer electing to comply

Sec. 3. An employer may elect to comply with this chapter.

As added by P.L.195-2018, SEC.9.

IC 12-23-23-4 Establishment of best practice guidelines

Sec. 4. The division shall establish best practice guidelines to assist employers with employees who:

(1) are qualified for employment with the employer; and

(2) have failed a drug screening;

to employ the individual if the individual agrees to participate in a drug education and addiction treatment program that complies with the guidelines under this chapter as a condition of continued employment.

As added by P.L.195-2018, SEC.9.

IC 12-23-23-5 Employee eligibility requirements

Sec. 5. An employee may be eligible for a treatment program under this chapter if the employee provides signed consent for the employer to receive necessary documentation regarding participation and completion of services.

As added by P.L.195-2018, SEC.9.

IC 12-23-23-6 Division responsibilities

Sec. 6. The division shall do the following:

(1) Promote voluntary participation for all employers regardless of the number of employees.

(2) Develop and deliver informational resources and training for employers that include the following information:

(A) A definition of a substance use disorder.

(B) Signs and symptoms of a substance use disorder.

(C) Appropriate treatment options for a substance use disorder.

(D) Required substance use disorder treatment confidentiality regulations, including regulations related to the federal Health Insurance Portability and Accountability Act (HIPAA) and adopted under 42 CFR Part 2.

(E) Insurance coverage navigation.

(F) Addiction recovery.

(G) Relapse and how to manage it.

(H) Creating a recovery supportive work environment.

(I) A list of certified addiction treatment providers that an employer may use under the guidelines to provide onsite drug education and addiction treatment services for the employees.

(J) Referrals to addiction treatment professionals licensed under IC 25-23.6.

As added by P.L.195-2018, SEC.9.

IC 12-23-23-7 Guideline requirements; employer authority

Sec. 7. (a) The guidelines must include the following components:

(1) Referral for:

(A) clinical assessment and evaluation;

(B) education; and

(C) treatment, if clinically indicated.

(2) Verification the employee has:

(A) actively participated in a recommended drug education and addiction treatment program; and

(B) demonstrated successful compliance with the initial assessment and evaluation recommendations.

(3) Providing for a follow-up drug testing plan for the employee.

(4) Guidance to employers for actions allowed under subsection (b).

(b) An employer may do the following:

(1) Require the employee to participate in the recommended drug education and addiction treatment services as a condition of employment.

(2) Discipline or terminate the employment of an employee who does not comply with the recommendations for the employee's recommended drug education and addiction treatment services.

(3) Elect to pay for all or part of the employee's drug education and addiction treatment services.

(4) If the employee has assigned the employee's wages under IC 22-2-6-2(a), deduct from the employee's wages to pay for a part of the employee's drug education and addiction treatment services.

As added by P.L.195-2018, SEC.9.

IC 12-23-23-8 Violation of policy; notification of treatment provider

Sec. 8. If an employee who is in a recommended drug education and addiction treatment program violates the employer's drug policy, the employer is not required to provide any subsequent recommended drug education and addiction treatment. However, if an employer offers an employee an opportunity to retain employment after a violation of the drug policy, the employer shall ensure that the treatment provider is notified of the employee's violation

of the employer's drug policy.
As added by P.L.195-2018, SEC.9.

IC 12-23-23-9 Annual collection of information by division; report

Sec. 9. (a) The division shall annually collect the following information:

(1) The number of employers participating under this chapter.

(2) The following information that each participating employer must submit to the division by March 1 for the preceding calendar year:

(A) The number of individuals who applied for employment and failed a drug screening.

(B) The number of individuals in clause (A) who were offered employment under the guidelines.

(C) The number of individuals in clause (B) who accepted the offer of employment under the guidelines.

(D) The number of individuals in clause (B) who declined the offer of employment under the guidelines.

(E) The number of individuals in clause (C) who completed a recommended drug education and addiction treatment program.

(3) Any other relevant information determined by the division.

(b) The division shall report the information collected under subsection (a) to the legislative council. The report submitted under this subsection must be in an electronic format under IC 5-14-6.
As added by P.L.195-2018, SEC.9.

IC 12-23-23-10 Criteria compliance with federal law

Sec. 10. The division shall ensure that the criteria for appropriate drug education and addiction treatment services meet federal requirements under:

(1) Executive Order 12564; and

(2) Public Law 100-71.
As added by P.L.195-2018, SEC.9.

IC 12-23-23-11 Rules

Sec. 11. The division may adopt rules under IC 4-22-2 to administer this chapter.
As added by P.L.195-2018, SEC.9.

IC 12-23-23-12 Immunity; not admissible as evidence

Sec. 12. (a) If an employer complies with the requirements under this chapter, the employer is not liable for a civil action alleging negligent hiring for a negligent action by the employee as a result of the employee's drug addiction in the scope of employment.

(b) Referral and treatment by an employee assistance program is not sufficient to constitute compliance with this chapter unless all the other requirements of this chapter are met.

(c) In a civil action that is against an employer, an employer's agent, or an employer's employee, an employer's participation in a drug education or addiction treatment program is not admissible as evidence.
As added by P.L.195-2018, SEC.9. Amended by P.L.246-2019, SEC.5.

IC 12-23-24 Chapter 24. Community and Faith Based Substance Abuse Programs Grant

12-23-24-1 Establishment; administration of program

IC 12-23-24-1 Establishment; administration of program

Sec. 1. (a) The division may establish and administer a community and faith based substance abuse programs grant for the purpose of assisting in the funding of newly established and existing community and faith based substance abuse programs administered by at least one (1) nonprofit community or faith based entity that is intended to support individuals in:

(1) avoiding abuse of; or

(2) overcoming addiction to;

at least one (1) substance.

(b) The division shall administer the program. The division shall create a grant application for the grant and develop a process for receiving and evaluating completed grant applications. In reviewing a submitted grant application, the division shall contact at least one (1) of the following that the applicant has designated in the grant application to obtain input about the applicant's program success:

(1) A drug court judge or magistrate.

(2) A judge or magistrate who considers drug related prosecutions.

(3) The supervising judge of a court alcohol and drug services program.

(4) A chief law enforcement officer in the geographical area in which the applicant is providing services.

(5) Any other person the division has determined would be acceptable to obtain the input required in this subsection.

As added by P.L.96-2019, SEC.1.

IC 12-23-24.2 Chapter 24.2. Community and Faith Based Substance Abuse Transportation Assistance Grant Program

12-23-24.2-1 Establishment; administration of program

IC 12-23-24.2-1 Establishment; administration of program

Sec. 1. (a) The division may establish and administer a community and faith based substance abuse transportation assistance grant program for the purpose of supporting individuals in:

(1) avoiding abuse of; or

(2) overcoming addiction to;

at least one (1) substance by reimbursing participants or programs operated by a nonprofit community or faith based entity for a participant's travel costs of transportation to meetings or activities.

(b) The division shall administer the program. The division shall create a grant application for the grant and develop a process for receiving and evaluating completed grant applications.

(c) An applicant for a grant under this chapter must meet the following requirements:

(1) Has been operating the program for at least three (3) years before the date the grant application is submitted.

(2) Is able to demonstrate success of the applicant's program by including in the application contact information and any endorsements from at least three (3) individuals not employed or otherwise affiliated with the program and who have professional roles in the prevention of substance abuse or overcoming addiction, including those working in drug courts.

(3) Has documented community support, including financial support, for the applicant's program.

As added by P.L.96-2019, SEC.2.

IC 12-24 ARTICLE 24. STATE INSTITUTIONS

Ch. 1. Administration of State Institutions
Ch. 2. Superintendents of State Institutions
Ch. 3. Employees of State Institutions
Ch. 4. Security at State Institutions
Ch. 5. Admission to State Institutions
Ch. 6. Provision of Clothing for Patients
Ch. 7. Employment and Remuneration of Patients at State Institutions
Ch. 8. Apprehending and Returning Escaped Patients
Ch. 9. Funeral Expenses of Patients
Ch. 10. Guardian for Estate of Patient Committed to State Institution
Ch. 11. Release of Records Concerning Patients Discharged From State Institutions
Ch. 12. Monitoring of Patients Discharged From State Institutions and the Use of Community Residential Programs
Ch. 13. Liability for Cost of Treatment of Patients in State Institutions
Ch. 14. Collection of Charges for Treatment and Maintenance of Patients
Ch. 15. Legal Process for Recovery of Treatment and Maintenance Charges
Ch. 16. Taxable Costs and Expenses
Ch. 17. Offenses
Ch. 18. Conveyance of Undeveloped Real Property of State Institutions in Certain Counties
Ch. 19. Community Care for Individuals With Mental Illness

IC 12-24-1 Chapter 1. Administration of State Institutions

12-24-1-1 Repealed
12-24-1-2 Repealed
12-24-1-3 Administrative control of state institution network; contracting
12-24-1-3.5 Expired
12-24-1-4 Transfer of patients between state institutions
12-24-1-5 Exercise of power by director and superintendent restricted
12-24-1-6 Construction of terms
12-24-1-7 Repealed
12-24-1-8 Notice regarding requests for names of nursing personnel or direct care staff
12-24-1-9 Repealed
12-24-1-10 Repealed

IC 12-24-1-1 Repealed

[Pre-1992 Revision Citation: 4-28-2-8(a).]

As added by P.L.2-1992, SEC.18. Amended by P.L.146-1993, SEC.1; P.L.4-1993, SEC.199; P.L.5-1993, SEC.212; P.L.272-1999, SEC.44; P.L.141-2006, SEC.61. Repealed by P.L.188-2013, SEC.11.

IC 12-24-1-2 Repealed

[Pre-1992 Revision Citation: 12-1-2.1-2(a) part.]

As added by P.L.2-1992, SEC.18. Repealed by P.L.146-1993, SEC.3.

IC 12-24-1-3 Administrative control of state institution network; contracting

Sec. 3. (a) The director of the division of mental health and addiction has administrative control of and responsibility for the state institution network operating as an integrated mental health system, including the following:

(1) Evansville State Hospital.
(2) Evansville State Psychiatric Treatment Center for Children.
(3) Logansport State Hospital.
(4) Madison State Hospital.
(5) Richmond State Hospital.

(6) The Neurodiagnostic Institute and Advanced Treatment Center.

(7) Any other state owned or operated mental health institution, including a freestanding facility or satellite facility.

(b) Subject to the approval of the director of the budget agency and the governor, the director of the division of mental health and addiction may contract for the management and clinical operation of any state institution, including contracting with a nonstate entity for services.

[Pre-1992 Revision Citations: subsection (a) formerly 16-13-1-9(a); 16-13-1-7.1(a)(2); subsection (b) formerly 16-13-1-9(f).]

As added by P.L.2-1992, SEC.18. Amended by P.L.215-2001, SEC.64; P.L.192-2002(ss), SEC.154; P.L.141-2006, SEC.62; P.L.229-2011, SEC.147; P.L.19-2017, SEC.3; P.L.168-2018, SEC.30; P.L.9-2020, SEC.6.

IC 12-24-1-3.5 Expired

As added by P.L.229-2011, SEC.148. Expired 12-31-2013 by P.L.229-2011, SEC.148.

IC 12-24-1-4 Transfer of patients between state institutions

Sec. 4. A director, or the directors of the affected state institutions, may do the following:

(1) Transfer a patient with a developmental disability between state institutions.

(2) In consultation with the patient's treating physician, transfer a patient with a mental illness between state institutions.

[Pre-1992 Revision Citation: 16-13-2-1(b)(8).]

As added by P.L.2-1992, SEC.18. Amended by P.L.99-2007, SEC.116.

IC 12-24-1-5 Exercise of power by director and superintendent restricted

Sec. 5. (a) If this article grants a director a power, the director may exercise the power with respect to any state institution over which the director has administrative control and responsibility.

(b) If this article grants a superintendent a power, the superintendent may exercise the power only with respect to the state institution under the administrative control of the superintendent.

[1992 Revision Citation: New.]

As added by P.L.2-1992, SEC.18.

IC 12-24-1-6 Construction of terms

Sec. 6. For purposes of this article, the following apply:

(1) An official of a state institution is also considered an official of the state institution's division.

(2) An employee of a state institution is also considered an employee of the state institution's division.

(3) The property of a state institution is also considered the property of the state institution's division.

(4) A rule of a state institution is also considered a rule of the state institution's division.

[1992 Revision Citation: New.]

As added by P.L.2-1992, SEC.18.

IC 12-24-1-7 Repealed

As added by P.L.40-1994, SEC.47. Amended by P.L.253-1997(ss), SEC.11; P.L.215-2001, SEC.65; P.L.28-2004, SEC.113. Repealed by P.L.28-2012, SEC.18.

IC 12-24-1-8 Notice regarding requests for names of nursing personnel or direct care staff

Sec. 8. (a) Each state institution shall post a notice that a resident, the legal representative

of the resident, or another individual designated by the resident may request from the individual in charge of each shift information that designates the names of all nursing personnel or direct care staff on duty by job classification for the:

(1) wing;

(2) unit; or

(3) other area as routinely designated by the state institution;

where the resident resides.

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

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

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

(3) Contain the:

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

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

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

(A) Contact the superintendent of the state institution.

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

(c) The director of the:

(1) division of disability and rehabilitative services; and

(2) division of mental health and addiction;

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

As added by P.L.108-2000, SEC.1. Amended by P.L.215-2001, SEC.66; P.L.141-2006, SEC.63.

IC 12-24-1-9 Repealed

As added by P.L.108-2000, SEC.2. Amended by P.L.215-2001, SEC.67; P.L.141-2006, SEC.64. Repealed by P.L.168-2018, SEC.31.

IC 12-24-1-10 Repealed

As added by P.L.190-2002, SEC.2. Amended by P.L.224-2003, SEC.96; P.L.28-2004, SEC.114. Repealed by P.L.141-2006, SEC.115.

IC 12-24-2 Chapter 2. Superintendents of State Institutions

12-24-2-1 Administrative control
12-24-2-2 Appointment of superintendent of state institution
12-24-2-3 Rules
12-24-2-4 Term
12-24-2-5 Administrative responsibility
12-24-2-6 Repealed
12-24-2-7 Powers
12-24-2-8 Prescribing tobacco cessation devices
12-24-2-9 Repealed

IC 12-24-2-1 Administrative control

Sec. 1. A state institution is under the administrative control of a superintendent appointed under section 2 of this chapter.

[Pre-1992 Revision Citations: 4-28-2-8(b) part; 12-1-2.1-2(b) part; 16-13-1-9(b) part.]

As added by P.L.2-1992, SEC.18.

IC 12-24-2-2 Appointment of superintendent of state institution

Sec. 2. Subject to the approval of the governor, the secretary or the secretary's designee shall appoint the superintendent of a state institution.

[Pre-1992 Revision Citations: 4-28-2-8(b) part; 12-1-2.1-2(b) part; 16-13-1-9(b) part.]

As added by P.L.2-1992, SEC.18. Amended by P.L.35-2016, SEC.59.

IC 12-24-2-3 Rules

Sec. 3. The secretary may adopt rules under IC 4-22-2 to prescribe the qualifications of a superintendent of a state institution under the control of the division. A superintendent must possess the prescribed qualifications.

[Pre-1992 Revision Citation: 16-13-2-7.]

As added by P.L.2-1992, SEC.18. Amended by P.L.35-2016, SEC.60.

IC 12-24-2-4 Term

Sec. 4. A superintendent serves at the pleasure of the secretary.

[Pre-1992 Revision Citations: 4-28-2-8(b) part; 12-1-2.1-2(b) part; 16-13-1-9(b) part.]

As added by P.L.2-1992, SEC.18. Amended by P.L.28-2012, SEC.19; P.L.35-2016, SEC.61.

IC 12-24-2-5 Administrative responsibility

Sec. 5. The superintendent of a state institution is administratively responsible to the director.

[Pre-1992 Revision Citations: 4-28-2-8(b) part; 12-1-2.1-2(b) part; 16-13-1-9(b) part.]

As added by P.L.2-1992, SEC.18.

IC 12-24-2-6 Repealed

[Pre-1992 Revision Citations: 4-28-2-10; 12-1-2.1-4; 16-13-1-29 part.]

As added by P.L.2-1992, SEC.18. Repealed by P.L.28-2012, SEC.20.

IC 12-24-2-7 Powers

Sec. 7. A superintendent may do the following:

(1) Administer oaths.

(2) Take depositions.

(3) Certify to official acts.

[Pre-1992 Revision Citation: 16-13-1-30 part.]

As added by P.L.2-1992, SEC.18.

IC 12-24-2-8 Prescribing tobacco cessation devices

Sec. 8. A physician licensed under IC 25-22.5 may prescribe tobacco cessation devices as is medically necessary for a resident of a state institution.

As added by P.L.110-1997, SEC.2. Amended by P.L.28-2012, SEC.21; P.L.141-2012, SEC.4.

IC 12-24-2-9 Repealed

As added by P.L.192-2002(ss), SEC.155. Repealed by P.L.168-2018, SEC.32.

IC 12-24-3 Chapter 3. Employees of State Institutions

12-24-3-1 Repealed
12-24-3-2 Persons convicted of certain sex offenses disqualified
12-24-3-3 Bonds and crime policies
12-24-3-4 Repealed
12-24-3-5 Repealed

IC 12-24-3-1 Repealed

[Pre-1992 Revision Citations: 4-28-2-4; 4-28-2-9 part; 12-1-2.1-3 part; 16-13-1-25 part.]

As added by P.L.2-1992, SEC.18. Repealed by P.L.6-2012, SEC.98.

IC 12-24-3-2 Persons convicted of certain sex offenses disqualified

Sec. 2. To provide greater security for patients, visitors, and employees, the division may not employ in a state institution an individual who has been convicted of any of the following offenses:

(1) Rape (IC 35-42-4-1).

(2) Criminal deviate conduct (IC 35-42-4-2) (before its repeal).

(3) Child molesting (IC 35-42-4-3).

(4) Child exploitation (IC 35-42-4-4).

(5) Sexual misconduct with a minor (IC 35-42-4-9) as a Class A or Class B felony (for a crime committed before July 1, 2014) or a Level 1 felony, Level 2 felony, or Level 4 felony (for a crime committed after June 30, 2014).

[Pre-1992 Revision Citations: 4-28-2-9 part; 12-1-2.1-3 part; 16-13-1-25 part.]

As added by P.L.2-1992, SEC.18. Amended by P.L.228-2001, SEC.3; P.L.214-2013, SEC.14; P.L.158-2013, SEC.183; P.L.168-2014, SEC.29.

IC 12-24-3-3 Bonds and crime policies

Sec. 3. (a) As used in this section, "employee" includes the superintendent of an institution.

(b) The director may require an employee of a state institution to furnish a bond in an amount determined by the director.

(c) A bond required by this section must be:

(1) payable to the state;

(2) conditioned upon the faithful performance of the employee's duties;

(3) subject to the approval of the insurance commissioner; and

(4) filed in the office of the secretary of state.

(d) The premiums for a bond required by this section shall be paid from the money of the division.

(e) The division may secure a standard form blanket bond or crime insurance policy endorsed to include faithful performance that covers all or any part of the employees of the division. A blanket bond or crime insurance policy secured by the division under this subsection must be in an amount of at least fifty thousand dollars ($50,000).

(f) The commissioner of insurance shall prescribe the form of the bonds or crime policies required by this section.

[Pre-1992 Revision Citations: 4-28-2-10; 12-1-2.1-4; 16-13-1-29.]

As added by P.L.2-1992, SEC.18. Amended by P.L.49-1995, SEC.9; P.L.28-2012, SEC.22.

IC 12-24-3-4 Repealed

[Pre-1992 Revision Citations: 4-28-2-8(c); 4-28-2-8(e); 12-1-2.1-2(c); 12-1-2.1-2(e); 16-13-1-9(c); 16-13-1-9(g).]

As added by P.L.2-1992, SEC.18. Repealed by P.L.100-2012, SEC.33.

IC 12-24-3-5 Repealed

As added by P.L.41-2009, SEC.2. Repealed by P.L.168-2018, SEC.33.

IC 12-24-4 Chapter 4. Security at State Institutions

12-24-4-1	Appointment of security officers
12-24-4-2	Duties of director and superintendent with respect to security officers appointed
12-24-4-3	Repealed
12-24-4-4	Repealed
12-24-4-5	Repealed
12-24-4-6	Assistance of law enforcement officers; request; powers
12-24-4-7	Traffic and parking; regulation; rules; violations; penalties; charges and fees

IC 12-24-4-1 Appointment of security officers

Sec. 1. Subject to the approval of the director, a superintendent may appoint security officers to exercise the powers given by this chapter.

[Pre-1992 Revision Citations: 4-28-2-12 part; 12-1-2.1-6 part; 16-13-1.5-1 part.]

As added by P.L.2-1992, SEC.18.

IC 12-24-4-2 Duties of director and superintendent with respect to security officers appointed

Sec. 2. The director and the superintendent shall do the following with respect to security officers appointed under this chapter:

(1) Prescribe duties.

(2) Direct conduct.

(3) Prescribe distinctive uniforms.

(4) Designate emergency vehicles for the use of the security officers.

[Pre-1992 Revision Citations: 4-28-2-12 part; 12-1-2.1-6 part; 16-13-1.5-1 part.]

As added by P.L.2-1992, SEC.18.

IC 12-24-4-3 Repealed

[Pre-1992 Revision Citations: 4-28-2-13 part; 12-1-2.1-7 part; 16-13-1.5-2 part.]

As added by P.L.2-1992, SEC.18. Repealed by P.L.24-1997, SEC.66.

IC 12-24-4-4 Repealed

[Pre-1992 Revision Citations: 4-28-2-13 part; 12-1-2.1-7 part; 16-13-1.5-2 part.]

As added by P.L.2-1992, SEC.18. Repealed by P.L.24-1997, SEC.66.

IC 12-24-4-5 Repealed

[Pre-1992 Revision Citations: 4-28-9-13 part; 12-1-2.1-7 part; 16-13-1.5-2 part.]

As added by P.L.2-1992, SEC.18. Repealed by P.L.24-1997, SEC.66.

IC 12-24-4-6 Assistance of law enforcement officers; request; powers

Sec. 6. (a) The director or a superintendent may authorize one (1) or more officials of the division or the state institution to request the assistance of other state, county, city, or town law enforcement officers if necessary.

(b) If a law enforcement officer is on the property of the division by virtue of a request under this section, the law enforcement officer possesses all powers conferred by this chapter upon a security officer appointed with police powers under this chapter in addition to the powers otherwise conferred upon the law enforcement officer by Indiana law.

[Pre-1992 Revision Citations: 4-28-2-15; 12-1-2.1-9; 16-13-1.5-4.]

As added by P.L.2-1992, SEC.18.

IC 12-24-4-7 Traffic and parking; regulation; rules; violations; penalties; charges and fees

Sec. 7. (a) This section does not limit or restrict the powers of another governmental

authority having jurisdiction over public streets, roads, alleys, or ways.

(b) The director or a superintendent may regulate the traffic of vehicles and pedestrians and parking of vehicles within real property owned, used, occupied, or controlled by the division. Rules applicable to traffic and parking may include the following:

(1) Provisions governing the:

(A) registration;

(B) speed;

(C) operation;

(D) parking; or

(E) times, places, and manner of use;

of vehicles.

(2) Provisions prescribing penalties for the violation of the rules, which may include any of the following:

(A) Imposition of reasonable charges.

(B) Removing and impounding at the expense of the violator vehicles that are operated or parked in violation of the rules.

(C) Denial of permission to operate vehicles on the property of the division or the state institutions.

(3) Provisions establishing reasonable charges and fees for any of the following:

(A) Registration of vehicles.

(B) Use of parking spaces or facilities owned or occupied by the division.

[Pre-1992 Revision Citations: 4-28-2-14; 12-1-2.1-8; 16-13-1.5-3.]

As added by P.L.2-1992, SEC.18.

IC 12-24-5 Chapter 5. Admission to State Institutions

12-24-5-1	"Resident" defined
12-24-5-2	Determination of residence; requirements
12-24-5-3	Care and maintenance; residents
12-24-5-4	Nonresidents; factors
12-24-5-5	Deportation of escapee from institution of another state
12-24-5-6	Report of nonresident patient to director; investigation; return to place of residence; certification of impracticability
12-24-5-7	Interstate agreements concerning return of individuals to state of residence
12-24-5-8	Return of resident; consent
12-24-5-9	Designation of state institution to receive returnees; care
12-24-5-10	Deportation expense; payment

IC 12-24-5-1 "Resident" defined

Sec. 1. As used in this chapter, "resident" refers to an individual who has lived continuously in Indiana during the previous year.

[Pre-1992 Revision Citation: 16-14-10-1 part.]

As added by P.L.2-1992, SEC.18.

IC 12-24-5-2 Determination of residence; requirements

Sec. 2. For purposes of determining the residence of an individual under this chapter, the following apply:

(1) If the individual spent any time in a public or private hospital or institution, the individual is not considered to have lived in Indiana continuously during that period.

(2) If the individual has been a resident of a state that does not have a reciprocal agreement with Indiana, the residence requirements for the individual to gain admission to a state institution may not be less than the requirements for residence in the state of the former residence of the individual.

[Pre-1992 Revision Citation: 16-14-1-1(9).]

As added by P.L.2-1992, SEC.18.

IC 12-24-5-3 Care and maintenance; residents

Sec. 3. A resident is entitled to care and maintenance in a state institution if the resident is legally admitted to the state institution.

[Pre-1992 Revision Citation: 16-14-10-1 part.]

As added by P.L.2-1992, SEC.18.

IC 12-24-5-4 Nonresidents; factors

Sec. 4. The director may authorize the admission of an individual who is not a resident to a state institution if, in the judgment of the director:

(1) it cannot be determined if the individual is a resident; or

(2) the circumstances of the case constitute sufficient reason to admit the individual.

[Pre-1992 Revision Citation: 16-14-10-1 part.]

As added by P.L.2-1992, SEC.18.

IC 12-24-5-5 Deportation of escapee from institution of another state

Sec. 5. The director may order the deportation of an individual found in Indiana who has escaped from an institution of another state even if an application to admit the individual to a state institution has not been made.

[Pre-1992 Revision Citation: 16-14-10-1 part.]

As added by P.L.2-1992, SEC.18.

IC 12-24-5-6 Report of nonresident patient to director; investigation; return

to place of residence; certification of impracticability

Sec. 6. (a) The superintendent of a state institution shall notify the director if there is a patient in the state institution who the superintendent believes is not a resident.

(b) If the director receives a report under subsection (a), the director or the director's designee shall investigate whether the patient is a resident.

(c) Except as provided in subsection (e), if the director determines that the patient was not a resident at the time of admission to the state institution, the division shall return the patient to the patient's place of residence.

(d) If the director determines it is impractical to return the patient to the patient's place of residence, the director shall certify that fact in writing.

(e) If the director makes a certification under subsection (d), the patient is considered a resident of the county in which the patient resided for the longest time during the year immediately preceding the patient's admission to the state institution.

[Pre-1992 Revision Citation: 16-14-10-3.]

As added by P.L.2-1992, SEC.18.

IC 12-24-5-7 Interstate agreements concerning return of individuals to state of residence

Sec. 7. The director may enter into agreements with authorities of another state that enacts legislation consistent with this chapter for the following:

(1) The arbitration of disputed questions between the other state and Indiana concerning the residence of individuals.

(2) The return of the individuals to their place of residence.

[Pre-1992 Revision Citation: 16-14-10-4.]

As added by P.L.2-1992, SEC.18.

IC 12-24-5-8 Return of resident; consent

Sec. 8. The director may consent to the return to Indiana of an individual who is a resident.

[Pre-1992 Revision Citation: 16-14-10-5 part.]

As added by P.L.2-1992, SEC.18.

IC 12-24-5-9 Designation of state institution to receive returnees; care

Sec. 9. The director shall designate a state institution to do the following:

(1) Receive individuals returned to Indiana under this chapter.

(2) Provide care for those individuals until committed to the proper state institution.

[Pre-1992 Revision Citation: 16-14-10-5 part.]

As added by P.L.2-1992, SEC.18.

IC 12-24-5-10 Deportation expense; payment

Sec. 10. The actual necessary expense incurred in deporting an individual under this chapter shall be paid from the state general fund upon a verified claim made by the director or the director's designee.

[Pre-1992 Revision Citation: 16-14-10-6.]

As added by P.L.2-1992, SEC.18.

IC 12-24-6 Chapter 6. Provision of Clothing for Patients

12-24-6-1 "Fund" defined
12-24-6-2 Requisition of clothing needs
12-24-6-3 Financial responsibility to court
12-24-6-4 Duties of circuit court clerk of admitting county
12-24-6-5 Compliance with requisition
12-24-6-6 Charge of admitting county; limit
12-24-6-7 Responsibility to supply clothing after admission
12-24-6-8 Furnishing of clothing by superintendent
12-24-6-9 Charging of county for clothing superintendent furnishes; limit
12-24-6-10 Charges made under this chapter; requisites
12-24-6-11 Warrant; payment of charge
12-24-6-12 Monthly transmittal of collections to state comptroller
12-24-6-13 Institution clothing fund established
12-24-6-14 Delinquent charges; certification to state comptroller; payment

IC 12-24-6-1 "Fund" defined

Sec. 1. As used in this chapter, "fund" refers to the institution clothing fund established by this chapter.

[1992 Revision Citation: New.]

As added by P.L.2-1992, SEC.18.

IC 12-24-6-2 Requisition of clothing needs

Sec. 2. When the superintendent of a state institution accepts a patient, the superintendent shall indicate the clothing needs of the patient in a requisition.

[Pre-1992 Revision Citation: 16-14-18.1-12(b) part.]

As added by P.L.2-1992, SEC.18.

IC 12-24-6-3 Financial responsibility to court

Sec. 3. The responsible parties are responsible to the court for supplying a patient's clothing unless financially unable to supply the clothing.

[Pre-1992 Revision Citation: 16-14-18.1-12(c) part.]

As added by P.L.2-1992, SEC.18.

IC 12-24-6-4 Duties of circuit court clerk of admitting county

Sec. 4. If clothing can be supplied by a responsible party or any other willing person, the clerk of the circuit court of the county from which the patient is admitted shall do the following:

(1) Notify the responsible party or the other willing person of the clothing needs of the patient.

(2) Have an ample supply of suitable clothing sent with the patient.

[Pre-1992 Revision Citation: 16-14-18.1-12(a).]

As added by P.L.2-1992, SEC.18.

IC 12-24-6-5 Compliance with requisition

Sec. 5. Clothing furnished under section 4 of this chapter must substantially comply with the requisition sent by the superintendent under section 2 of this chapter.

[Pre-1992 Revision Citation: 16-14-18.1-12(b) part.]

As added by P.L.2-1992, SEC.18.

IC 12-24-6-6 Charge of admitting county; limit

Sec. 6. (a) If clothing is not otherwise furnished at the time a patient is admitted to a state institution, the superintendent shall furnish the clothing and charge the county from which the patient was admitted.

(b) A superintendent may not charge a county under subsection (a) more than four hundred dollars ($400).

[Pre-1992 Revision Citation: 16-14-18.1-12(c) part.]

As added by P.L.2-1992, SEC.18.

IC 12-24-6-7 Responsibility to supply clothing after admission

Sec. 7. After a patient has been admitted to a state institution, it is the responsibility of:

(1) the patient;

(2) the payee of any type of benefit received on behalf of a patient; or

(3) the responsible parties of the patient;

to supply clothing requested by the superintendent for the patient.

[Pre-1992 Revision Citation: 16-14-18.1-13(a).]

As added by P.L.2-1992, SEC.18.

IC 12-24-6-8 Furnishing of clothing by superintendent

Sec. 8. If a patient in a state institution is not otherwise supplied with clothing, the superintendent shall furnish the clothing.

[Pre-1992 Revision Citation: 16-14-18.1-13(b) part.]

As added by P.L.2-1992, SEC.18.

IC 12-24-6-9 Charging of county for clothing superintendent furnishes; limit

Sec. 9. (a) If a superintendent furnishes clothing under section 8 of this chapter, the superintendent shall charge the county from which the patient was admitted.

(b) A charge made by a superintendent for a patient under this section may not be more than three hundred dollars ($300) per year.

(c) A charge made by a superintendent under this section is a debt due the state institution.

[Pre-1992 Revision Citation: 16-14-18.1-13(b) part.]

As added by P.L.2-1992, SEC.18.

IC 12-24-6-10 Charges made under this chapter; requisites

Sec. 10. All charges made under this chapter must be:

(1) signed by the superintendent; and

(2) forwarded for payment to the auditor of the county from which the patient was admitted according to the following schedule:

(A) All charges accruing between January 1 and June 30 of each year shall be forwarded to the county auditor on or before October 1 of that year.

(B) All charges accruing between July 1 and December 31 of each year shall be forwarded to the county auditor before April 1 of the following year.

[Pre-1992 Revision Citations: 16-14-18.1-13(b) part; 16-14-18.1-14 part.]

As added by P.L.2-1992, SEC.18.

IC 12-24-6-11 Warrant; payment of charge

Sec. 11. (a) Upon receipt of a charge under section 10 of this chapter, the county auditor shall draw a warrant on the treasurer of the county for payment of the charge.

(b) A charge shall be paid out of the money of the county appropriated for that purpose.

(c) The fiscal body of each county shall annually appropriate sufficient money to pay the accounts.

(d) A payment by a county under this section shall be transmitted to the superintendent of the billing state institution.

[Pre-1992 Revision Citation: 16-14-18.1-14 part.]

As added by P.L.2-1992, SEC.18.

IC 12-24-6-12 Monthly transmittal of collections to state comptroller

Sec. 12. The superintendent of a state institution shall transmit each month the collections received under this chapter to the state comptroller.

[Pre-1992 Revision Citation: 16-14-18.1-14 part.]

As added by P.L.2-1992, SEC.18. Amended by P.L.9-2024, SEC.337.

IC 12-24-6-13 Institution clothing fund established

Sec. 13. (a) The institution clothing fund is established.

(b) The state comptroller shall place money received under section 12 of this chapter in the fund.

(c) The fund may be used only for the purpose of crediting the respective state institutions for the amounts expended by the state institutions for clothing for which the counties were billed.

[Pre-1992 Revision Citation: 16-14-18.1-14 part.]

As added by P.L.2-1992, SEC.18. Amended by P.L.9-2024, SEC.338.

IC 12-24-6-14 Delinquent charges; certification to state comptroller; payment

Sec. 14. (a) If a county does not pay a charge made under this chapter within six (6) months after the date the charge is delivered to the county auditor, the superintendent of the state institution shall certify to the state comptroller that the money is due.

(b) After receiving the superintendent's certification under subsection (a), the state comptroller shall:

(1) withhold from any money due to the county a sum equal to the amount certified by the superintendent; and

(2) pay the amount withheld under subdivision (1) into the fund as provided in section 13 of this chapter.

[Pre-1992 Revision Citation: 16-14-18.1-13(c).]

As added by P.L.2-1992, SEC.18. Amended by P.L.9-2024, SEC.339.

IC 12-24-7 Chapter 7. Employment and Remuneration of Patients at State Institutions

12-24-7-1 "Patient" defined
12-24-7-2 "Treatment team" defined
12-24-7-3 Determination of treatment team; duties; review
12-24-7-4 Election of patient to perform work for pay
12-24-7-5 Spending of wages earned for work
12-24-7-6 Restrictions on division
12-24-7-7 Restrictions on patient
12-24-7-8 Rules

IC 12-24-7-1 "Patient" defined

Sec. 1. As used in this chapter, "patient" means an individual who is an inpatient in a state institution.

[Pre-1992 Revision Citations: 4-28-27-1; 16-13-23-2.]

As added by P.L.2-1992, SEC.18.

IC 12-24-7-2 "Treatment team" defined

Sec. 2. As used in this chapter, "treatment team" includes physicians, psychologists, therapists, or other state institution staff designated to meet periodically to review a patient's progress.

[Pre-1992 Revision Citations: 4-28-27-2; 16-13-23-3.]

As added by P.L.2-1992, SEC.18.

IC 12-24-7-3 Determination of treatment team; duties; review

Sec. 3. (a) If the treatment team determines that a patient can benefit from performing work for a wage, the treatment team shall do the following:

(1) Identify in writing the goals and objectives to be achieved for a patient who performs work for a wage.

(2) Describe in writing the type of work the patient can perform.

(3) Determine in writing the number of hours a patient may perform work each week.

(4) Notify the patient and the superintendent of the information described in subdivisions (1), (2), and (3).

(5) Receive comments from the patient, the patient's guardian (if any), and other persons interested in the patient's welfare.

(b) The treatment team shall review the determinations that the team makes under subsection (a) at least quarterly.

[Pre-1992 Revision Citations: 4-28-27-4; 16-13-23-5.]

As added by P.L.2-1992, SEC.18.

IC 12-24-7-4 Election of patient to perform work for pay

Sec. 4. (a) A patient may elect to perform work for pay under this chapter if work of the type described by the treatment team under section 3(a)(1) of this chapter is available.

(b) A patient may not be required to perform work for pay.

[Pre-1992 Revision Citations: 4-28-27-5; 16-13-23-6.]

As added by P.L.2-1992, SEC.18.

IC 12-24-7-5 Spending of wages earned for work

Sec. 5. A patient may spend wages earned for work performed under this chapter in any lawful manner.

[Pre-1992 Revision Citations: 4-28-27-7(a); 16-13-23-8(a).]

As added by P.L.2-1992, SEC.18.

IC 12-24-7-6 Restrictions on division

Sec. 6. A division may not:

(1) deduct any of a patient's earned wages, except for those deductions required by law; or

(2) require a patient to pay any of the patient's earned wages;

to defray any part of the cost of the patient's care and treatment at the state institution.

[Pre-1992 Revision Citations: 4-28-27-7(b); 16-13-23-8(b).]

As added by P.L.2-1992, SEC.18.

IC 12-24-7-7 Restrictions on patient

Sec. 7. A patient who earns wages under this chapter is not:

(1) subject to rules of the state personnel department;

(2) eligible to become a member of the public employees' retirement fund; or

(3) covered by IC 22-2-2.

[Pre-1992 Revision Citations: 4-28-27-8; 16-13-23-9.]

As added by P.L.2-1992, SEC.18.

IC 12-24-7-8 Rules

Sec. 8. Each division shall adopt rules under IC 4-22-2 concerning the following:

(1) The operation of work programs under this chapter.

(2) The establishment of wage scales for work performed under this chapter.

(3) The frequency with which the treatment team must meet concerning the patient's progress toward achieving the goals and objectives established for the patient.

[Pre-1992 Revision Citations: 4-28-27-6; 16-13-23-7.]

As added by P.L.2-1992, SEC.18.

IC 12-24-8 Chapter 8. Apprehending and Returning Escaped Patients

12-24-8-1 Sheriff to take charge of and return escaped individual
12-24-8-2 Expense; charge against committing county
12-24-8-3 Receipt for individual delivered; sheriff's expense account; payment
12-24-8-4 Transfer of returned individual

IC 12-24-8-1 Sheriff to take charge of and return escaped individual

Sec. 1. If an individual escapes from the facility to which an individual is committed under IC 12-26 or fails to comply with the requirements for outpatient status in accordance with IC 12-26-14-8, the sheriff of the county in which the individual is found shall take charge of and return the individual to the nearest state institution or community mental health center that has appropriate and available facilities and personnel to detain the escaped individual.

[Pre-1992 Revision Citation: 16-14-15-4(a).]

As added by P.L.2-1992, SEC.18.

IC 12-24-8-2 Expense; charge against committing county

Sec. 2. The expense of apprehending and returning the individual is a charge against the county from which the individual was originally committed.

[Pre-1992 Revision Citation: 16-14-15-4(b) part.]

As added by P.L.2-1992, SEC.18.

IC 12-24-8-3 Receipt for individual delivered; sheriff's expense account; payment

Sec. 3. (a) The sheriff shall take a receipt from the superintendent of the state institution or community mental health center to which the individual is delivered.

(b) The sheriff's expense account, when submitted with the receipt obtained under subsection (a) to the auditor of the county from which the individual has been committed, shall be paid in the same manner as payments for the original delivery of the individual to the facility are paid.

[Pre-1992 Revision Citation: 16-14-15-4(b) part.]

As added by P.L.2-1992, SEC.18.

IC 12-24-8-4 Transfer of returned individual

Sec. 4. The appropriate division shall arrange for the transfer of the returned individual from the facility to which the individual is returned to the facility where the individual is committed under IC 12-26.

[Pre-1992 Revision Citation: 16-14-15-4(c).]

As added by P.L.2-1992, SEC.18.

IC 12-24-9 Chapter 9. Funeral Expenses of Patients

12-24-9-1 Payment
12-24-9-2 Charge of admitting county
12-24-9-3 Requisites of charge
12-24-9-4 Collection

IC 12-24-9-1 Payment

Sec. 1. If a patient in a state institution dies, the superintendent shall pay the funeral expenses if those expenses are not otherwise supplied.

[Pre-1992 Revision Citation: 16-14-15-2 part.]

As added by P.L.2-1992, SEC.18.

IC 12-24-9-2 Charge of admitting county

Sec. 2. The superintendent shall charge the county from which the patient was admitted for the funeral expenses paid by the superintendent under section 1 of this chapter.

[Pre-1992 Revision Citation: 16-14-15-2 part.]

As added by P.L.2-1992, SEC.18.

IC 12-24-9-3 Requisites of charge

Sec. 3. A charge made under section 2 of this chapter shall be:

(1) signed by the superintendent;

(2) attested by the seal of the state institution; and

(3) delivered to the treasurer of state.

[Pre-1992 Revision Citation: 16-14-15-2 part.]

As added by P.L.2-1992, SEC.18.

IC 12-24-9-4 Collection

Sec. 4. The treasurer of state shall collect the account from the county as a debt due to the state institution.

[Pre-1992 Revision Citation: 16-14-15-2 part.]

As added by P.L.2-1992, SEC.18.

IC 12-24-10 Chapter 10. Guardian for Estate of Patient Committed to State Institution

12-24-10-1 Appointment; representation by attorney general
12-24-10-2 Petition; appointment
12-24-10-3 Filing of application for appointment
12-24-10-4 Fees or costs not to be charged

IC 12-24-10-1 Appointment; representation by attorney general

Sec. 1. If:

(1) it becomes necessary to appoint a guardian for the estate of an individual who has been committed to a state institution; and

(2) the estate of the individual does not exceed three hundred dollars ($300);

the attorney general shall represent the individual in securing the appointment of a guardian for the individual's estate.

[Pre-1992 Revision Citation: 16-14-19-1 part.]

As added by P.L.2-1992, SEC.18.

IC 12-24-10-2 Petition; appointment

Sec. 2. Upon presentation of a petition for the appointment of a guardian, the court may appoint either of the following as the guardian of the individual's estate:

(1) The superintendent of the state institution to which the individual has been committed.

(2) Another individual employed by the state institution in an administrative capacity.

[Pre-1992 Revision Citation: 16-14-19-1 part.]

As added by P.L.2-1992, SEC.18.

IC 12-24-10-3 Filing of application for appointment

Sec. 3. An application for the appointment of a guardian under this chapter must be filed in the circuit or superior court in the county in which the state institution is located.

[Pre-1992 Revision Citation: 16-14-19-1 part.]

As added by P.L.2-1992, SEC.18.

IC 12-24-10-4 Fees or costs not to be charged

Sec. 4. Fees or costs may not be charged in a proceeding under this chapter, including a fee for the guardian or the attorney for the guardian.

[Pre-1992 Revision Citation: 16-14-19-1 part.]

As added by P.L.2-1992, SEC.18.

IC 12-24-11 Chapter 11. Release of Records Concerning Patients Discharged From State Institutions

12-24-11-1	Repealed
12-24-11-2	Patient with developmental disability; release to local agency serving such needs in residing area; authorization; form; requisites
12-24-11-3	Contact of patient, parent, or guardian; explanation of services available
12-24-11-4	Compliance with chapter; exemption; requirement

IC 12-24-11-1 Repealed

[Pre-1992 Revision Citation: 16-14-28-1(a).]

As added by P.L.2-1992, SEC.18. Repealed by P.L.40-1994, SEC.83.

IC 12-24-11-2 Patient with developmental disability; release to local agency serving such needs in residing area; authorization; form; requisites

Sec. 2. (a) This section applies to an individual who has a primary diagnosis of developmental disability.

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

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

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

AUTHORIZATION TO RELEASE
MEDICAL AND TREATMENT
RECORDS

I agree to permit _____
(name of state institution)
to release a copy of the medical and treatment records of

_____	to _____
(patient's name)	(name of local agency serving the needs of individuals with a developmental disability)
_____	_____
(date)	(signature)
	_____
	(address)
_____	_____
(signature of individual securing release of medical and treatment	(relationship to patient if signature is not that of the patient)

records)

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

(1) The patient's name.

(2) The address of the patient's intended residence.

(3) The patient's medical records.

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

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

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

(1) the patient's name; and

(2) the address of the patient's intended residence;

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

[Pre-1992 Revision Citation: 16-14-28-1(b).]

As added by P.L.2-1992, SEC.18. Amended by P.L.4-1993, SEC.200; P.L.5-1993, SEC.213; P.L.24-1997, SEC.55; P.L.272-1999, SEC.45; P.L.141-2006, SEC.65; P.L.99-2007, SEC.117.

IC 12-24-11-3 Contact of patient, parent, or guardian; explanation of services available

Sec. 3. Immediately upon receiving a patient's medical records or a patient's name and address under section 2 of this chapter, IC 12-24-12, or IC 12-26-11, the community mental health center or the local agency serving the needs of individuals with a developmental disability shall do the following:

(1) Contact:

(A) the patient; or

(B) the patient's parent or guardian if the patient is not competent.

(2) Explain the types of services that are available to the patient in the area in which the patient will reside.

[Pre-1992 Revision Citation: 16-14-28-2.]

As added by P.L.2-1992, SEC.18. Amended by P.L.40-1994, SEC.48; P.L.99-2007, SEC.118; P.L.188-2013, SEC.12.

IC 12-24-11-4 Compliance with chapter; exemption; requirement

Sec. 4. (a) A person is exempt from complying with this chapter only to the extent that compliance with this chapter will result in a loss of federal money or services.

(b) A person shall comply with this chapter and perform additional acts required to receive federal money or services if performance of the additional acts not specified by this chapter are required to receive the federal money or services.

[Pre-1992 Revision Citation: 16-14-28-2.5.]

As added by P.L.2-1992, SEC.18.

IC 12-24-12 Chapter 12. Monitoring of Patients Discharged From State Institutions and the Use of Community Residential Programs

12-24-12-1	"Division" defined
12-24-12-2	Community based monitoring system
12-24-12-3	Plan of discharge or placement on outpatient status of patient; copies; duties regarding treatment or residence
12-24-12-4	Problems with continuity of care; reporting
12-24-12-5	Repealed
12-24-12-6	Application of IC 12-24-12-3 and IC 12-24-12-4
12-24-12-7	Repealed
12-24-12-8	Repealed
12-24-12-9	Duties of gatekeeper
12-24-12-10	Gatekeeper for individual in state institution; division as gatekeeper
12-24-12-11	Assignment of gatekeeper; time; duration; transferability

IC 12-24-12-1 "Division" defined

Sec. 1. As used in this chapter, "division" refers only to the division of mental health and addiction.

[1992 Revision Citation: New.]

As added by P.L.2-1992, SEC.18. Amended by P.L.215-2001, SEC.68.

IC 12-24-12-2 Community based monitoring system

Sec. 2. The division shall contract with community mental health centers to administer a system of community based gatekeepers to monitor each individual from the time the individual has been involuntarily committed to a state institution administered by the division until the individual is discharged from the commitment.

[Pre-1992 Revision Citation: 16-14-30-1.]

As added by P.L.2-1992, SEC.18. Amended by P.L.62-1993, SEC.7; P.L.40-1994, SEC.49; P.L.6-1995, SEC.15; P.L.188-2013, SEC.13.

IC 12-24-12-3 Plan of discharge or placement on outpatient status of patient; copies; duties regarding treatment or residence

Sec. 3. (a) Before an individual described in section 2 of this chapter is discharged or placed on outpatient status under IC 12-26, a discharge plan shall be formulated in consultation with the patient's designated case manager. The superintendent shall provide copies of the individual's plan of discharge or placement to a community mental health center serving the area in which the individual will reside. The plan must include the following:

(1) A copy of the papers authorizing the discharge or placement.

(2) An assessment of the individual's mental health.

(3) The superintendent's recommendations concerning the follow-up treatment services and the specific residential placement that the individual should receive after the individual is discharged or placed.

(4) If the individual has been placed on outpatient status, a description of the conditions relating to the individual's placement.

(b) If the plan provided to the community mental health center under subsection (a) recommends or requires that an individual receive treatment from another treatment provider, the community mental health center shall document the following:

(1) Whether the initial contact with the treatment provider occurred.

(2) Whether treatment was rendered according to the recommendations in the individual's plan.

(3) What changes, if any, were made in the individual's plan by the treatment provider.

(c) If the plan provided to the community mental health center under subsection (a) recommends or requires that an individual reside at a location designated by the

superintendent in the plan, the case manager shall monitor whether the individual is residing at the location.

[Pre-1992 Revision Citation: 16-14-30-2(a), (b), (c).]

As added by P.L.2-1992, SEC.18. Amended by P.L.40-1994, SEC.50; P.L.188-2013, SEC.14.

IC 12-24-12-4 Problems with continuity of care; reporting

Sec. 4. (a) If a community mental health center is aware of problems with continuity of care for a discharged or placed individual, the community mental health center shall contact:

(1) the discharged or placed individual;

(2) the treatment provider;

(3) the residential provider; or

(4) the state institution from which the individual has been discharged or placed;

and attempt to resolve any problems.

(b) If the treatment or residential problems continue and are significant, the community mental health center shall report these findings to the director.

[Pre-1992 Revision Citation: 16-14-30-2(d).]

As added by P.L.2-1992, SEC.18. Amended by P.L.40-1994, SEC.51; P.L.188-2013, SEC.15.

IC 12-24-12-5 Repealed

[Pre-1992 Revision Citation: 16-14-30-2(e).]

As added by P.L.2-1992, SEC.18. Repealed by P.L.40-1994, SEC.83.

IC 12-24-12-6 Application of IC 12-24-12-3 and IC 12-24-12-4

Sec. 6. Sections 3 through 4 of this chapter do not require an individual who has been discharged from a state institution to comply with the plan developed for the individual under section 3 of this chapter or to cooperate with a case manager in the performance of the case manager's duties under sections 3 through 4 of this chapter.

[Pre-1992 Revision Citation: 16-14-30-2(f).]

As added by P.L.2-1992, SEC.18. Amended by P.L.40-1994, SEC.52.

IC 12-24-12-7 Repealed

[Pre-1992 Revision Citation: 16-14-30-3.]

As added by P.L.2-1992, SEC.18. Amended by P.L.62-1993, SEC.8. Repealed by P.L.40-1994, SEC.83.

IC 12-24-12-8 Repealed

[Pre-1992 Revision Citation: 16-14-30-4.]

As added by P.L.2-1992, SEC.18. Repealed by P.L.40-1994, SEC.83.

IC 12-24-12-9 Duties of gatekeeper

Sec. 9. The gatekeeper for an individual who has been committed to a state institution administered by the division has the following duties:

(1) To provide case management to the individual in both the state institution and the community.

(2) To facilitate and plan the committed individual's transition from the state institution to the community or to another appropriate placement.

As added by P.L.6-1995, SEC.16.

IC 12-24-12-10 Gatekeeper for individual in state institution; division as gatekeeper

Sec. 10. (a) Upon admission to a state institution administered by the division of mental health and addiction, the gatekeeper is one (1) of the following:

(1) For an individual with a psychiatric disorder, the community mental health center

that submitted the report to the committing court under IC 12-26.

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

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

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

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

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

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

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

As added by P.L.6-1995, SEC.17. Amended by P.L.24-1997, SEC.56; P.L.272-1999, SEC.46; P.L.215-2001, SEC.69; P.L.141-2006, SEC.66; P.L.114-2012, SEC.33; P.L.188-2013, SEC.16; P.L.113-2014, SEC.43; P.L.187-2015, SEC.22.

IC 12-24-12-11 Assignment of gatekeeper; time; duration; transferability

Sec. 11. (a) A gatekeeper must be assigned to an individual at the time of the petition for commitment under IC 12-26-6 and IC 12-26-7.

(b) Except as provided in subsection (c), the entity assigned as the committed individual's gatekeeper shall continue to serve as that individual's gatekeeper until the termination of the individual's commitment.

(c) The assignment of the gatekeeper for an individual may be transferred to another gatekeeper if the transfer is in the best interest of the committed individual.

As added by P.L.6-1995, SEC.18.

IC 12-24-13 Chapter 13. Liability for Cost of Treatment of Patients in State Institutions

12-24-13-1	Accounting and bookkeeping system
12-24-13-2	Limitation on charges
12-24-13-3	Repealed
12-24-13-4	Charge structure for institutional services and treatment; liability for payment
12-24-13-5	Placement of a student with a disability in a state institution for the provision of special education
12-24-13-6	Children under custody or supervision of department or county office
12-24-13-7	Insurance coverage; assignment of benefits
12-24-13-8	Repealed
12-24-13-9	Repealed
12-24-13-10	Statements of sums due as maintenance charges; issuance; payment period
12-24-13-11	Estate of patient

IC 12-24-13-1 Accounting and bookkeeping system

Sec. 1. Each division shall develop and implement an accounting and bookkeeping system for each state institution so that the cost of all institutional services provided to a patient can be determined.

[Pre-1992 Revision Citation: 16-14-5.5-3 part.]

As added by P.L.2-1992, SEC.18.

IC 12-24-13-2 Limitation on charges

Sec. 2. A patient, patient's parents, patient's legal guardians, or patient's other responsible relatives may be charged only for services and treatment provided.

[Pre-1992 Revision Citation: 16-14-5.5-3 part.]

As added by P.L.2-1992, SEC.18.

IC 12-24-13-3 Repealed

[Pre-1992 Revision Citations: subsection (a) formerly 16-14-18.1-2(a); 16-14-18.1-3(c); subsection (b) formerly 16-14-18.1-2(b).]

As added by P.L.2-1992, SEC.18. Repealed by P.L.187-2007, SEC.15.

IC 12-24-13-4 Charge structure for institutional services and treatment; liability for payment

Sec. 4. (a) Each state institution shall establish a charge structure for institutional services and treatment. The charge structure must be approved by the director of the division before July 1 of each year and, once approved, the charge structure must be effective for the following state fiscal year.

(b) Except as provided in section 5 of this chapter, each patient in a state institution and the responsible parties, individually or collectively, are liable for the payment of the charges for the treatment and maintenance of the patient.

[Pre-1992 Revision Citations: subsection (a) formerly 16-14-18.1-2(c); subsection (b) formerly 16-14-18.1-3(a) part.]

As added by P.L.2-1992, SEC.18. Amended by P.L.187-2007, SEC.10.

IC 12-24-13-5 Placement of a student with a disability in a state institution for the provision of special education

Sec. 5. (a) Except as provided in section 6 of this chapter, whenever placement of a student with a disability (as defined in IC 20-35-1-8) in a state institution is necessary for the provision of special education for that student, the cost of the student's education program, nonmedical care, and room and board shall be paid by the division rather than by the student's parents, guardian, or other responsible party.

(b) The student's parents, guardian, or other responsible party shall pay the cost of any

transportation not required by the student's individualized education program (as defined in IC 20-18-2-9). The school corporation in which the student has legal settlement (as determined under IC 20-26-11) shall pay the cost of transportation required by the student's individualized education program under IC 20-35-8-2. However, this section does not relieve an insurer or other third party from an otherwise valid obligation to provide or pay for the services provided to the student.

(c) The Indiana state board of education and the divisions shall jointly establish a procedure and standards for determining when placement in a state institution is necessary for the provision of special education for a student.

[Pre-1992 Revision Citation: 16-14-18.1-3(a) part.]

As added by P.L.2-1992, SEC.18. Amended by P.L.23-1993, SEC.56; P.L.1-2005, SEC.140; P.L.146-2008, SEC.415; P.L.233-2015, SEC.24.

IC 12-24-13-6 Children under custody or supervision of department or county office

Sec. 6. The department of child services is responsible for the cost of treatment or maintenance of a child under the department's custody or supervision who is placed in a state institution only if the cost is reimbursable under the state Medicaid program under IC 12-15.

[Pre-1992 Revision Citation: 16-14-18.1-3(b).]

As added by P.L.2-1992, SEC.18. Amended by P.L.4-1993, SEC.201; P.L.5-1993, SEC.214; P.L.145-2006, SEC.125; P.L.146-2008, SEC.416; P.L.131-2009, SEC.2.

IC 12-24-13-7 Insurance coverage; assignment of benefits

Sec. 7. If a patient in a state institution has insurance coverage that covers hospitalization or medical services in psychiatric hospitals, all benefits under the insurance coverage shall be assigned to the appropriate division.

[Pre-1992 Revision Citation: 16-14-18.1-3(d).]

As added by P.L.2-1992, SEC.18. Amended by P.L.187-2007, SEC.11.

IC 12-24-13-8 Repealed

[Pre-1992 Revision Citation: 16-14-18.1-3(e).]

As added by P.L.2-1992, SEC.18. Repealed by P.L.187-2007, SEC.15.

IC 12-24-13-9 Repealed

[Pre-1992 Revision Citation: 16-14-18.1-3(f).]

As added by P.L.2-1992, SEC.18. Repealed by P.L.187-2007, SEC.15.

IC 12-24-13-10 Statements of sums due as maintenance charges; issuance; payment period

Sec. 10. The appropriate division shall issue to any party liable under this chapter for any type of psychiatric service statements of sums due as maintenance charges. The division shall require the liable party to pay monthly, quarterly, or otherwise as may be arranged an amount not exceeding the maximum charge as determined under this chapter.

[Pre-1992 Revision Citation: 16-14-18.1-3(g).]

As added by P.L.2-1992, SEC.18. Amended by P.L.187-2007, SEC.12.

IC 12-24-13-11 Estate of patient

Sec. 11. The estate of a patient who receives care, treatment, maintenance, or any other service furnished by the division at the state's expense is liable for payment of the charges as determined under this chapter for the service. The estate is exempt from the requirements of section 10 of this chapter or any part of this chapter directly in conflict with the intent of the chapter to hold a patient's estate liable for payment.

[Pre-1992 Revision Citation: 16-14-18.1-3(h).]

As added by P.L.2-1992, SEC.18. Amended by P.L.187-2007, SEC.13.

IC 12-24-14 Chapter 14. Collection of Charges for Treatment and Maintenance of Patients

12-24-14-1 "Fund" defined
12-24-14-2 Billing and collection of maintenance charges
12-24-14-3 Deposit of money collected
12-24-14-4 Deposit in state mental health fund of money deposited under IC 12-24-14-3
12-24-14-5 Powers of division
12-24-14-6 Compromise agreements; conditions; other sources of reimbursement
12-24-14-7 Acceptance of more money than owed

IC 12-24-14-1 "Fund" defined

Sec. 1. As used in this chapter, "fund" refers to the mental health fund established by this chapter.

[1992 Revision Citation: New.]

As added by P.L.2-1992, SEC.18.

IC 12-24-14-2 Billing and collection of maintenance charges

Sec. 2. The billing and collection of maintenance charges under this article shall be made by the division or a unit of the division designated by the director.

[Pre-1992 Revision Citation: 16-14-18.1-5 part.]

As added by P.L.2-1992, SEC.18. Amended by P.L.187-2007, SEC.14.

IC 12-24-14-3 Deposit of money collected

Sec. 3. Money collected shall be deposited each day by the division in a designated public depository.

[Pre-1992 Revision Citation: 16-14-18.1-5 part.]

As added by P.L.2-1992, SEC.18.

IC 12-24-14-4 Deposit in state mental health fund of money deposited under IC 12-24-14-3

Sec. 4. On the first day of each month, or within three (3) days thereafter, all money deposited under section 3 of this chapter shall be forwarded by the division to the treasurer of state to be deposited in a special fund to be known as the mental health fund.

[Pre-1992 Revision Citation: 16-14-18.1-5 part.]

As added by P.L.2-1992, SEC.18.

IC 12-24-14-5 Powers of division

Sec. 5. The division may do the following:

(1) Investigate, either with division staff or on a contractual or other basis, the financial condition of each person liable under this chapter.

(2) Make determinations of the ability of the patient and the responsible parties to pay maintenance charges.

(3) Set a standard as a basis of judgment of ability to pay. The standard shall be recomputed periodically to reflect changes in the cost of living and other pertinent factors and to make provisions for unusual and exceptional circumstances in the application of the standard.

[Pre-1992 Revision Citation: 16-14-18.1-7.]

As added by P.L.2-1992, SEC.18.

IC 12-24-14-6 Compromise agreements; conditions; other sources of reimbursement

Sec. 6. (a) The division may, upon receipt of a properly executed application, agree to accept payment at a lesser rate than that prescribed under this article.

(b) The division shall, in determining whether to accept the lesser amount under this section, take into consideration the possibility of reimbursement from the estate of the patient and the estates of responsible parties.

(c) All agreements to accept a lesser amount under this section are subject to cancellation or modification if any of the following conditions exist:

(1) Material misrepresentation or omission of facts.

(2) Substantial and continuing change in the financial circumstances of the responsible party with whom the agreement is made within five (5) years after discharge.

(d) A person who has been issued a bill for maintenance charges based upon a lesser rate than that prescribed by this article may request the division to review the agreement. If an acceptable rate cannot otherwise be established, the division shall provide for hearings to be held upon request.

(e) The division may modify an agreement made under this section after the hearing held under subsection (d).

(f) This section does not prohibit the division from receiving reimbursement under 42 U.S.C. 1395 et seq. or 42 U.S.C. 1396 et seq.

[Pre-1992 Revision Citation: 16-14-18.1-8.]

As added by P.L.2-1992, SEC.18.

IC 12-24-14-7 Acceptance of more money than owed

Sec. 7. The division may accept more money than is owed if a person desires to pay more.

[Pre-1992 Revision Citation: 16-14-18.1-9.]

As added by P.L.2-1992, SEC.18.

IC 12-24-15 Chapter 15. Legal Process for Recovery of Treatment and Maintenance Charges

12-24-15-1	Lien upon real property of patient and responsible parties; recording; priority
12-24-15-2	Delinquent charges; notice of lien; filing; requisites
12-24-15-3	Notice of lien; effect of filing; duration
12-24-15-4	Notice to division director of opening of the estate of the patient or responsible party in the county; enforcement suit; judgment lien
12-24-15-5	Suit to enforce payment of maintenance charges; order; attachment; costs
12-24-15-6	Claim against estate of patient or responsible party under conditions of IC 12-24-13; limitation of actions
12-24-15-7	Foreclosure of lien; proceedings
12-24-15-8	Claim against estate of patient or responsible party to recover unpaid treatment and maintenance charges; property subject to lien; priority; conditions
12-24-15-9	Claim against estate of patient or responsible party to recover unpaid treatment and maintenance charges; priority
12-24-15-10	Compromise agreements
12-24-15-11	Pending litigation or rights accrued before June 1, 1981, unaffected; limitation of actions

IC 12-24-15-1 Lien upon real property of patient and responsible parties; recording; priority

Sec. 1. The liability created by this article for payment of any type of cost of treatment and maintenance of a patient constitutes a lien upon the real property of the patient and responsible parties of the patient whenever the lien has been recorded according to this chapter. The lien has priority over all liens subsequently acquired.

[Pre-1992 Revision Citation: 16-14-18.1-3(i).]

As added by P.L.2-1992, SEC.18.

IC 12-24-15-2 Delinquent charges; notice of lien; filing; requisites

Sec. 2. (a) If charges for the cost of treatment and maintenance of a patient remain unpaid in whole for three (3) months or in part for six (6) months, the appropriate division may file, in the office of the county recorder of the county in which the real property is located, the following:

(1) A notice of lien designating the name and place of residence of the patient or responsible party against whose property the lien is asserted.

(2) The date when the charges became delinquent.

(3) A legal description of the real property subject to the lien.

(b) The county auditor or assessor of a county shall, upon request by the division, do the following:

(1) Give notice of all real property in the county registered to the patient or responsible parties.

(2) Furnish the division the legal description and address of all property so registered.

(c) One (1) copy of the notice of lien shall be retained by and filed in the offices of the division, and one (1) copy shall be furnished to the patient or responsible party whose real property is affected.

[Pre-1992 Revision Citation: 16-14-18.1-4(a).]

As added by P.L.2-1992, SEC.18.

IC 12-24-15-3 Notice of lien; effect of filing; duration

Sec. 3. (a) From the date on which the notice of lien is recorded in the office of the county recorder, the notice of lien:

(1) constitutes due notice of a lien against the patient or responsible party or the patient's estate for any amount then recoverable and any amounts that become recoverable under this article; and

(2) gives a specific lien in favor of the division.

(b) The lien continues from the date of filing until the lien is satisfied or released.

[Pre-1992 Revision Citation: 16-14-18.1-4(b).]

As added by P.L.2-1992, SEC.18.

IC 12-24-15-4 Notice to division director of opening of the estate of the patient or responsible party in the county; enforcement suit; judgment lien

Sec. 4. (a) The clerk of the circuit court for each county shall give notice to the director of the appropriate division of the opening or commencement of the estate of the patient or a responsible party in the county.

(b) The attorney general shall, upon notification by the division, bring suit in the name of the state on relation of the division against the estate of the patient or a responsible party failing to make payments as required under this article.

(c) If a judgment is obtained in a suit brought under subsection (b), the judgment constitutes a lien against the part of the estate of the person described in the complaint.

[Pre-1992 Revision Citation: 16-14-18.1-10(a).]

As added by P.L.2-1992, SEC.18. Amended by P.L.72-2018, SEC.12.

IC 12-24-15-5 Suit to enforce payment of maintenance charges; order; attachment; costs

Sec. 5. (a) The attorney general may bring suit against:

(1) the patient;

(2) the responsible parties of the patient; or

(3) the legal guardian of the patient;

for failure to comply with a maintenance agreement established or for failure to make a maintenance agreement. Suit may be brought for the amount due the state for the maintenance charges of the patient.

(b) The court may order the payment of amounts due for maintenance charges for the periods that the circumstances require. The order may be entered against any of the defendants and may be based upon the proportionate ability of each defendant to contribute to the payment of sums representing maintenance charges.

(c) Orders for the payment of money may be enforced by attachments as in contempt proceedings against the defendants, and costs may be adjudged against and apportioned among the defendants.

[Pre-1992 Revision Citation: 16-14-18.1-10(b).]

As added by P.L.2-1992, SEC.18.

IC 12-24-15-6 Claim against estate of patient or responsible party under conditions of IC 12-24-13; limitation of actions

Sec. 6. (a) Except as provided in subsection (b), the absence of a suit authorized in section 5 of this chapter does not bar a division from enforcing its claim against the estate of a patient or the responsible parties of the patient if the conditions of IC 12-24-13 have been met.

(b) A claim against a patient or the responsible parties of the patient becomes void on the tenth anniversary of the patient's discharge if the diagnosis of the patient was mental illness or developmental disability, or both.

[Pre-1992 Revision Citation: 16-14-18.1-10(c).]

As added by P.L.2-1992, SEC.18. Amended by P.L.81-1994, SEC.1.

IC 12-24-15-7 Foreclosure of lien; proceedings

Sec. 7. The attorney general may bring proceedings in foreclosure on a lien arising under this chapter during the lifetime of the patient or responsible party when, in the opinion of the director, it is in the best interest of the division to foreclose on the lien.

[Pre-1992 Revision Citation: 16-14-18.1-10(d).]
As added by P.L.2-1992, SEC.18.

IC 12-24-15-8 Claim against estate of patient or responsible party to recover unpaid treatment and maintenance charges; property subject to lien; priority; conditions

Sec. 8. (a) Upon the death of a patient or responsible party whose property is encumbered by a lien arising under this chapter and upon notification by the director, the attorney general shall file a claim in the estate of the patient or responsible party for recovery of all charges for treatment and maintenance that have accrued at the date of death.

(b) Notwithstanding any other law, a claim filed for recovery of charges for treatment and maintenance has priority in order of payment from the estate over all other claims except prior recorded encumbrances, taxes, reasonable costs of administration, and reasonable funeral expenses.

(c) If the real property of the deceased patient or responsible relative is occupied by a surviving spouse of the patient or responsible party, the director may not assert a lien or claim during the lifetime of the surviving spouse, except as provided in subsection (d).

(d) The division shall file a claim for recovery of costs of treatment and maintenance if:

(1) another claimant or person has opened an estate and is attempting to enforce a claim; or

(2) a fraudulent attempt is made to avoid the claim or lien.

[Pre-1992 Revision Citation: 16-14-18.1-10(e).]
As added by P.L.2-1992, SEC.18.

IC 12-24-15-9 Claim against estate of patient or responsible party to recover unpaid treatment and maintenance charges; priority

Sec. 9. (a) Upon the death of a patient or a responsible party of the patient who is indebted to the state for any unpaid maintenance charges, whether or not secured by a lien, the attorney general shall file a claim against the estate of the patient or any responsible party for recovery of all charges for treatment and maintenance that have accrued at the date of death.

(b) Notwithstanding any other law, a claim filed under this section has priority except prior recorded encumbrances, taxes, reasonable costs of administration, and reasonable funeral expenses.

(c) Limitations of actions do not bar a division, except:

(1) as to sureties; and

(2) as provided in section 6 of this chapter.

[Pre-1992 Revision Citation: 16-14-18.1-10(f).]
As added by P.L.2-1992, SEC.18. Amended by P.L.81-1994, SEC.2.

IC 12-24-15-10 Compromise agreements

Sec. 10. The governor may, with the approval of the attorney general, agree to accept a lesser payment than that established by this article if it is found after investigation that the estate of a patient or responsible party is insufficient to pay the amount established.

[Pre-1992 Revision Citation: 16-14-18.1-11.]
As added by P.L.2-1992, SEC.18.

IC 12-24-15-11 Pending litigation or rights accrued before June 1, 1981, unaffected; limitation of actions

Sec. 11. This article does not affect any pending litigation or rights or privileges that accrued before June 1, 1981. However, a claim for services provided before June 1, 1981, against a patient or the responsible parties of the patient becomes void on the tenth anniversary of the patient's discharge if the diagnosis of the patient was mental illness or

developmental disability, or both.

[Pre-1992 Revision Citation: 16-14-18.1-15.]

As added by P.L.2-1992, SEC.18. Amended by P.L.81-1994, SEC.3.

IC 12-24-16 Chapter 16. Taxable Costs and Expenses

12-24-16-1 Applicable statutes
12-24-16-2 Costs and expenses; amounts
12-24-16-3 Payment out of county general fund

IC 12-24-16-1 Applicable statutes

Sec. 1. This chapter applies to taxable costs and expenses under the following statutes:

(1) IC 12-24-8.

(2) IC 12-24-9.

(3) IC 12-24-17-8.

[1992 Revision Citation: New.]

As added by P.L.2-1992, SEC.18.

IC 12-24-16-2 Costs and expenses; amounts

Sec. 2. The taxable costs and expenses to be paid are as follows:

(1) To the physician for making the statement accompanying the allegation of insanity, an amount to be fixed by the court not more than ten dollars ($10).

(2) To the two (2) medical examiners for making out the certificate and attending the hearing, an amount to be fixed by the court not more than ten dollars ($10). The two (2) medical examiners shall be allowed, for each mile necessarily traveled in making the examination or attending the hearing, an amount for mileage equal to the amount per mile currently paid to state officers and employees.

(3) To other witnesses, the same fees as are allowed by law in other cases in the circuit court.

(4) To the clerk of the circuit court, the same fees as are allowed by law for similar services in other cases.

(5) To the sheriff, for serving process and attending the hearing, the same fees as are allowed by law for similar services in other cases, and for taking a patient to the hospital, or removing a patient from the hospital, upon warrant of the clerk, one dollar and fifty cents ($1.50) per day for the support of each patient on the way to and from the hospital, and an amount for mileage equal to the amount per mile paid to state officers and employees.

(6) To each assistant allowed by the judge and accompanying the sheriff, with computation in both instances to be made from the county seat to the hospital by the nearest route, an amount for mileage equal to the amount per mile paid to state officers and employees.

(7) To other persons discharging the duties of sheriff, as provided by this article, the same fees as are allowed in this section to the sheriff. To the assistants of the person, the same fees as are allowed in this section to the assistants of the sheriff.

[Pre-1992 Revision Citation: 16-14-15-5 part.]

As added by P.L.2-1992, SEC.18.

IC 12-24-16-3 Payment out of county general fund

Sec. 3. The costs specified in this chapter shall be paid out of the county general fund upon the certificate of the circuit court clerk and the warrant of the county auditor.

[Pre-1992 Revision Citation: 16-14-15-5 part.]

As added by P.L.2-1992, SEC.18.

IC 12-24-17 Chapter 17. Offenses

12-24-17-1	"Administrator" defined
12-24-17-2	"Patient" defined
12-24-17-3	Neglect, abuse, or maltreatment of a patient in a state institution; penalty
12-24-17-4	Knowledge of alleged violation of IC 12-24-17-3; failure to make written report to superintendent
12-24-17-5	Receipt by superintendent of report of alleged violation; investigation; reporting requirements
12-24-17-6	Unauthorized dealing or contracting by state institution employee with or for a patient concerning money or property
12-24-17-7	Enticing or taking a patient away or aiding a patient to escape from the custody of an administrator or a superintendent
12-24-17-8	Releasing information concerning a patient's medical records or treatment without written consent of patient, parent, or guardian

IC 12-24-17-1 "Administrator" defined

Sec. 1. (a) As used in this chapter, "administrator" means a person who is the administrative head of a hospital, a sanitarium, an institution, an agency, or an instrumentality:

(1) maintained or provided by the United States or an agency or instrumentality of the United States; and

(2) where mental illnesses or developmental disabilities are treated.

(b) The term, for purposes of this chapter and a court order, includes successors in office.

[Pre-1992 Revision Citation: 16-14-1-1(11).]

As added by P.L.2-1992, SEC.18. Amended by P.L.6-1995, SEC.19.

IC 12-24-17-2 "Patient" defined

Sec. 2. As used in this chapter, "patient" means an individual who:

(1) has a mental illness or appears to have a mental illness;

(2) is in or under the supervision and control of a state institution; or

(3) because of mental illness, is under the supervision and control of a circuit or superior court of Indiana.

[Pre-1992 Revision Citation: 16-14-1-1(5).]

As added by P.L.2-1992, SEC.18. Amended by P.L.99-2007, SEC.119.

IC 12-24-17-3 Neglect, abuse, or maltreatment of a patient in a state institution; penalty

Sec. 3. A person who:

(1) neglects, when the person has a duty of care;

(2) abuses; or

(3) maltreats;

an individual with a mental illness or an individual with a developmental disability under the care of a state institution commits a Class B misdemeanor.

[Pre-1992 Revision Citation: 16-14-1-2(a).]

As added by P.L.2-1992, SEC.18. Amended by P.L.6-1995, SEC.20; P.L.99-2007, SEC.120.

IC 12-24-17-4 Knowledge of alleged violation of IC 12-24-17-3; failure to make written report to superintendent

Sec. 4. A person who:

(1) knows of an alleged violation of section 3 of this chapter; and

(2) fails to make a written report to the superintendent within twenty-four (24) hours of the alleged violation;

commits a Class A infraction.

[Pre-1992 Revision Citation: 16-14-1-2(b).]
As added by P.L.2-1992, SEC.18.

IC 12-24-17-5 Receipt by superintendent of report of alleged violation; investigation; reporting requirements

Sec. 5. (a) A superintendent who receives a written report of an alleged violation of section 3 of this chapter shall begin an investigation within twenty-four (24) hours after receipt of the written report.

(b) In accordance with IC 31-33, the superintendent shall report the alleged violation of section 3 of this chapter to either of the following:

(1) The department of child services if the alleged victim is less than eighteen (18) years of age.

(2) The adult protective services unit designated under IC 12-10-3 if the alleged victim is at least eighteen (18) years of age.

[Pre-1992 Revision Citation: 16-14-1-2(c).]
As added by P.L.2-1992, SEC.18. Amended by P.L.4-1993, SEC.202; P.L.5-1993, SEC.215; P.L.1-1997, SEC.85; P.L.234-2005, SEC.78.

IC 12-24-17-6 Unauthorized dealing or contracting by state institution employee with or for a patient concerning money or property

Sec. 6. An employee of a state institution who does any of the following commits a Class B misdemeanor:

(1) Knowingly deals with, contracts with, purchases from, or purchases for a patient in the state institution any property without the permission of the superintendent.

(2) Lends to or borrows from a patient money or other property.

[Pre-1992 Revision Citation: 16-14-1-3.]
As added by P.L.2-1992, SEC.18.

IC 12-24-17-7 Enticing or taking a patient away or aiding a patient to escape from the custody of an administrator or a superintendent

Sec. 7. A person who:

(1) recklessly entices or takes a patient away; or

(2) aids, induces, or causes a patient to escape;

from an administrator or a superintendent who has been granted custody of the patient commits a Class B misdemeanor.

[Pre-1992 Revision Citation: 16-14-1-4.]
As added by P.L.2-1992, SEC.18.

IC 12-24-17-8 Releasing information concerning a patient's medical records or treatment without written consent of patient, parent, or guardian

Sec. 8. A person who knowingly or intentionally releases information concerning a patient's medical records or treatment under IC 12-24-11 or IC 16-39-2 without the knowing, written consent of the patient or the patient's parent or guardian commits a Class B infraction.

[Pre-1992 Revision Citation: 16-14-28-3.]
As added by P.L.2-1992, SEC.18. Amended by P.L.40-1994, SEC.53.

IC 12-24-18 Chapter 18. Conveyance of Undeveloped Real Property of State Institutions in Certain Counties

12-24-18-1 Application of chapter to certain city
12-24-18-2 Applicability of chapter; conditions of real property
12-24-18-3 Conveyance or lease of property to city
12-24-18-4 Lease pending conveyance of real property
12-24-18-5 Contracts relating to lease or conveyance; cash rent of farm lands
12-24-18-6 Laws relating to state contracts, leases, and conveyances; applicability; proceeds

IC 12-24-18-1 Application of chapter to certain city

Sec. 1. This chapter applies to a city having a population of more than thirty-five thousand (35,000) and less than thirty-seven thousand (37,000).

As added by P.L.147-1993, SEC.1. Amended by P.L.170-2002, SEC.82; P.L.119-2012, SEC.107; P.L.104-2022, SEC.78.

IC 12-24-18-2 Applicability of chapter; conditions of real property

Sec. 2. This chapter applies only to real property that satisfies all of the following conditions:

(1) The real property is owned by the state and under the control of a state institution.

(2) The real property is undeveloped.

(3) The executive of the city identifies the real property through a legal description of the property.

(4) The state approves the legal description prepared under subdivision (3).

As added by P.L.147-1993, SEC.1.

IC 12-24-18-3 Conveyance or lease of property to city

Sec. 3. (a) Subject to this section, the state shall convey or lease the real property to the city.

(b) The conveyance or lease required by this section may be made in one (1) or more transactions.

(c) The city must use the real property for economic development projects.

(d) The conveyance or lease shall be made under terms and for the consideration that is agreed upon between the city and the state. However, the terms must require that all payments made under the conveyance or lease must be made directly to and for the use of the state institution.

As added by P.L.147-1993, SEC.1. Amended by P.L.120-1996, SEC.1.

IC 12-24-18-4 Lease pending conveyance of real property

Sec. 4. The state may lease any of the real property to the city pending the conveyance of the real property under this chapter.

As added by P.L.147-1993, SEC.1.

IC 12-24-18-5 Contracts relating to lease or conveyance; cash rent of farm lands

Sec. 5. (a) The state may enter into appropriate contracts with the city related to the conveyance or lease of real property under this chapter.

(b) A contract entered into under this section or a deed given to the city to convey any of the real property under this chapter may contain any provision that the state considers necessary if the provision is consistent with this chapter.

(c) Notwithstanding any lease or conveyance authorized by this chapter, the state institution shall continue to cash rent the real property for farming purposes until the city actually begins development of the real property for an economic development project.

As added by P.L.147-1993, SEC.1.

IC 12-24-18-6 Laws relating to state contracts, leases, and conveyances; applicability; proceeds

Sec. 6. (a) Except as provided in this chapter, the procedures required by law for the state to:

(1) enter into contracts affecting the state's real property; or

(2) convey or lease the state's real property;

apply to a contract, conveyance, or lease under this chapter.

(b) Notwithstanding any other law, if the state sells or leases real property under this chapter, the proceeds from that sale or lease are reappropriated to the state institution.

(c) The proceeds from the sale or lease of real property under this chapter may not reduce the amount of state appropriations otherwise available to the state institution.

As added by P.L.147-1993, SEC.1. Amended by P.L.120-1996, SEC.2.

IC 12-24-19 Chapter 19. Community Care for Individuals With Mental Illness

12-24-19-1 Applicability of chapter
12-24-19-2 Repealed
12-24-19-3 Discharge or transfer from institution to least restrictive setting
12-24-19-4 Continuum of care
12-24-19-5 Maximization of funding
12-24-19-6 Community services
12-24-19-7 Transitional care

IC 12-24-19-1 Applicability of chapter

Sec. 1. (a) This chapter applies only to a patient who is transferred or discharged from a state institution administered by the division of mental health and addiction.

(b) This chapter does not apply to any of the following:

(1) An individual who is admitted to a state institution only for evaluation purposes.

(2) An individual who is incompetent to stand trial.

(3) An individual who has a developmental disability (as defined in IC 12-7-2-61).

(4) An individual in an alcohol and drug services program who is not concurrently diagnosed with a mental illness.

(5) An individual who has escaped from the facility to which the individual was involuntarily committed.

(6) An individual who was admitted to a facility for voluntary treatment and who has left the facility against the advice of the attending physician.

As added by P.L.40-1994, SEC.54. Amended by P.L.215-2001, SEC.70; P.L.99-2007, SEC.121.

IC 12-24-19-2 Repealed

As added by P.L.40-1994, SEC.54. Repealed by P.L.143-2011, SEC.31.

IC 12-24-19-3 Discharge or transfer from institution to least restrictive setting

Sec. 3. A patient shall be discharged or transferred from a state institution to the least restrictive setting:

(1) when the discharge or transfer is appropriate to the patient's unique needs;

(2) to prevent unnecessary and inappropriate hospitalization; and

(3) in accordance with standards of professional practice.

As added by P.L.40-1994, SEC.54.

IC 12-24-19-4 Continuum of care

Sec. 4. Within the limits of appropriated funds, the division shall provide by written contract a continuum of care in the community for appropriate patients who are discharged or transferred under this chapter that does the following:

(1) Integrates services.

(2) Facilitates provision of appropriate services to patients.

(3) Ensures continuity of care, so that a patient is not discharged or transferred without adequate and appropriate community services.

(4) Provides services that:

(A) promote behavioral health; and

(B) prevent and treat mental illness and addiction.

As added by P.L.40-1994, SEC.54. Amended by P.L.143-2011, SEC.28.

IC 12-24-19-5 Maximization of funding

Sec. 5. To the extent possible, the director shall maximize the amount of federal funding

and other nonstate funds available for providing the continuum of care in the community required by this chapter.
As added by P.L.40-1994, SEC.54.

IC 12-24-19-6 Community services

Sec. 6. The director shall do the following to facilitate the timely development and delivery of community services:

(1) Adopt rules under IC 4-22-2.

(2) Develop policies and administrative practices.

As added by P.L.40-1994, SEC.54.

IC 12-24-19-7 Transitional care

Sec. 7. (a) As used in this section, "transitional care" means temporary treatment services to facilitate an individual's:

(1) transfer from a mental health institution to a community residential setting; or

(2) discharge from a mental health institution.

(b) The transitional care program shall assist consumers in making a smooth adjustment to community living and operate in collaboration with a community mental health center of services in the consumer's home area.

(c) Resources for the program shall come from the total appropriation for the facility, and may be adjusted to meet the needs of consumer demand by the director.

(d) Each state institution administered by the division of mental health and addiction shall establish a transitional care program with adequate staffing patterns and employee skill levels for patients' transitional care needs where clinically appropriate.

(e) The transitional care program shall be staffed by transitional care specialists and at least one (1) transitional care case manager.

(f) A transitional care case manager must have at least a bachelor's degree and be trained in transitional care.

(g) Psychiatric attendants working in this program shall be trained, classified, and compensated as appropriate for a transitional care specialist.

As added by P.L.40-1994, SEC.54. Amended by P.L.215-2001, SEC.71; P.L.188-2013, SEC.17.

IC 12-25 ARTICLE 25. LICENSURE OF PRIVATE MENTAL HEALTH INSTITUTIONS

Ch. 1. Licensure Requirement
Ch. 2. Suspension or Revocation of License
Ch. 3. Appeal Procedure
Ch. 4. Injunction Procedure

IC 12-25-1 Chapter 1. Licensure Requirement

12-25-1-1 Physicians employed; facilities and accommodations
12-25-1-2 Standards of treatment and care
12-25-1-3 License required to establish, conduct, operate, or maintain institution
12-25-1-4 License application; form; showing required
12-25-1-5 License application; additional information
12-25-1-6 License issued upon application; hearing on application
12-25-1-7 Finding that license should not be granted; notification of applicant; reason for finding
12-25-1-8 Hearing; finding of compliance; issuance of license
12-25-1-9 License; duration; assignability; premises covered; posting; renewal

IC 12-25-1-1 Physicians employed; facilities and accommodations

Sec. 1. A private institution for the treatment and care of individuals with psychiatric disorders, developmental disabilities, or convulsive disturbances must meet the following conditions:

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

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

[Pre-1992 Revision Citation: 16-13-2-2 part.]

As added by P.L.2-1992, SEC.19. Amended by P.L.210-2015, SEC.61.

IC 12-25-1-2 Standards of treatment and care

Sec. 2. The standards of treatment and care to be maintained must be appropriate under existing knowledge of the needs of the individuals, as determined by the secretary. The secretary shall prescribe minimum standards for the private institutions and for the care and treatment provided in the private institutions as set forth in IC 12-21-2-3(5).

[Pre-1992 Revision Citation: 16-13-2-2 part.]

As added by P.L.2-1992, SEC.19. Amended by P.L.35-2016, SEC.62.

IC 12-25-1-3 License required to establish, conduct, operate, or maintain institution

Sec. 3. A person must hold a license issued by the secretary or the secretary's designee to establish, conduct, operate, or maintain a private institution under any name for the treatment and care of individuals with psychiatric disorders, developmental disabilities, convulsive disturbances, or other abnormal mental conditions.

[Pre-1992 Revision Citation: 16-13-2-3.]

As added by P.L.2-1992, SEC.19. Amended by P.L.35-2016, SEC.63.

IC 12-25-1-4 License application; form; showing required

Sec. 4. To obtain a license, an applicant must submit an application on a form prepared by the director showing that the applicant is of reputable and responsible character and able to comply with the following:

(1) The minimum standards for the institution.

(2) Rules adopted under IC 12-21-2-3(5).

[Pre-1992 Revision Citation: 16-13-2-3(a) part.]
As added by P.L.2-1992, SEC.19.

IC 12-25-1-5 License application; additional information

Sec. 5. An application must contain the following additional information:

(1) The name of the applicant.

(2) The type of institutions to be operated.

(3) The location of the institution.

(4) The name of the person to be in charge of the institution.

(5) Any other information the director requires.

[Pre-1992 Revision Citation: 16-13-2-3(a) part.]
As added by P.L.2-1992, SEC.19.

IC 12-25-1-6 License issued upon application; hearing on application

Sec. 6. (a) The secretary or the secretary's designee may:

(1) issue a license upon an application without further evidence; or

(2) refer the license application for a hearing to determine whether a license should be granted.

(b) If the director refers the license application for a hearing under subsection (a)(2), the secretary shall:

(1) serve as the administrative law judge; or

(2) appoint an administrative law judge to serve as the secretary's designee.

The secretary or the secretary's designee shall conduct a hearing on the referred license application and conduct an investigation to determine whether the license should be granted.

[Pre-1992 Revision Citation: 16-13-2-3(b).]
As added by P.L.2-1992, SEC.19. Amended by P.L.35-2016, SEC.64.

IC 12-25-1-7 Finding that license should not be granted; notification of applicant; reason for finding

Sec. 7. If after a hearing, the secretary or the secretary's designee finds that a license should not be granted, the secretary or the secretary's designee shall notify the applicant, giving the reason for the finding.

[Pre-1992 Revision Citation: 16-13-2-3(c).]
As added by P.L.2-1992, SEC.19. Amended by P.L.35-2016, SEC.65.

IC 12-25-1-8 Hearing; finding of compliance; issuance of license

Sec. 8. If after a hearing, the secretary or the secretary's designee finds that an applicant complies and will in the future comply with this article and the rules adopted under IC 12-21-2-3(5), the director shall issue a license to the applicant to operate the institution.

[Pre-1992 Revision Citation: 16-13-2-3(d).]
As added by P.L.2-1992, SEC.19. Amended by P.L.35-2016, SEC.66.

IC 12-25-1-9 License; duration; assignability; premises covered; posting; renewal

Sec. 9. A license to operate an institution:

(1) expires one (1) year after the date of issuance;

(2) is not assignable or transferable;

(3) shall be issued only for the premises named in the application;

(4) shall be posted in a conspicuous place in the institution; and

(5) is renewable on an annual basis.

[Pre-1992 Revision Citation: 16-13-2-3(e).]
As added by P.L.2-1992, SEC.19.

IC 12-25-2 Chapter 2. Suspension or Revocation of License

12-25-2-1 Grounds
12-25-2-2 Complaint
12-25-2-3 Notice of hearing
12-25-2-4 Representation by counsel
12-25-2-5 Suspension or revocation of license after a hearing
12-25-2-6 Conditions to be met to resume operations following license suspension
12-25-2-7 Order entered in accordance with suspension or revocation
12-25-2-8 Holding case under advisement; requirements of licensee to avoid suspension or revocation; order; compliance by licensee

IC 12-25-2-1 Grounds

Sec. 1. The director may suspend or revoke a license issued under this article on any of the following grounds:

(1) Violation of a provision of this article or the rules adopted under IC 12-21-2-3(5).

(2) Permitting, aiding, or abetting the commission of an illegal act in the institution.

(3) Conduct or practice found by the director to be detrimental to the welfare of individuals in the institution.

[Pre-1992 Revision Citation: 16-13-2-4 part.]

As added by P.L.2-1992, SEC.19.

IC 12-25-2-2 Complaint

Sec. 2. To suspend or revoke a license, the director must file a complaint stating facts constituting grounds for revocation or suspension.

[Pre-1992 Revision Citation: 16-13-2-4 part.]

As added by P.L.2-1992, SEC.19.

IC 12-25-2-3 Notice of hearing

Sec. 3. A licensee is entitled to notice of not less than thirty (30) days of the time and place for a hearing before the secretary or the secretary's designee on the complaint. The notice shall be sent by registered mail to the licensee at the address shown in the licensee's application.

[Pre-1992 Revision Citation: 16-13-2-4 part.]

As added by P.L.2-1992, SEC.19. Amended by P.L.35-2016, SEC.67.

IC 12-25-2-4 Representation by counsel

Sec. 4. The licensee is entitled to be represented by legal counsel at the hearing.

[Pre-1992 Revision Citation: 16-13-2-4 part.]

As added by P.L.2-1992, SEC.19.

IC 12-25-2-5 Suspension or revocation of license after a hearing

Sec. 5. The secretary or the secretary's designee, after a hearing, may suspend or revoke the license.

[Pre-1992 Revision Citation: 16-13-2-4 part.]

As added by P.L.2-1992, SEC.19. Amended by P.L.35-2016, SEC.68.

IC 12-25-2-6 Conditions to be met to resume operations following license suspension

Sec. 6. If the secretary or the secretary's designee suspends a license, the secretary or the secretary's designee may also recommend the conditions to be met by the licensee during the period of suspension to entitle the licensee to resume operation of the institution on the existing license.

[Pre-1992 Revision Citation: 16-13-2-4 part.]

As added by P.L.2-1992, SEC.19. Amended by P.L.35-2016, SEC.69.

IC 12-25-2-7 Order entered in accordance with suspension or revocation

Sec. 7. If the secretary or the secretary's designee suspends or revokes a license, the secretary or the secretary's designee shall enter an order in accordance with the suspension or revocation in which the grounds of the suspension or revocation are set forth.

[Pre-1992 Revision Citation: 16-13-2-4 part.]

As added by P.L.2-1992, SEC.19. Amended by P.L.35-2016, SEC.70.

IC 12-25-2-8 Holding case under advisement; requirements of licensee to avoid suspension or revocation; order; compliance by licensee

Sec. 8. (a) The secretary or the secretary's designee may, after a hearing, hold a case under advisement and make a recommendation of the requirements to be met by the licensee to avoid suspension or revocation. The secretary or the secretary's designee shall enter an order accordingly and notify the licensee of the finding by registered mail.

(b) If the licensee complies with the order and proves that fact to the satisfaction of the secretary or the secretary's designee, the secretary or the secretary's designee shall enter an order showing satisfactory compliance and dismissing the case because of the compliance.

[Pre-1992 Revision Citation: 16-13-2-4 part.]

As added by P.L.2-1992, SEC.19. Amended by P.L.35-2016, SEC.71.

IC 12-25-3 Chapter 3. Appeal Procedure

12-25-3-1 Appeals by applicants or licensees; court to which appeal taken; notice; bond
12-25-3-2 Notification of appeal
12-25-3-3 Certification to court of copies of complaint and order or application and order
12-25-3-4 Docketing of case; parties; no further pleadings necessary
12-25-3-5 Jurisdiction of court; order
12-25-3-6 Certification of decision
12-25-3-7 Appeal by party aggrieved by decision of court

IC 12-25-3-1 Appeals by applicants or licensees; court to which appeal taken; notice; bond

Sec. 1. A licensee or an applicant for a license aggrieved by an action of the secretary or the secretary's designee may appeal the action to the circuit or superior court in the county in which the institution in question is located or is proposed to be located by filing a notice and bond in the amount of two hundred dollars ($200) for the payment of costs in the office of the circuit court clerk of the county.

[Pre-1992 Revision Citation: 16-13-2-5 part.]

As added by P.L.2-1992, SEC.19. Amended by P.L.35-2016, SEC.72.

IC 12-25-3-2 Notification of appeal

Sec. 2. The circuit court clerk shall notify the secretary that the appeal has been taken.

[Pre-1992 Revision Citation: 16-13-2-5 part.]

As added by P.L.2-1992, SEC.19. Amended by P.L.35-2016, SEC.73.

IC 12-25-3-3 Certification to court of copies of complaint and order or application and order

Sec. 3. The secretary or the secretary's designee shall cause to be certified to the appropriate court a copy of:

(1) the complaint and the order for a suspension or revocation; or

(2) the application and order of refusal of a license.

[Pre-1992 Revision Citation: 16-13-2-5 part.]

As added by P.L.2-1992, SEC.19. Amended by P.L.35-2016, SEC.74.

IC 12-25-3-4 Docketing of case; parties; no further pleadings necessary

Sec. 4. (a) The case shall be docketed as a civil action, with the applicant or licensee as the plaintiff and the secretary as the defendant.

(b) No further pleading is necessary.

[Pre-1992 Revision Citation: 16-13-2-5 part.]

As added by P.L.2-1992, SEC.19. Amended by P.L.35-2016, SEC.75.

IC 12-25-3-5 Jurisdiction of court; order

Sec. 5. The court has jurisdiction to the extent that courts exercise jurisdiction over administrative bodies and may enter an order either sustaining the action of the secretary or setting the action aside.

[Pre-1992 Revision Citation: 16-13-2-5 part.]

As added by P.L.2-1992, SEC.19. Amended by P.L.35-2016, SEC.76.

IC 12-25-3-6 Certification of decision

Sec. 6. The circuit court clerk shall certify to the secretary a copy of the decision of the court.

[Pre-1992 Revision Citation: 16-13-2-5 part.]

As added by P.L.2-1992, SEC.19. Amended by P.L.35-2016, SEC.77.

IC 12-25-3-7 Appeal by party aggrieved by decision of court

Sec. 7. An appeal may be made by the aggrieved party from the decision of the court.

[Pre-1992 Revision Citation: 16-13-2-5 part.]

As added by P.L.2-1992, SEC.19.

IC 12-25-4 Chapter 4. Injunction Procedure

12-25-4-1 Actions to enjoin establishing, conducting, managing, or operating institution without having license
12-25-4-2 Complaint; sufficiency of allegations

IC 12-25-4-1 Actions to enjoin establishing, conducting, managing, or operating institution without having license

Sec. 1. The director may, in accordance with the laws governing injunctions, maintain an action in the name of the state to enjoin a person from establishing, conducting, managing, or operating an institution for the treatment and care of persons with psychiatric disorders, developmental disabilities, convulsive disturbances, or other abnormal mental conditions without having a license as required by this article.

[Pre-1992 Revision Citation: 16-13-2-6 part.]

As added by P.L.2-1992, SEC.19.

IC 12-25-4-2 Complaint; sufficiency of allegations

Sec. 2. In charging a defendant in a complaint for an injunction, it is sufficient to allege that the person did upon a certain day and in a certain county establish, conduct, manage, or operate the institution without having a license to do so. The director need not aver any further or more particular facts concerning the matter.

[Pre-1992 Revision Citation: 16-13-2-6 part.]

As added by P.L.2-1992, SEC.19.

IC 12-26 ARTICLE 26. VOLUNTARY AND INVOLUNTARY TREATMENT OF MENTALLY ILL INDIVIDUALS

Ch. 1. Jurisdiction and Procedure
Ch. 2. Rights of Persons
Ch. 3. Voluntary Treatment
Ch. 4. Repealed
Ch. 5. Emergency Detention
Ch. 6. Temporary Commitment
Ch. 7. Regular Commitment
Ch. 8. Commitment of a Child
Ch. 9. Commitment to Facilities Owned by the United States Government
Ch. 10. Care Pending Admission to a Facility
Ch. 11. Transfer of an Individual
Ch. 12. Notice of Discharge of an Individual
Ch. 13. Leave From Confinement and Discharge
Ch. 14. Outpatient Therapy
Ch. 15. Review of Commitment
Ch. 16. Guardianships

IC 12-26-1 Chapter 1. Jurisdiction and Procedure

12-26-1-1 Statutes under which mentally ill and either dangerous or gravely disabled may be involuntarily detained or committed
12-26-1-1.5 Persons to receive information and training concerning involuntary commitment
12-26-1-2 Courts having jurisdiction of proceedings under article; exceptions
12-26-1-3 Hearing required to be held by IC 35-36-2-4
12-26-1-4 Juvenile court; placement only in child caring institutions; transfer of proceedings
12-26-1-5 Commitment proceedings; acquisition and retention of jurisdiction
12-26-1-6 Conduct of judicial proceedings; rules of procedure
12-26-1-7 Computation of time; application of section
12-26-1-8 Authority for detention
12-26-1-9 Appeals; persons entitled to take; manner of taking
12-26-1-10 Rules
12-26-1-11 Forms

IC 12-26-1-1 Statutes under which mentally ill and either dangerous or gravely disabled may be involuntarily detained or committed

Sec. 1. An individual who is mentally ill and either dangerous or gravely disabled may be involuntarily detained or committed under any of the following statutes:

(1) IC 12-26-5 (emergency detention).

(2) IC 12-26-6 (temporary commitment).

(3) IC 12-26-7 (regular commitment).

[Pre-1992 Revision Citation: 16-14-9.1-3(a).]

As added by P.L.2-1992, SEC.20. Amended by P.L.205-2023, SEC.5.

IC 12-26-1-1.5 Persons to receive information and training concerning involuntary commitment

Sec. 1.5. The following shall, in consultation with the division of mental health and addiction, provide or be provided information and training concerning involuntary commitment, including the use of involuntary commitment for individuals who have a substance abuse or addiction condition:

(1) Judges, provided by the office of judicial administration.

(2) Prosecutors, provided by the prosecuting attorneys council.

(3) Public defenders, provided by the public defender council of Indiana.

As added by P.L.154-2015, SEC.5. Amended by P.L.161-2018, SEC.31.

IC 12-26-1-2 Courts having jurisdiction of proceedings under article; exceptions

Sec. 2. Except as provided in sections 3 and 4 of this chapter, the following Indiana courts have jurisdiction over a proceeding under this article:

(1) A court having probate jurisdiction.

(2) A superior court in a county in which the circuit court has exclusive probate jurisdiction.

(3) A mental health division of a superior court to the extent the mental health division has jurisdiction under IC 33-33-49.

[Pre-1992 Revision Citations: subdivision (1) formerly 16-14-9.1-5(a) part; subdivision (2) formerly 16-14-9.1-5(a) part; subdivision (3) formerly 16-14-9.1-5(c).]

As added by P.L.2-1992, SEC.20. Amended by P.L.16-1995, SEC.4; P.L.98-2004, SEC.94; P.L.201-2011, SEC.9.

IC 12-26-1-3 Hearing required to be held by IC 35-36-2-4

Sec. 3. A court that conducted the trial has jurisdiction over a hearing required to be held by IC 35-36-2-4. The court retains jurisdiction over the individual held under IC 35-36-2-4 until the completion of the commitment hearing. After completion of the commitment hearing, jurisdiction is transferred to a court having jurisdiction under section 2 of this chapter and all subsequent petitions or motions shall be filed with the court to which the proceeding is transferred. The file of the commitment hearing also shall be transferred from the committing court to the court having probate jurisdiction.

[Pre-1992 Revision Citations: 16-14-9.1-5(b); 16-14-9.1-9(a).]

As added by P.L.2-1992, SEC.20.

IC 12-26-1-4 Juvenile court; placement only in child caring institutions; transfer of proceedings

Sec. 4. (a) A juvenile court has concurrent jurisdiction over proceedings under this article that involve a child.

(b) The juvenile court may not commit or temporarily place a child under this article in a facility other than a child caring institution. If the juvenile court determines that commitment or temporary placement of a child in another facility is necessary, the juvenile court shall transfer the proceeding to a court having probate jurisdiction.

[Pre-1992 Revision Citation: 16-14-9.1-5(d).]

As added by P.L.2-1992, SEC.20.

IC 12-26-1-5 Commitment proceedings; acquisition and retention of jurisdiction

Sec. 5. (a) If a commitment proceeding is begun under IC 12-26-3-5, IC 12-26-6-2(a)(1), or IC 12-26-6-2(a)(3), the court acquires jurisdiction over the individual alleged to have a mental illness by service of summons on the individual according to the Indiana Rules of Trial Procedure or by entry of an appearance by the individual.

(b) If an individual is being held under IC 12-26-6-2(a)(2), the court retains jurisdiction over the individual by the court's order for continued detention.

[Pre-1992 Revision Citation: 16-14-9.1-9(a).]

As added by P.L.2-1992, SEC.20. Amended by P.L.99-2007, SEC.122.

IC 12-26-1-6 Conduct of judicial proceedings; rules of procedure

Sec. 6. Except as otherwise provided, a judicial proceeding under this article shall be conducted as other civil proceedings according to the Indiana Rules of Trial Procedure.

[Pre-1992 Revision Citation: 16-14-9.1-13.]

As added by P.L.2-1992, SEC.20.

IC 12-26-1-7 Computation of time; application of section

Sec. 7. (a) This section does not apply in the following statutes:

(1) IC 12-26-11.

(2) IC 12-26-12.

(b) This section does not apply to computation of a period during which an individual may be detained under this article.

(c) In computing time under this article, Saturdays, Sundays, and legal holidays are not included in the computation if the time prescribed is less than fourteen (14) days.

[Pre-1992 Revision Citations: 16-14-9.1-2(b); 16-14-9.1-2(c); 16-14-9.1-7(a); 16-14-9.1-7(e); 16-14-9.1-9(b); 16-14-9.1-9(j); 16-14-9.1-10(c); 16-14-9.1-10(g).]

As added by P.L.2-1992, SEC.20. Amended by P.L.205-2023, SEC.6.

IC 12-26-1-8 Authority for detention

Sec. 8. Upon the filing of a petition for commitment under IC 12-26-6 or IC 12-26-7 or the filing of a report under IC 12-26-3-5, the individual may be detained in an appropriate facility:

(1) by an order of the court pending a hearing; or

(2) pending an order of the court under:

(A) IC 12-26-3-6; or

(B) IC 12-26-5.

[Pre-1992 Revision Citations: 16-14-9.1-2(c); 16-14-9.1-3; 16-14-9.1-7(e).]

As added by P.L.2-1992, SEC.20. Amended by P.L.205-2023, SEC.7.

IC 12-26-1-9 Appeals; persons entitled to take; manner of taking

Sec. 9. (a) In a proceeding involving involuntary detention or commitment under this article, appeals from the final orders or judgments of the court of original jurisdiction may be taken by any of the following:

(1) The individual who is the subject of the proceeding.

(2) A petitioner in the proceeding.

(3) An aggrieved person.

(b) An appeal must be taken in the same manner as any other civil case according to the Indiana Rules of Trial and Appellate Procedure.

[Pre-1992 Revision Citation: 16-14-9.1-6.]

As added by P.L.2-1992, SEC.20.

IC 12-26-1-10 Rules

Sec. 10. Each division shall adopt rules under IC 4-22-2 to administer this article.

[Pre-1992 Revision Citation: 16-14-9.1-4 part.]

As added by P.L.2-1992, SEC.20.

IC 12-26-1-11 Forms

Sec. 11. Each division shall prescribe the forms that must be used to administer this article.

[Pre-1992 Revision Citation: 16-14-9.1-4 part.]

As added by P.L.2-1992, SEC.20.

IC 12-26-2 Chapter 2. Rights of Persons

12-26-2-1	Habeas corpus
12-26-2-2	Notice of hearings; receipt of copies of petitions or orders; presence at hearings; application of section
12-26-2-3	Testimony and witnesses; application of section
12-26-2-4	Change of judge; venue not to change; application of section
12-26-2-5	Representation by counsel; appointment; proof required by petitioner
12-26-2-6	Participation in proceedings or assisting in detention or care of individual; immunity from liability
12-26-2-7	Child's advocate; immunity from civil liability
12-26-2-8	Detention or commitment; rights not affected
12-26-2-9	Refusal to admit; transfer to division

IC 12-26-2-1 Habeas corpus

Sec. 1. This article does not limit or restrict the right of a person to apply to an appropriate court for a writ of habeas corpus.

[Pre-1992 Revision Citation: 16-14-9.1-14.]

As added by P.L.2-1992, SEC.20.

IC 12-26-2-2 Notice of hearings; receipt of copies of petitions or orders; presence at hearings; application of section

Sec. 2. (a) This section applies under the following statutes:

(1) IC 12-26-6.

(2) IC 12-26-7.

(3) IC 12-26-12.

(4) IC 12-26-15.

(b) The individual alleged to have a mental illness has the following rights:

(1) To receive adequate notice of a hearing so that the individual or the individual's attorney can prepare for the hearing.

(2) To receive a copy of a petition or an order relating to the individual.

(3) To be present at a hearing relating to the individual. The individual's right under this subdivision is subject to the court's right to do the following:

(A) Remove the individual if the individual is disruptive to the proceedings.

(B) Waive the individual's presence at a hearing if the individual's presence would be injurious to the individual's mental health or well-being.

(4) To be represented by counsel.

[Pre-1992 Revision Citation: 16-14-9.1-9(e).]

As added by P.L.2-1992, SEC.20. Amended by P.L.99-2007, SEC.123.

IC 12-26-2-3 Testimony and witnesses; application of section

Sec. 3. (a) This section applies under the following statutes:

(1) IC 12-26-6.

(2) IC 12-26-7.

(3) IC 12-26-12.

(4) IC 12-26-15.

(b) The individual alleged to have a mental illness, each petitioner, and all other interested individuals shall be given an opportunity to appear at hearings and to testify.

(c) The individual alleged to have a mental illness and each petitioner may present and cross-examine witnesses at hearings.

(d) The court may receive the testimony of any individual.

[Pre-1992 Revision Citation: 16-14-9.1-9(d).]

As added by P.L.2-1992, SEC.20. Amended by P.L.99-2007, SEC.124.

IC 12-26-2-4 Change of judge; venue not to change; application of section

Sec. 4. (a) This section applies under the following statutes:

(1) IC 12-26-6.

(2) IC 12-26-7.

(3) IC 12-26-12.

(4) IC 12-26-15.

(b) The individual alleged to have a mental illness and a petitioner:

(1) has a right to a change of judge; and

(2) is not entitled to a change of venue from the county.

[Pre-1992 Revision Citation: 16-14-9.1-9(f).]

As added by P.L.2-1992, SEC.20. Amended by P.L.99-2007, SEC.125.

IC 12-26-2-5 Representation by counsel; appointment; proof required by petitioner

Sec. 5. (a) This section applies under the following statutes:

(1) IC 12-26-6.

(2) IC 12-26-7.

(3) IC 12-26-12.

(4) IC 12-26-15.

(b) A petitioner may be represented by counsel.

(c) The court may appoint counsel for a petitioner upon a showing of the petitioner's indigency and the court shall pay for such counsel if appointed.

(d) A petitioner, including a petitioner who is a health care provider under IC 16-18-2-295(b), in the petitioner's individual capacity or as a corporation is not required to be represented by counsel. If a petitioner who is a corporation elects not to be represented by counsel, the individual representing the corporation at the commitment hearing must present the court with written authorization from:

(1) an officer;

(2) a director;

(3) a principal; or

(4) a manager;

of the corporation that authorizes the individual to represent the interest of the corporation in the proceedings.

(e) The petitioner is required to prove by clear and convincing evidence that:

(1) the individual is mentally ill and either dangerous or gravely disabled; and

(2) detention or commitment of that individual is appropriate.

[Pre-1992 Revision Citation: 16-14-9.1-9(g).]

As added by P.L.2-1992, SEC.20. Amended by P.L.1-1993, SEC.152; P.L.2-1995, SEC.60; P.L.6-1995, SEC.21; P.L.256-1999, SEC.2; P.L.14-2000, SEC.33; P.L.1-2007, SEC.126.

IC 12-26-2-6 Participation in proceedings or assisting in detention or care of individual; immunity from liability

Sec. 6. (a) A person who without malice, bad faith, or negligence acts according to this article and:

(1) participates in proceedings for the detention or commitment of an individual; or

(2) assists in the detention, care, and treatment of an individual alleged or adjudged to have a mental illness;

is immune from any civil or criminal liability that might otherwise be imposed as a result of the person's actions.

(b) The immunity provided by this section does not permit a person to do either of the following:

(1) Physically abuse an individual.

(2) Deprive an individual of a personal or civil right except according to this article.

[Pre-1992 Revision Citation: 16-14-9.1-12.]
As added by P.L.2-1992, SEC.20. Amended by P.L.99-2007, SEC.126.

IC 12-26-2-7 Child's advocate; immunity from civil liability

Sec. 7. Except for gross misconduct, if a child's advocate performs the advocate's duties in good faith, the advocate is immune from any civil liability that may occur as a result of the advocate's performance of duties.

[Pre-1992 Revision Citation: 16-14-9.1-5.5(f).]
As added by P.L.2-1992, SEC.20.

IC 12-26-2-8 Detention or commitment; rights not affected

Sec. 8. (a) Detention or commitment of an individual under this article does not deprive the individual of any of the following:

(1) The right to do the following:
(A) Dispose of property.
(B) Execute instruments.
(C) Make purchases.
(D) Enter into contracts.
(E) Give testimony in a court of law.
(F) Vote.

(2) A right of a citizen not listed in subdivision (1).

(b) A procedure is not required for restoration of rights of citizenship of an individual detained or committed under this article.

[Pre-1992 Revision Citation: 16-14-9.1-18.]
As added by P.L.2-1992, SEC.20.

IC 12-26-2-9 Refusal to admit; transfer to division

Sec. 9. (a) The superintendent of a state institution may decline to admit an individual if the superintendent determines that there is not available adequate space, treatment staff, and treatment services appropriate to the needs of the individual.

(b) If an individual is refused admission under subsection (a), the commitment shall be transferred to the appropriate division. The division shall make arrangements for the individual's admission to an appropriate facility.

[Pre-1992 Revision Citations: 16-14-9.1-3(b); 16-14-9.1-3(c).]
As added by P.L.2-1992, SEC.20. Amended by P.L.6-1995, SEC.22.

IC 12-26-3 Chapter 3. Voluntary Treatment

12-26-3-1	Admission by facility superintendent or by attending physician
12-26-3-2	Application by parent or legal guardian
12-26-3-3	Discharge by facility superintendent or by attending physician; grounds
12-26-3-4	Written request for release; time for release
12-26-3-5	Refusal to release individual; grounds; written report to court
12-26-3-6	Receipt by court of written report; setting preliminary hearing; ordering final hearing
12-26-3-7	Preliminary hearing; introduction of physician's statement; probable cause finding; discharge or commitment
12-26-3-8	Final hearing held after preliminary hearing; testimony of examining physician; waiver
12-26-3-9	Temporary or regular commitment

IC 12-26-3-1 Admission by facility superintendent or by attending physician

Sec. 1. The superintendent of a facility or an individual's attending physician may admit an Indiana resident who:

(1) has a mental illness or has symptoms of mental illness; and

(2) makes an appropriate application;

for observation, diagnosis, care, or treatment.

[Pre-1992 Revision Citation: 16-14-9.1-2(a) part.]

As added by P.L.2-1992, SEC.20. Amended by P.L.99-2007, SEC.127.

IC 12-26-3-2 Application by parent or legal guardian

Sec. 2. (a) If an individual is less than eighteen (18) years of age, an application under this chapter may be made by the individual's parent or legal guardian.

(b) If an individual is at least eighteen (18) years of age and has a legal guardian, that individual may not be admitted by the individual's legal guardian to a state institution under this chapter.

[Pre-1992 Revision Citation: 16-14-9.1-2(a) part.]

As added by P.L.2-1992, SEC.20. Amended by P.L.6-1995, SEC.23.

IC 12-26-3-3 Discharge by facility superintendent or by attending physician; grounds

Sec. 3. The superintendent or an individual's attending physician may discharge an individual admitted under this chapter if the superintendent or the attending physician determines that:

(1) care in the facility is not necessary; or

(2) the discharge would contribute to the most effective use of the facility for the care and treatment of individuals with a mental illness.

[Pre-1992 Revision Citation: 16-14-9.1-2(b) part.]

As added by P.L.2-1992, SEC.20. Amended by P.L.99-2007, SEC.128.

IC 12-26-3-4 Written request for release; time for release

Sec. 4. Except as provided in section 5 of this chapter, an individual who has been admitted to a facility under this chapter shall be released within twenty-four (24) hours of a written request for release made to the superintendent or the individual's attending physician by:

(1) the individual; or

(2) if the individual is less than eighteen (18) years of age, the parent or guardian who applied for the individual's admission to the facility.

[Pre-1992 Revision Citation: 16-14-9.1-2(b) part.]

As added by P.L.2-1992, SEC.20.

IC 12-26-3-5 Refusal to release individual; grounds; written report to court

Sec. 5. (a) The superintendent or the attending physician is not required to release an individual under section 4 of this chapter if the superintendent or the attending physician has reason to believe the individual is mentally ill and either dangerous or gravely disabled.

(b) If the superintendent or the attending physician makes a determination under subsection (a), the superintendent or the attending physician must make a written report to a court:

(1) that has jurisdiction;

(2) in the county:

(A) of the residence of the individual; or

(B) where the facility is located; and

(3) not later than five (5) days of receiving the request made under section 4 of this chapter.

(c) A report under subsection (b) must:

(1) state that there is probable cause to believe that the individual is mentally ill and either dangerous or gravely disabled;

(2) state that the individual requires continuing care and treatment in the facility; and

(3) request a hearing on the report.

[Pre-1992 Revision Citation: 16-14-9.1-2(b) part.]

As added by P.L.2-1992, SEC.20.

IC 12-26-3-6 Receipt by court of written report; setting preliminary hearing; ordering final hearing

Sec. 6. The court shall, within two (2) days from the date of receiving a report made under section 5 of this chapter, do either of the following:

(1) Set a preliminary hearing to determine if there is probable cause to believe that the individual is:

(A) mentally ill and either dangerous or gravely disabled; and

(B) in need of temporary or regular commitment.

(2) Order a final hearing to be held within two (2) days of the order to determine if the individual is:

(A) mentally ill and either dangerous or gravely disabled; and

(B) in need of temporary or regular commitment.

[Pre-1992 Revision Citation: 16-14-9.1-2(c) part.]

As added by P.L.2-1992, SEC.20.

IC 12-26-3-7 Preliminary hearing; introduction of physician's statement; probable cause finding; discharge or commitment

Sec. 7. (a) A physician's statement may be introduced into evidence at the preliminary hearing without the presence of the physician.

(b) A finding of probable cause may not be entered at the preliminary hearing unless there is oral testimony:

(1) subject to cross-examination;

(2) of at least one (1) witness who:

(A) has personally observed the behavior of the individual; and

(B) will testify as to facts supporting a finding that there is probable cause to believe that the individual is in need of temporary or regular commitment.

(c) If after the preliminary hearing the court does not find probable cause, the individual shall be discharged immediately.

(d) If after the preliminary hearing the court finds probable cause to believe that the individual is in need of temporary or regular commitment, the court shall order the detention of the individual in an appropriate facility pending a final hearing.

[Pre-1992 Revision Citation: 16-14-9.1-2(c) part.]

As added by P.L.2-1992, SEC.20.

IC 12-26-3-8 Final hearing held after preliminary hearing; testimony of examining physician; waiver

Sec. 8. (a) If the court sets a preliminary hearing under section 6(1) of this chapter, a final hearing shall be held not later than ten (10) days after the date of the preliminary hearing.

(b) At the final hearing, an individual may not be found in need of temporary or regular commitment unless at least one (1) physician who has personally examined the individual testifies at the hearing.

(c) The testimony required by subsection (b) may be waived by the individual if the waiver is voluntarily and knowingly given.

[Pre-1992 Revision Citations: subsection (a) formerly 16-14-9.1-2(c) part; subsection (b) formerly 16-14-9.1-2(d).]

As added by P.L.2-1992, SEC.20.

IC 12-26-3-9 Temporary or regular commitment

Sec. 9. (a) If an individual has not previously been the subject of a commitment proceeding, the court may only order temporary commitment.

(b) If an individual has previously been the subject of a commitment proceeding, the court may order a regular commitment if a longer period of treatment is warranted.

[Pre-1992 Revision Citation: 16-14-9.1-2(e).]

As added by P.L.2-1992, SEC.20.

IC 12-26-4 Chapter 4. Repealed

[Pre-1992 Revision Citations:

12-26-4-1	formerly 16-14-9.1-6.5(a) part
12-26-4-1.5	New
12-26-4-2	formerly 16-14-9.1-6.5(a) part
12-26-4-3	formerly 16-14-9.1-6.5(a) part
12-26-4-4	formerly 16-14-9.1-6.5(a) part
12-26-4-5	formerly 16-14-9.1-6.5(b) part
12-26-4-6	formerly 16-14-9.1-6.5(b) part
12-26-4-7	formerly 16-14-9.1-6.5(b) part
12-26-4-8	formerly 16-14-9.1-6.5(c)
12-26-4-9	New.]

Repealed by P.L.205-2023, SEC.8.

IC 12-26-5 Chapter 5. Emergency Detention

12-26-5-0.5	Authority of a law enforcement officer to transport a mentally ill individual to a facility; authority of a court to order detention; discharge; treatment
12-26-5-1	48-72 hour detention; written application; contents
12-26-5-2	Police officer authorized to take individual into custody; reimbursement for certain nonemergency transports
12-26-5-3	Examination and treatment of detained individual
12-26-5-4	Repealed
12-26-5-5	Repealed
12-26-5-6	Denial of application for detention; discharge; medical record
12-26-5-7	Repealed
12-26-5-8	Repealed
12-26-5-9	Application for detention; action by court; final hearing
12-26-5-10	Repealed
12-26-5-11	Final hearing; burden of proof; testimony of physician; waiver
12-26-5-12	Determination of absence of probable cause when individual taken into custody; transportation, care, and maintenance costs
12-26-5-13	Immunity

IC 12-26-5-0.5 Authority of a law enforcement officer to transport a mentally ill individual to a facility; authority of a court to order detention; discharge; treatment

Sec. 0.5. (a) A law enforcement officer, having reasonable grounds to believe that an individual has a mental illness, is either dangerous or gravely disabled, and is in immediate need of hospitalization and treatment, may do one (1) or more of the following:

(1) Apprehend and transport the individual to the nearest appropriate facility. The individual may not be transported to a state institution.

(2) Charge the individual with an offense, if applicable.

(b) A law enforcement officer who transports an individual to a facility under subsection (a) shall submit to the facility a written statement containing the basis for the officer's conclusion that reasonable grounds exist under this chapter. The statement shall be filed with both of the following:

(1) The individual's records at the facility.

(2) The appropriate court, if action relating to any charges filed by the officer against the individual is pursued.

(c) If a court has reasonable grounds to believe that an individual:

(1) has a mental illness;

(2) is either dangerous or gravely disabled; and

(3) is in immediate need of hospitalization and treatment;

the court may order the individual to be detained at the nearest appropriate facility for a preliminary medical and psychological evaluation. The individual may not be transported to a state institution.

(d) An individual detained under this section shall be discharged if the superintendent of the facility or the physician believes detention is no longer necessary. As soon as practicable after discharge, the facility shall notify the court that ordered the detention that the individual has been discharged.

(e) The superintendent of the facility or a physician, an advanced practice registered nurse, or a physician assistant may furnish emergency treatment to an individual transported to a facility under this section that is necessary to:

(1) preserve the health and safety of the individual detained; and

(2) protect other persons and property.

(f) If clinically appropriate, a physician may authorize and begin a mental health or substance use disorder treatment plan using accepted clinical care guidelines, including medication, for an individual detained under this chapter.

As added by P.L.205-2023, SEC.9.

IC 12-26-5-1 48-72 hour detention; written application; contents

Sec. 1. (a) Except as otherwise provided in this chapter, an individual may be detained in a facility for not more than seventy-two (72) hours under this chapter, excluding Saturdays, Sundays, and legal holidays, if a written application for detention is filed with a court of competent jurisdiction in accordance with this section.

(b) An individual may be detained in a facility for not more than forty-eight (48) hours from the time of admission, excluding Saturdays, Sundays, and legal holidays, unless the facility files an application for detention, on a form prepared by the office of judicial administration, with a court of competent jurisdiction within the forty-eight (48) hour period. If the facility timely files an application for detention, the individual may be detained for not more than seventy-two (72) hours from the time of admission, excluding Saturdays, Sundays, and legal holidays, unless the court approves the application for detention. If the court approves the application for detention, the individual may be held for not more than fourteen (14) days, from the time of admission, excluding Saturdays, Sundays, and legal holidays, pending a final hearing under section 11 of this chapter. If a patient is admitted to a facility after midnight and before 8:00 a.m., the time periods described in this subsection begin to run at 8:00 a.m.

(c) An application for detention under subsection (b) must contain an attestation signed by a physician that there is probable cause to believe that:

(1) the individual is mentally ill and either dangerous or gravely disabled; and

(2) the individual requires continuing involuntary detention to receive care and treatment;

based on an examination by a physician, advanced practice registered nurse, or physician assistant, or information given to a physician, advanced practice registered nurse, or physician assistant.

(d) A facility may not be required to first seek transfer of the individual to a psychiatric hospital before commencing an application for detention.

(e) A facility may commence an application for detention even if an individual was not apprehended and transported to a facility under section 0.5 of this chapter.

[Pre-1992 Revision Citation: 16-14-9.1-7(a) part.]

As added by P.L.2-1992, SEC.20. Amended by P.L.1-1993, SEC.153; P.L.40-1994, SEC.56; P.L.205-2023, SEC.10; P.L.147-2024, SEC.2.

IC 12-26-5-2 Police officer authorized to take individual into custody; reimbursement for certain nonemergency transports

Sec. 2. (a) If a judicial officer authorized to issue a warrant for arrest in the county in which the individual is present approves an application for detention made under section 1 of this chapter, the application authorizes a police officer to take the individual into custody and transport the individual to a facility, if applicable.

(b) Except as provided in subsection (c), the expense of transportation under this section shall be paid by the county in which the individual is present.

(c) This subsection applies only to the nonemergency transport to a facility by the county sheriff or deputy sheriff of an individual who:

(1) is not in lawful detention (as defined in IC 36-2-13-18);

(2) has had an application for the individual's detention under section 1 of this chapter approved by a judicial officer; and

(3) is transported more than thirty (30) miles.

The county sheriff may be reimbursed from the individual's health care coverage, including health coverage offered or administered by the state.

[Pre-1992 Revision Citation: 16-14-9.1-7(a) part.]

As added by P.L.2-1992, SEC.20. Amended by P.L.196-2021, SEC.7; P.L.205-2023, SEC.11.

IC 12-26-5-3 Examination and treatment of detained individual

Sec. 3. An individual detained under this chapter may be examined and given emergency treatment necessary to do the following:

(1) Preserve the health and safety of the individual.

(2) Protect other persons and property.

[Pre-1992 Revision Citation: 16-14-9.1-7(a) part.]

As added by P.L.2-1992, SEC.20.

IC 12-26-5-4 Repealed

[Pre-1992 Revision Citation: 16-14-9.1-7(d) part.]

As added by P.L.2-1992, SEC.20. Repealed by P.L.205-2023, SEC.12.

IC 12-26-5-5 Repealed

[Pre-1992 Revision Citation: 16-14-9.1-7(b).]

As added by P.L.2-1992, SEC.20. Repealed by P.L.205-2023, SEC.13.

IC 12-26-5-6 Denial of application for detention; discharge; medical record

Sec. 6. (a) If the court does not approve an application for detention under this chapter, the individual shall be discharged from the facility.

(b) The application shall be made part of the individual's medical record.

[Pre-1992 Revision Citation: 16-14-9.1-7(d) part.]

As added by P.L.2-1992, SEC.20. Amended by P.L.205-2023, SEC.14.

IC 12-26-5-7 Repealed

[Pre-1992 Revision Citation: 16-14-9.1-7(c).]

As added by P.L.2-1992, SEC.20. Repealed by P.L.205-2023, SEC.15.

IC 12-26-5-8 Repealed

[Pre-1992 Revision Citation: 16-14-9.1-7(e) part.]

As added by P.L.2-1992, SEC.20. Repealed by P.L.205-2023, SEC.16.

IC 12-26-5-9 Application for detention; action by court; final hearing

Sec. 9. After receiving an application for detention under section 1 of this chapter, the court shall, without a hearing, consider the application and may do one (1) of the following:

(1) If the court finds that there is not probable cause to detain the individual, order the individual released.

(2) If the court finds that there is probable cause to detain the individual, order the individual's continued detention in an appropriate facility pending a final hearing under section 11 of this chapter. In addition, the court may order the individual to receive treatment in accordance with a mental health or substance use disorder treatment plan, using accepted clinical care guidelines, including medication.

[Pre-1992 Revision Citation: 16-14-9.1-7(e) part.]

As added by P.L.2-1992, SEC.20. Amended by P.L.205-2023, SEC.17.

IC 12-26-5-10 Repealed

[Pre-1992 Revision Citation: 16-14-9.1-7(e) part.]

As added by P.L.2-1992, SEC.20. Repealed by P.L.205-2023, SEC.18.

IC 12-26-5-11 Final hearing; burden of proof; testimony of physician; waiver

Sec. 11. (a) A final hearing required by section 9 of this chapter shall be held not later than fourteen (14) days from the date of the individual's admission to a facility, excluding Saturdays, Sundays, and legal holidays. The purpose of a final hearing is to determine by clear and convincing evidence whether the individual is:

(1) mentally ill and either dangerous or gravely disabled; and

(2) in need of temporary or regular commitment.

(b) At a final hearing, an individual may not be found in need of temporary or regular commitment unless:

(1) the physician who signed the attestation under section 1 of this chapter; or

(2) at least one (1) physician who has personally examined the individual;

testifies at the hearing. This testimony may be waived by the individual if the waiver is voluntarily and knowingly given.

[Pre-1992 Revision Citation: 16-13-9.1-7(e) part.]

As added by P.L.2-1992, SEC.20. Amended by P.L.205-2023, SEC.19.

IC 12-26-5-12 Determination of absence of probable cause when individual taken into custody; transportation, care, and maintenance costs

Sec. 12. If it is determined that there was not probable cause to believe that an individual had a mental illness and was dangerous when taken into custody and transported to the facility to be detained, the costs of transportation to and care and maintenance in the facility during the period of detention shall be paid by the county in which the individual was taken into custody.

[Pre-1992 Revision Citation: 16-14-9.1-7(f).]

As added by P.L.2-1992, SEC.20. Amended by P.L.99-2007, SEC.130.

IC 12-26-5-13 Immunity

Sec. 13. The following may not be held liable for an act or omission taken in good faith under this chapter, unless the act or omission constitutes gross negligence or willful or wanton misconduct:

(1) A facility in which an individual is detained, treated, evaluated, or assessed.

(2) A law enforcement officer.

(3) The superintendent of a facility.

(4) A physician.

(5) An advanced practice registered nurse.

(6) A physician assistant.

As added by P.L.205-2023, SEC.20.

IC 12-26-6 Chapter 6. Temporary Commitment

12-26-6-1	90 day commitment of individuals who are mentally ill and either dangerous or gravely disabled
12-26-6-2	Methods by which commitment proceedings may be begun
12-26-6-3	Notice of hearing
12-26-6-4	Hearing date
12-26-6-5	Hearing site
12-26-6-6	Appointment of physician; examination of individual; report
12-26-6-7	Report; dismissal of petition
12-26-6-8	Order of commitment
12-26-6-9	Discharge before end of commitment period; notification of court
12-26-6-10	Additional commitment period; proceedings
12-26-6-11	Report required of facility superintendent or attending physician before end of commitment period

IC 12-26-6-1 90 day commitment of individuals who are mentally ill and either dangerous or gravely disabled

Sec. 1. An individual who is alleged to be mentally ill and either dangerous or gravely disabled may be committed to a facility for not more than ninety (90) days under this chapter.

[Pre-1992 Revision Citation: 16-14-9.1-8 part.]

As added by P.L.2-1992, SEC.20.

IC 12-26-6-2 Methods by which commitment proceedings may be begun

Sec. 2. (a) A commitment under this chapter may be begun by any of the following methods:

(1) Upon request of the superintendent under IC 12-26-3-5.

(2) An order of the court:

(A) having jurisdiction over the individual following emergency detention; or

(B) referring an individual:

(i) following a hearing under IC 35-47-14-6; and

(ii) after a physicians written statement has been filed setting forth the requirements described in subsections (c)(1) and (c)(2) of this section.

(3) Filing a petition with a court having jurisdiction in the county:

(A) of residence of the individual; or

(B) where the individual may be found.

(b) A petitioner under subsection (a)(3) must be at least eighteen (18) years of age.

(c) A petition under subsection (a)(3) must include a physician's written statement stating both of the following:

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

(2) The physician believes the individual is:

(A) mentally ill and either dangerous or gravely disabled; and

(B) in need of custody, care, or treatment in an appropriate facility.

[Pre-1992 Revision Citation: 16-14-9.1-8 part.]

As added by P.L.2-1992, SEC.20. Amended by P.L.289-2019, SEC.1.

IC 12-26-6-3 Notice of hearing

Sec. 3. (a) Notice of a hearing under this chapter shall be given to all of the following:

(1) The individual.

(2) The petitioner.

(3) The superintendent or the chief executive officer of a facility having care or custody of the individual.

(b) The notice required by subsection (a) must state the time, place, and date of the hearing.

[Pre-1992 Revision Citation: 16-14-9.1-9(b) part.]
As added by P.L.2-1992, SEC.20.

IC 12-26-6-4 Hearing date

Sec. 4. (a) Within three (3) days after a proceeding is begun under this chapter, the court shall enter an order setting a hearing date.

(b) If the proceeding was begun under section 2(a)(3) of this chapter, the hearing date set under subsection (a) must be more than one (1) day but less than fourteen (14) days from the date of notice.

(c) If the proceeding was begun under section 2(a)(1) or 2(a)(2) of this chapter, the hearing shall be held within ten (10) days after issuance of the order.

[Pre-1992 Revision Citation: 16-14-9.1-9(b) part.]
As added by P.L.2-1992, SEC.20.

IC 12-26-6-5 Hearing site

Sec. 5. The court may hold the hearing at a facility or other suitable place not likely to have a harmful effect on the individual's health or well-being.

[Pre-1992 Revision Citation: 16-14-9.1-9(b) part.]
As added by P.L.2-1992, SEC.20.

IC 12-26-6-6 Appointment of physician; examination of individual; report

Sec. 6. The court may appoint a physician to do the following:

(1) Examine the individual.

(2) Report, before the hearing, the physician's opinion as to the following:

(A) Whether the individual is mentally ill and either dangerous or gravely disabled.

(B) Whether the individual needs temporary commitment to a facility for diagnosis, care, and treatment.

[Pre-1992 Revision Citation: 16-14-9.1-9(c) part.]
As added by P.L.2-1992, SEC.20.

IC 12-26-6-7 Report; dismissal of petition

Sec. 7. If a report made under section 6 of this chapter is that the individual is not either dangerous or gravely disabled, the court may terminate the proceedings and dismiss the petition. Otherwise, the hearing shall proceed as scheduled or as continued by the court.

[Pre-1992 Revision Citation: 16-14-9.1-9(c) part.]
As added by P.L.2-1992, SEC.20.

IC 12-26-6-8 Order of commitment

Sec. 8. (a) If, upon the completion of the hearing and consideration of the record, the court finds that the individual is mentally ill and either dangerous or gravely disabled, the court may order the individual to:

(1) be committed to an appropriate facility; or

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

(b) The court's order must require that the superintendent of the facility or the attending physician file a treatment plan with the court within fifteen (15) days of the individual's admission to the facility under a commitment order.

(c) If the commitment ordered under subsection (a) is to a state institution administered by the division of mental health and addiction, the record of commitment proceedings must include a report from a community mental health center stating both of the following:

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

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

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

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

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

[Pre-1992 Revision Citation: 16-14-9.1-9(h).]

As added by P.L.2-1992, SEC.20. Amended by P.L.40-1994, SEC.57; P.L.6-1995, SEC.24; P.L.24-1997, SEC.57; P.L.215-2001, SEC.72; P.L.141-2006, SEC.67; P.L.110-2009, SEC.7; P.L.161-2018, SEC.32; P.L.9-2020, SEC.7.

IC 12-26-6-9 Discharge before end of commitment period; notification of court

Sec. 9. (a) Unless the court has entered an order under IC 12-26-12-1, the superintendent or the attending physician may discharge the individual before the end of the commitment period if the superintendent or attending physician determines that the individual is not mentally ill and either dangerous or gravely disabled.

(b) If an individual is discharged under subsection (a), the superintendent or the attending physician shall notify the court, and the court shall enter an order terminating the commitment.

[Pre-1992 Revision Citation: 16-14-9.1-9(i).]

As added by P.L.2-1992, SEC.20.

IC 12-26-6-10 Additional commitment period; proceedings

Sec. 10. (a) The period of commitment of an individual under this chapter may be extended for one (1) additional period of not more than ninety (90) days through a proceeding under this section.

(b) A proceeding under this section must be begun before the end of the first period of commitment.

(c) A proceeding under this section may be begun by filing with the court a report by the attending physician or superintendent that states that the individual continues to be:

(1) mentally ill and either dangerous or gravely disabled; and

(2) in need of continuing custody, care, or treatment in the facility for an additional period of not more than ninety (90) days.

(d) Upon receiving a report under subsection (c), the court shall set a hearing on the report.

(e) The hearing required by subsection (d) must be held before the end of the current commitment period.

(f) Notice of the hearing required by subsection (d) shall be given to the committed individual and all other interested individuals at least five (5) days before the hearing date.

(g) A committed individual's rights and a petitioner's rights and hearing procedures are the same as those provided for the first period of commitment.

(h) If at the completion of the hearing and the consideration of the record the individual is found to be:

(1) mentally ill and either dangerous or gravely disabled; and

(2) in need of continuing custody, care, or treatment in the facility;

the court may order the individual's continuing custody, care, or treatment in the facility for one (1) additional period of not more than ninety (90) days.

[Pre-1992 Revision Citation: 16-14-9.1-9(j).]

As added by P.L.2-1992, SEC.20.

IC 12-26-6-11 Report required of facility superintendent or attending physician before end of commitment period

Sec. 11. At least twenty (20) days before the end of the first or second temporary commitment period, the superintendent of the facility or the attending physician shall make a report to the court that states all of the following:

(1) The mental condition of the individual.

(2) Whether the individual is dangerous or gravely disabled.

(3) Whether the individual needs continuing care and treatment in a facility for a period of more than ninety (90) days.

[Pre-1992 Revision Citation: 16-14-9.1-10(a) part.]

As added by P.L.2-1992, SEC.20.

IC 12-26-7 Chapter 7. Regular Commitment

12-26-7-1	Application of chapter
12-26-7-2	Application of section; commitment of persons apparently suffering from chronic mental illness; initiation of proceedings; petition
12-26-7-3	Petition; physician's written statement; reports
12-26-7-4	Hearing date; rights of subject individual; hearing procedures
12-26-7-5	Finding that individual is mentally ill and either dangerous or gravely disabled; order for treatment; duration of order; transmittal of information to NICS

IC 12-26-7-1 Application of chapter

Sec. 1. This chapter applies to a proceeding for commitment of an individual:

(1) alleged to be mentally ill and either dangerous or gravely disabled; and

(2) whose commitment is reasonably expected to require custody, care, or treatment in a facility for more than ninety (90) days.

[Pre-1992 Revision Citation: 16-14-9.1-10(a) part.]

As added by P.L.2-1992, SEC.20.

IC 12-26-7-2 Application of section; commitment of persons apparently suffering from chronic mental illness; initiation of proceedings; petition

Sec. 2. (a) This section does not apply to the commitment of an individual if the individual has previously been committed under IC 12-26-6.

(b) A proceeding for the commitment of an individual who appears to be suffering from a chronic mental illness may be begun by filing with a court having jurisdiction a written petition by any of the following:

(1) A health officer.

(2) A police officer.

(3) A friend of the individual.

(4) A relative of the individual.

(5) The spouse of the individual.

(6) A guardian of the individual.

(7) The superintendent of a facility where the individual is present.

(8) A prosecuting attorney in accordance with IC 35-36-2-4.

(9) A prosecuting attorney or the attorney for a county office if civil commitment proceedings are initiated under IC 31-34-19-3 or IC 31-37-18-3.

(10) A third party that contracts with the division of mental health and addiction to provide competency restoration services to a defendant under IC 35-36-3-3 or IC 35-36-3-4.

[Pre-1992 Revision Citation: 16-14-9.1-10(b) part.]

As added by P.L.2-1992, SEC.20. Amended by P.L.4-1993, SEC.203; P.L.5-1993, SEC.216; P.L.1-1997, SEC.86; P.L.77-2004, SEC.1.

IC 12-26-7-3 Petition; physician's written statement; reports

Sec. 3. (a) A petition filed under section 2 of this chapter must include a physician's written statement that states both of the following:

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

(2) The physician believes that the individual is:

(A) mentally ill and either dangerous or gravely disabled; and

(B) in need of custody, care, or treatment in a facility for a period expected to be more than ninety (90) days.

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

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

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

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

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

[Pre-1992 Revision Citation: 16-14-9.1-10(b) part.]

As added by P.L.2-1992, SEC.20. Amended by P.L.40-1994, SEC.58; P.L.6-1995, SEC.25; P.L.24-1997, SEC.58; P.L.215-2001, SEC.73; P.L.141-2006, SEC.68; P.L.9-2020, SEC.8.

IC 12-26-7-4 Hearing date; rights of subject individual; hearing procedures

Sec. 4. (a) Upon receiving:

(1) a petition under section 2 of this chapter; or

(2) a report under IC 12-26-6-11 that recommends treatment in a facility for more than ninety (90) days;

the court shall enter an order setting a hearing date.

(b) If an individual is currently under a commitment order, the hearing required by subsection (a) must be held before the expiration of the current commitment period. Notice of a hearing under this subsection shall be given to the individual and all other interested persons at least five (5) days before the hearing date.

(c) The rights of an individual who is the subject of a proceeding under this chapter and of a petitioner are the same as provided in IC 12-26-6.

(d) Hearing procedures are the same as those provided in IC 12-26-6.

[Pre-1992 Revision Citation: 16-14-9.1-10(c).]

As added by P.L.2-1992, SEC.20.

IC 12-26-7-5 Finding that individual is mentally ill and either dangerous or gravely disabled; order for treatment; duration of order; transmittal of information to NICS

Sec. 5. (a) If at the completion of the hearing and the consideration of the record an individual is found to be mentally ill and either dangerous or gravely disabled, the court may enter either of the following orders:

(1) For the individual's custody, care, or treatment, or continued custody, care, or treatment in an appropriate facility.

(2) For the individual to enter an outpatient therapy program under IC 12-26-14.

(b) An order entered under subsection (a) continues until any of the following occurs:

(1) The individual has been:

(A) discharged from the facility; or

(B) released from the therapy program.

(2) The court enters an order:

(A) terminating the commitment; or

(B) releasing the individual from the therapy program.

(c) If the court makes a finding under subsection (a), the court shall transmit any information required by the office of judicial administration to the office of judicial administration for transmission to the NICS (as defined in IC 35-47-2.5-2.5) in accordance with IC 33-24-6-3.

[Pre-1992 Revision Citation: 16-14-9.1-10(d).]

As added by P.L.2-1992, SEC.20. Amended by P.L.110-2009, SEC.8; P.L.161-2018, SEC.33.

IC 12-26-8 Chapter 8. Commitment of a Child

12-26-8-1	Appointment of advocate or guardian; persons authorized to be appointed as advocate; representation and protection of child's best interests
12-26-8-2	Advocate; officer of juvenile court
12-26-8-3	Representation of advocate by counsel; appointment of counsel
12-26-8-4	Commitment of child; review by advocate; assistance provided by facility warden
12-26-8-5	Advocate reviews; report; recipients of report
12-26-8-6	Advocate; access to reports relevant to child; confidential reports
12-26-8-7	Payment of fees to be made under IC 31-40
12-26-8-8	Obligations of county offices to children under custody or supervision committed to state institutions
12-26-8-9	Repealed

IC 12-26-8-1 Appointment of advocate or guardian; persons authorized to be appointed as advocate; representation and protection of child's best interests

Sec. 1. (a) A juvenile court that conducts a proceeding under this article shall appoint a court appointed special advocate, a guardian ad litem, or both for the child before the court begins a proceeding under this article.

(b) An advocate is not required to be an attorney.

(c) An attorney representing the child may be appointed as the child's advocate.

(d) The court may not appoint any of the following to be a child's advocate:

(1) A party to the proceeding.

(2) An employee of a party to the proceeding.

(3) A representative of a party to the proceeding.

(e) An advocate shall represent and protect the best interests of the child.

[Pre-1992 Revision Citations: subsection (a) formerly 16-14-9.1-5.5(a) part; subsection (b) formerly 16-14-9.1-5.5(a) part; subsection (c) formerly 16-14-9.1-5.5(a) part; subsection (d) formerly 16-14-9.1-5.5(g); subsection (e) formerly 16-14-9.1-5.5(b) part.]

As added by P.L.2-1992, SEC.20.

IC 12-26-8-2 Advocate; officer of juvenile court

Sec. 2. A child's advocate is an officer of the juvenile court for the purpose of representing the child's interests.

[Pre-1992 Revision Citation: 16-14-9.1-5.5(e).]

As added by P.L.2-1992, SEC.20.

IC 12-26-8-3 Representation of advocate by counsel; appointment of counsel

Sec. 3. (a) A child's advocate may be represented by an attorney.

(b) If necessary to protect the child's interests, the juvenile court may appoint an attorney to represent an advocate of a child. The court may appoint only one (1) attorney under this subsection.

[Pre-1992 Revision Citation: 16-14-9.1-5.5(d).]

As added by P.L.2-1992, SEC.20.

IC 12-26-8-4 Commitment of child; review by advocate; assistance provided by facility warden

Sec. 4. (a) Within thirty (30) days after a child is first committed to a facility by a juvenile court, the child's advocate shall do all of the following:

(1) Visit the facility.

(2) Evaluate the services delivered to the child.

(3) Evaluate whether the commitment continues to be appropriate for the child.

(b) The child's advocate shall conduct a review similar to that required under subsection

(a):

(1) sixty (60) days after the child is first committed;

(2) six (6) months after the child is first committed; and

(3) every six (6) months after the review required by subdivision (2).

(c) The warden of the facility shall provide necessary assistance to carry out the reviews required by this section.

[Pre-1992 Revision Citation: 16-14-9.1-5.5(b) part.]

As added by P.L.2-1992, SEC.20. Amended by P.L.67-2017, SEC.11.

IC 12-26-8-5 Advocate reviews; report; recipients of report

Sec. 5. The child's advocate shall submit a report of each review required by section 4 of this chapter to all of the following:

(1) The committing juvenile court.

(2) The warden of the facility.

(3) A county office that has wardship of the child.

(4) Each party to the commitment proceeding.

[Pre-1992 Revision Citation: 16-14-9.1-5.5(b) part.]

As added by P.L.2-1992, SEC.20. Amended by P.L.4-1993, SEC.204; P.L.5-1993, SEC.217; P.L.67-2017, SEC.12.

IC 12-26-8-6 Advocate; access to reports relevant to child; confidential reports

Sec. 6. (a) A child's advocate shall be given access to all reports relevant to the child.

(b) IC 31-39-2 applies to the release of reports that are confidential under IC 31-39-1.

[Pre-1992 Revision Citation: 16-14-9.1-5.5(h).]

As added by P.L.2-1992, SEC.20. Amended by P.L.1-1997, SEC.87.

IC 12-26-8-7 Payment of fees to be made under IC 31-40

Sec. 7. Payment of any fees shall be made under IC 31-40.

[Pre-1992 Revision Citation: 16-14-9.1-5.5(c).]

As added by P.L.2-1992, SEC.20. Amended by P.L.1-1997, SEC.88.

IC 12-26-8-8 Obligations of county offices to children under custody or supervision committed to state institutions

Sec. 8. If a child under the custody or supervision of a county office is committed to a state institution, the court may not release the county office from the county office's obligations to the child unless the court appoints a guardian for the child under IC 12-26-16.

[Pre-1992 Revision Citation: 16-14-9.1-11.5.]

As added by P.L.2-1992, SEC.20. Amended by P.L.4-1993, SEC.205; P.L.5-1993, SEC.218.

IC 12-26-8-9 Repealed

[Pre-1992 Revision Citation: 16-14-9.1-10(i).]

As added by P.L.2-1992, SEC.20. Amended by P.L.4-1993, SEC.206; P.L.5-1993, SEC.219; P.L.1-1997, SEC.89; P.L.146-2008, SEC.417. Repealed by P.L.128-2012, SEC.18.

IC 12-26-9 Chapter 9. Commitment to Facilities Owned by the United States Government

12-26-9-1 Federal department defined
12-26-9-2 Federal facility defined
12-26-9-3 Court communications with federal department concerning availability of federal facilities and individual's eligibility for commitment
12-26-9-4 Commitment to federal facility
12-26-9-5 Admission to federal facility; individual subject to rules and regulations of the facility
12-26-9-6 Federal facility hospital officers; powers with respect to detention and custody of individuals

IC 12-26-9-1 Federal department defined

Sec. 1. As used in this chapter, "federal department" refers to the United States Department of Veterans Affairs.

[1992 Revision Citation: New.]

As added by P.L.2-1992, SEC.20.

IC 12-26-9-2 Federal facility defined

Sec. 2. As used in this chapter, "federal facility" refers to a facility owned by the United States.

[1992 Revision Citation: New.]

As added by P.L.2-1992, SEC.20.

IC 12-26-9-3 Court communications with federal department concerning availability of federal facilities and individual's eligibility for commitment

Sec. 3. If it is determined in a proceeding under this article that an individual:

(1) is mentally ill and either dangerous or gravely disabled;

(2) should be committed to a facility for custody, care, and treatment; and

(3) is a veteran who may be eligible for treatment in a federal facility;

the court may communicate with the federal department concerning the availability of federal facilities and the individual's eligibility to be committed to a federal facility.

[Pre-1992 Revision Citation: 16-14-9.1-15(a).]

As added by P.L.2-1992, SEC.20.

IC 12-26-9-4 Commitment to federal facility

Sec. 4. Upon receiving information concerning availability and eligibility from the federal department, the court may commit an individual to a federal facility.

[Pre-1992 Revision Citation: 16-14-9.1-15(b) part.]

As added by P.L.2-1992, SEC.20.

IC 12-26-9-5 Admission to federal facility; individual subject to rules and regulations of the facility

Sec. 5. Upon admission to a federal facility, an individual is subject to the rules and regulations of the federal facility.

[Pre-1992 Revision Citation: 16-14-9.1-15(b) part.]

As added by P.L.2-1992, SEC.20.

IC 12-26-9-6 Federal facility hospital officers; powers with respect to detention and custody of individuals

Sec. 6. The hospital officers of a federal facility have the same powers exercised by a superintendent under this article with respect to the detention and custody of an individual.

[Pre-1992 Revision Citation: 16-14-9.1-15(b) part.]
As added by P.L.2-1992, SEC.20.

IC 12-26-10 Chapter 10. Care Pending Admission to a Facility

12-26-10-1 Court consultation with facility superintendent or attending physician
12-26-10-2 Temporary placement; least restrictive suitable facility
12-26-10-3 Confinement in county jail
12-26-10-4 Order that assistance be furnished and paid for out of county general fund

IC 12-26-10-1 Court consultation with facility superintendent or attending physician

Sec. 1. If an individual is committed to a facility, the court shall consult with the superintendent or the attending physician concerning the method of caring for the individual pending admission to the facility.

[Pre-1992 Revision Citation: 16-14-9.1-16(a) part.]

As added by P.L.2-1992, SEC.20.

IC 12-26-10-2 Temporary placement; least restrictive suitable facility

Sec. 2. The court may order temporary placement of the individual in the least restrictive suitable facility pending admission to a facility.

[Pre-1992 Revision Citation: 16-14-9.1-16(b).]

As added by P.L.2-1992, SEC.20.

IC 12-26-10-3 Confinement in county jail

Sec. 3. An individual may not be confined in a county jail unless all the following apply:

(1) The individual is found to be dangerous and violent.

(2) There is no other suitable facility available pending admission to a facility.

(3) The court so orders.

[Pre-1992 Revision Citation: 16-14-9.1-16(c).]

As added by P.L.2-1992, SEC.20.

IC 12-26-10-4 Order that assistance be furnished and paid for out of county general fund

Sec. 4. If the comfort and the care of an individual are not otherwise provided:

(1) from the individual's estate;

(2) by the individual's relatives or friends; or

(3) through financial assistance from the department of child services or the division of family resources;

the court may order the assistance furnished and paid for out of the general fund of the county.

[Pre-1992 Revision Citation: 16-14-9.1-16(a) part.]

As added by P.L.2-1992, SEC.20. Amended by P.L.4-1993, SEC.207; P.L.5-1993, SEC.220; P.L.145-2006, SEC.126; P.L.146-2008, SEC.418.

IC 12-26-11 Chapter 11. Transfer of an Individual

12-26-11-1	Transfers; facilities to which transfers may be made; best interest of individual transferred or other patients
12-26-11-2	Declining to admit individual; grounds
12-26-11-3	Medical and treatment records; providing copies to facilities to which individuals transferred
12-26-11-3.5	Transfer from state institution to nonstate community or facility; planning and facilitating transition
12-26-11-4	Notice of transfer; persons notified
12-26-11-5	Transfer to substantially more restrictive environment; administrative hearing
12-26-11-6	Petition to set aside transfer

IC 12-26-11-1 Transfers; facilities to which transfers may be made; best interest of individual transferred or other patients

Sec. 1. The superintendent of a facility to which an individual was committed under IC 12-26-6 or IC 12-26-7 or to which the individual's commitment was transferred under this chapter, may transfer the commitment of the individual to:

(1) a state institution;

(2) a community mental health center;

(3) a community intellectual disability and other developmental disabilities center;

(4) a federal facility;

(5) a psychiatric unit of a hospital licensed under IC 16-21;

(6) a private psychiatric facility licensed under IC 12-25;

(7) a community residential program for the developmentally disabled described in IC 12-11-1.1-1(e)(1) or IC 12-11-1.1-1(e)(2); or

(8) an intermediate care facility for individuals with intellectual disabilities (ICF/IID) that is licensed under IC 16-28 and is not owned by the state;

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

[Pre-1992 Revision Citation: 16-14-9.1-17(a) part.]

As added by P.L.2-1992, SEC.20. Amended by P.L.2-1993, SEC.115; P.L.24-1997, SEC.59; P.L.272-1999, SEC.47; P.L.117-2015, SEC.22; P.L.35-2016, SEC.78.

IC 12-26-11-2 Declining to admit individual; grounds

Sec. 2. The superintendent of a facility to which the commitment of an individual is to be transferred may decline to admit the individual if the superintendent determines that adequate space, treatment staff, or treatment facilities appropriate to the needs of the individual are not available.

[Pre-1992 Revision Citation: 16-14-9.1-17(a) part.]

As added by P.L.2-1992, SEC.20.

IC 12-26-11-3 Medical and treatment records; providing copies to facilities to which individuals transferred

Sec. 3. If an individual is transferred under section 1 of this chapter, the transferring facility shall provide a copy of the individual's current medical and treatment records to the facility to which the commitment of the individual is transferred.

[Pre-1992 Revision Citation: 16-14-9.1-17(b).]

As added by P.L.2-1992, SEC.20.

IC 12-26-11-3.5 Transfer from state institution to nonstate community or facility; planning and facilitating transition

Sec. 3.5. If an individual is transferred under section 1 of this chapter from a state institution administered by the division of mental health and addiction, the gatekeeper for the individual shall facilitate and plan, together with the individual and state institution, the

individual's transition to the community or to another facility if the facility is not a state institution administered by the division of mental health and addiction.
As added by P.L.6-1995, SEC.26. Amended by P.L.215-2001, SEC.74.

IC 12-26-11-4 Notice of transfer; persons notified

Sec. 4. If the commitment of an individual is transferred to another facility under section 1 of this chapter, the transferring facility shall give written notice to each of the following:

(1) The individual's legal guardian.
(2) The individual's parents.
(3) The individual's spouse.
(4) The individual's attorney, if any.

[Pre-1992 Revision Citation: 16-14-9.1-17(c) part.]
As added by P.L.2-1992, SEC.20.

IC 12-26-11-5 Transfer to substantially more restrictive environment; administrative hearing

Sec. 5. (a) As used in this section, "substantially more restrictive environment" means another facility or that part of a facility that is designated as the place providing maximum security for patients.

(b) If the transfer of the commitment of an individual is to a substantially more restrictive environment, the transferring facility shall provide the individual with an opportunity for an administrative hearing within ten (10) days after the transfer.

[Pre-1992 Revision Citation: 16-14-9.1-17(c) part.]
As added by P.L.2-1992, SEC.20. Amended by P.L.40-1994, SEC.59.

IC 12-26-11-6 Petition to set aside transfer

Sec. 6. An individual whose commitment is transferred under section 1 of this chapter may, within thirty (30) days after the transfer, petition the committing court for an order setting aside the transfer and ordering the individual and the individual's medical and treatment records returned to the facility to which the court originally committed the individual.

[Pre-1992 Revision Citation: 16-14-9.1-17(c) part.]
As added by P.L.2-1992, SEC.20.

IC 12-26-12 Chapter 12. Notice of Discharge of an Individual

12-26-12-1	Notification that committed individual will be discharged
12-26-12-2	Request by petitioner for hearing; notification of superintendent
12-26-12-3	Absence of hearing request notice; discharge of individual
12-26-12-4	Receipt by superintendent of hearing request notice; discharge of individual
12-26-12-5	Petition; hearing date; failure to hold timely hearing; discharge of individual
12-26-12-6	Hearing; evidence; procedure; rights of committed individual
12-26-12-7	Finding that individual is not mentally ill and either dangerous or gravely disabled; discharge
12-26-12-8	Appointment of guardian

IC 12-26-12-1 Notification that committed individual will be discharged

Sec. 1. (a) Except as provided in subsection (c), a court that orders a commitment may order the superintendent to notify the petitioner in the commitment proceeding and other person designated by the court that the committed individual will be discharged.

(b) The notice required under subsection (a) shall be given to the petitioner and other person designated by the court at least twenty (20) days before the end of the commitment period.

(c) A court may not order the director of a community mental health center to notify the person who filed a petition with respect to an individual committed to the community mental health center.

[Pre-1992 Revision Citations: subsection (a) formerly 16-14-9.1-10.5(a) part; subsection (b) formerly 16-14-9.1-10.5(a) part; subsection (c) formerly 16-14-9.1-10.5(g).]

As added by P.L.2-1992, SEC.20. Amended by P.L.40-1994, SEC.60; P.L.188-2013, SEC.18.

IC 12-26-12-2 Request by petitioner for hearing; notification of superintendent

Sec. 2. (a) Within ten (10) days after receiving a notice under section 1 of this chapter, the petitioner may file a petition with the court that ordered the committed individual's commitment requesting a hearing to determine whether the individual should be discharged.

(b) The petitioner must notify the superintendent of a petition filed with the court under subsection (a).

[Pre-1992 Revision Citation: 16-14-9.1-10.5(a) part.]

As added by P.L.2-1992, SEC.20.

IC 12-26-12-3 Absence of hearing request notice; discharge of individual

Sec. 3. If the superintendent does not receive notice of a request for a hearing within ten (10) days after notice was given under section 2 of this chapter, the committed individual shall be discharged unless the superintendent determines that the individual is mentally ill and either dangerous or gravely disabled.

[Pre-1992 Revision Citation: 16-14-9.1-10.5(b) part.]

As added by P.L.2-1992, SEC.20.

IC 12-26-12-4 Receipt by superintendent of hearing request notice; discharge of individual

Sec. 4. If the superintendent is notified of a petition under section 2 of this chapter, the committed individual may not be discharged except as provided in this chapter.

[Pre-1992 Revision Citation: 16-14-9.1-10.5(b) part.]

As added by P.L.2-1992, SEC.20.

IC 12-26-12-5 Petition; hearing date; failure to hold timely hearing; discharge of individual

Sec. 5. (a) If the court receives a petition under section 2 of this chapter, the court shall

set a hearing date.

(b) The hearing date set under subsection (a) must be within twenty (20) days after the petition is filed.

(c) If a hearing is not held within twenty (20) days of the filing of the petition, the committed individual shall be discharged unless either of the following apply:

(1) The individual agrees to a continuance.

(2) The superintendent determines that the individual is mentally ill and either dangerous or gravely disabled.

[Pre-1992 Revision Citation: 16-14-9.1-10.5(c).]

As added by P.L.2-1992, SEC.20.

IC 12-26-12-6 Hearing; evidence; procedure; rights of committed individual

Sec. 6. At the hearing:

(1) the petitioner is entitled to present evidence concerning the committed individual's mental or physical condition;

(2) the procedure is the same as provided in IC 12-26-6; and

(3) the committed individual's rights are the same as provided in IC 12-26-6.

[Pre-1992 Revision Citation: 16-14-9.1-10.5(d).]

As added by P.L.2-1992, SEC.20.

IC 12-26-12-7 Finding that individual is not mentally ill and either dangerous or gravely disabled; discharge

Sec. 7. The court shall order the discharge of a committed individual and terminate the commitment if the court finds that the individual is not mentally ill and either dangerous or gravely disabled.

[Pre-1992 Revision Citation: 16-14-9.1-10.5(e).]

As added by P.L.2-1992, SEC.20.

IC 12-26-12-8 Appointment of guardian

Sec. 8. If the court does not order the discharge of the committed individual under section 7 of this chapter, the court may appoint a guardian to provide for the individual's continued care.

[Pre-1992 Revision Citation: 16-14-9.1-10.5(f).]

As added by P.L.2-1992, SEC.20.

IC 12-26-13 Chapter 13. Leave From Confinement and Discharge

12-26-13-1 Leave of absence; best interest of committed individual
12-26-13-2 Discharge notice given to committing court; record entry by court

IC 12-26-13-1 Leave of absence; best interest of committed individual

Sec. 1. The superintendent of a facility may grant a committed individual a leave of absence from confinement in the facility for a period designated by the superintendent if the superintendent or an attending physician determines that the leave of absence is in the best interest of the individual.

[Pre-1992 Revision Citation: 16-14-9.1-21.]

As added by P.L.2-1992, SEC.20.

IC 12-26-13-2 Discharge notice given to committing court; record entry by court

Sec. 2. Upon the discharge of an individual committed under this article, the superintendent of the facility shall notify the committing court of the date of the discharge. The court shall make an entry on the record indicating the date of discharge.

[Pre-1992 Revision Citation: 16-14-9.1-18.]

As added by P.L.2-1992, SEC.20.

IC 12-26-14 Chapter 14. Outpatient Therapy

12-26-14-1	Ordering individual to enter outpatient therapy program; findings authorizing order
12-26-14-2	Representation by program representative that individual may enter program
12-26-14-3	Ordering compliance with program
12-26-14-4	Reasonable belief that individual has failed to comply with program; notice to court; transfer from outpatient program; transfer to sub-acute stabilization program; jail or prison
12-26-14-5	Noncompliance notification; reopening commitment proceeding; review of transfer to sub-acute stabilization program
12-26-14-6	Order to enter therapy; review of order and release from program; intervals and conditions
12-26-14-7	Committed individuals; placement on outpatient status for remainder of commitment period
12-26-14-8	Committed individual placed on outpatient status; compliance with program
12-26-14-9	Failure to comply with program; return to facility or transfer to sub-acute stabilization program
12-26-14-10	Return to facility; hearing; hearing officer; appeal to committing court

IC 12-26-14-1 Ordering individual to enter outpatient therapy program; findings authorizing order

Sec. 1. If a hearing has been held under IC 12-26-6 or IC 12-26-7 and the court finds that the individual is:

(1) mentally ill and either dangerous or gravely disabled;

(2) likely to benefit from an outpatient therapy program that is designed to decrease the individual's dangerousness or disability;

(3) not likely to be either dangerous or gravely disabled if the individual complies with the therapy program; and

(4) recommended for an outpatient therapy program by the individual's examining physician;

the court may order the individual to enter a therapy program as an outpatient.

[Pre-1992 Revision Citation: 16-14-9.1-20.5(a).]

As added by P.L.2-1992, SEC.20. Amended by P.L.62-1993, SEC.9.

IC 12-26-14-2 Representation by program representative that individual may enter program

Sec. 2. Before the court may issue an order under section 1 of this chapter, a representative of an outpatient therapy program approved by the court must represent to the court that the individual may enter that program immediately.

[Pre-1992 Revision Citation: 16-14-9.1-20.5(b).]

As added by P.L.2-1992, SEC.20.

IC 12-26-14-3 Ordering compliance with program

Sec. 3. The court may require an individual ordered to enter an outpatient therapy program under section 1 of this chapter to do the following:

(1) Follow the therapy program the individual enters.

(2) Attend each medical and psychiatric appointment made for the individual.

(3) Reside at a location determined by the court.

(4) Comply with other conditions determined by the court.

[Pre-1992 Revision Citation: 16-14-9.1-20.5(c).]

As added by P.L.2-1992, SEC.20.

IC 12-26-14-4 Reasonable belief that individual has failed to comply with program; notice to court; transfer from outpatient program;

transfer to sub-acute stabilization program; jail or prison

Sec. 4. (a) If a staff member of a program involved in the treatment, supervision, or care of an individual ordered to enter an outpatient therapy program under section 1 of this chapter has reason to believe that the individual has failed to comply with the requirements of section 3 of this chapter, the staff member shall immediately notify the court of the failure to comply.

(b) Except as provided in subsection (c), the individual may be transferred from the outpatient therapy program to one (1) of the following:

(1) The inpatient unit of the facility that has the original commitment.

(2) A community based residential program under IC 12-22-2-3.5.

(c) The individual may not be transferred to a community based residential program under IC 12-22-2-3.5 unless in the opinion of the individual's attending physician:

(1) it is not necessary for the individual to receive acute care inpatient treatment; and

(2) the individual is in need of a community based residential program under IC 12-22-2-3.5.

(d) The individual may not be imprisoned or confined in a jail or correctional facility unless the individual has been placed under arrest.

(e) A facility to which an individual is transferred under subsection (b) shall immediately notify the court of the transfer. A transfer to a facility under subsection (b) is subject to review under section 6 of this chapter upon petition by the individual who was transferred.

[Pre-1992 Revision Citation: 16-14-9.1-20.5(d).]

As added by P.L.2-1992, SEC.20. Amended by P.L.62-1993, SEC.10; P.L.6-1995, SEC.27; P.L.143-2011, SEC.29.

IC 12-26-14-5 Noncompliance notification; reopening commitment proceeding; review of transfer to sub-acute stabilization program

Sec. 5. (a) Upon receiving notification under section 4 of this chapter, the court shall reopen the original commitment proceeding and determine whether the:

(1) individual:

(A) has failed to comply with the requirements of section 3 of this chapter;

(B) is mentally ill and either dangerous or gravely disabled; and

(C) should be committed to a facility under this article; or

(2) individual should continue to be maintained on an outpatient commitment, subject to an additional court order that:

(A) requires a law enforcement officer to apprehend and transport the individual to a facility for treatment; and

(B) applies:

(i) after notification to the court by the facility or provider responsible for the individual's commitment; and

(ii) whenever the individual fails to attend a scheduled outpatient appointment or fails to comply with a condition of the outpatient commitment.

(b) If the court receives notice of a transfer under section 4(e) of this chapter, the court may conduct a review to determine the validity of the transfer.

[Pre-1992 Revision Citation: 16-14-9.1-20.5(e).]

As added by P.L.2-1992, SEC.20. Amended by P.L.62-1993, SEC.11; P.L.6-1995, SEC.28; P.L.121-1996, SEC.1; P.L.9-2024, SEC.340.

IC 12-26-14-6 Order to enter therapy; review of order and release from program; intervals and conditions

Sec. 6. If an individual is ordered to enter a therapy program under section 1 of this chapter, the individual is entitled to review of the order and release from the program at the same intervals and under the same conditions as an individual committed under:

(1) IC 12-26-6 if the therapy order is issued under that chapter; or

(2) IC 12-26-7 if the therapy order is issued under that chapter.

[Pre-1992 Revision Citation: 16-14-9.1-20.5(f).]

As added by P.L.2-1992, SEC.20.

IC 12-26-14-7 Committed individuals; placement on outpatient status for remainder of commitment period

Sec. 7. If an individual:

(1) has been committed under IC 12-26-6 or IC 12-26-7;

(2) is likely to benefit from a therapy program designed to decrease the individual's dangerousness or grave disability;

(3) is not likely to be either dangerous or gravely disabled if the individual continues to follow the therapy program; and

(4) is recommended for an outpatient therapy program by the individual's attending or examining physician;

the superintendent of the facility in which the individual is committed or the court at the time of commitment may place the individual on outpatient status for the remainder of the individual's commitment period, subject to the conditions of outpatient therapy programs under section 8 of this chapter.

[Pre-1992 Revision Citation: 16-14-9.1-20.1(a).]

As added by P.L.2-1992, SEC.20. Amended by P.L.62-1993, SEC.12.

IC 12-26-14-8 Committed individual placed on outpatient status; compliance with program

Sec. 8. An individual placed on outpatient status under section 7 of this chapter may be required to do the following:

(1) Follow the therapy program designed by the facility in which the individual has been placed.

(2) Attend any medical or psychiatric appointments made for the individual with respect to the individual's psychiatric condition.

(3) Reside at a place designated by the superintendent.

[Pre-1992 Revision Citation: 16-14-9.1-20.1(b).]

As added by P.L.2-1992, SEC.20.

IC 12-26-14-9 Failure to comply with program; return to facility or transfer to sub-acute stabilization program

Sec. 9. If the individual's attending or examining physician determines that the individual has failed to comply with the requirements under section 8 of this chapter and is likely to be dangerous or gravely disabled, the individual:

(1) may, in accordance with IC 12-24-8, be returned to the facility to which the individual is committed under this article as an inpatient; or

(2) may be transferred to a short term sub-acute stabilization treatment program under this chapter.

[Pre-1992 Revision Citation: 16-14-9.1-20.1(c).]

As added by P.L.2-1992, SEC.20. Amended by P.L.62-1993, SEC.13.

IC 12-26-14-10 Return to facility; hearing; hearing officer; appeal to committing court

Sec. 10. (a) After an individual has been returned to the facility to which the individual is committed under this article, the secretary shall conduct a hearing under IC 4-21.5-3 to determine whether:

(1) the individual has failed to comply with the requirements described in section 8 of this chapter;

(2) the individual is in need of inpatient treatment; and

(3) the individual's outpatient status should be revoked.

(b) A hearing required by subsection (a) may be conducted by a hearing officer appointed by the secretary.

(c) An individual may appeal under IC 4-21.5-5 a determination of the hearing officer by filing a petition with the court that committed the individual under IC 12-26-6 or IC 12-26-7.

[Pre-1992 Revision Citation: 16-14-9.1-20.1(d).]

As added by P.L.2-1992, SEC.20. Amended by P.L.35-2016, SEC.79.

IC 12-26-15 Chapter 15. Review of Commitment

12-26-15-1	Annual review; contents; filing with court; notice; report on individual committed after verdict of not responsible by reason of insanity
12-26-15-2	Receipt by court of review; options; appointment of guardian
12-26-15-3	Requesting hearing for review or dismissal of commitment or order; frequency of commitment reviews; hearing date
12-26-15-4	Rights of committed individual; hearing procedures
12-26-15-5	Discharge before end of commitment period or court ordered therapy program period; notice to court of discharge or release from therapy program

IC 12-26-15-1 Annual review; contents; filing with court; notice; report on individual committed after verdict of not responsible by reason of insanity

Sec. 1. (a) At least annually, and more often if directed by the court, the superintendent of the facility or the attending physician including the superintendent or attending physician of an outpatient therapy program, shall file with the court a review of the individual's care and treatment. The review must contain a statement of the following:

(1) The mental condition of the individual.

(2) Whether the individual is dangerous or gravely disabled.

(3) Whether the individual:

(A) needs to remain in the facility; or

(B) may be cared for under a guardianship.

(b) If the court has entered an order under IC 12-26-12-1, the superintendent or the attending physician shall give notice of the review to the petitioner in the individual's commitment proceeding and other persons that were designated by the court under IC 12-26-12-1 or as provided in this section.

(c) If an individual has been committed under IC 35-36-2-4, the superintendent of the facility or the attending physician shall:

(1) file with the court the report described in subsection (a) every six (6) months, or more often if directed by the court; and

(2) notify the court, the petitioner, and any other person or persons designated by the court under this section:

(A) at least ten (10) days before, or as soon as practicable in case of an emergency, when:

(i) the committed individual is allowed outside the facility or the grounds of the facility not under custodial supervision;

(ii) the committed individual is transferred to another facility and the location of that facility; or

(iii) the committed individual is discharged or the individual’s commitment is otherwise terminated; and

(B) as soon as practicable if the committed individual escapes.

(d) The court may designate as a person or persons to receive the notices provided in this section a person or persons who suffered harm as the result of a crime for which the committed individual was on trial.

(e) The court may designate as a person or persons to receive the notices provided in this section:

(1) an individual or individuals described in subsection (d); or

(2) a designated representative if the person or persons described in subsection (d) are incompetent, deceased, less than eighteen (18) years of age, or otherwise incapable of receiving or understanding a notice provided for in this section.

(f) A commitment order issued by a court under IC 35-36-2-4 and this article must include the following:

(1) The mailing address, electronic mail address, facsimile number, and telephone

number of the following:

(A) The petitioner who filed the petition under IC 35-36-2-4.

(B) Any other person designated by the court.

(2) The notice requirements set forth in this section.

[Pre-1992 Revision Citation: 16-14-9.1-10(e).]

As added by P.L.2-1992, SEC.20. Amended by P.L.40-1994, SEC.61; P.L.77-2004, SEC.2.

IC 12-26-15-2 Receipt by court of review; options; appointment of guardian

Sec. 2. (a) Upon receipt of the report required by section 1 of this chapter, the court shall do one (1) of the following:

(1) Order the individual's continued custody, care, and treatment in the appropriate facility or therapy program.

(2) Terminate the commitment or release the individual from the therapy program.

(3) Conduct a hearing under IC 12-26-12.

(b) The court may, in order to make provision for the individual's continued care, appoint a guardian for the individual.

[Pre-1992 Revision Citation: 16-14-9.1-10(f).]

As added by P.L.2-1992, SEC.20.

IC 12-26-15-3 Requesting hearing for review or dismissal of commitment or order; frequency of commitment reviews; hearing date

Sec. 3. (a) Upon receiving a copy of the court order, the individual or the individual's representative may request a hearing for review or dismissal of the commitment or order concerning the therapy program. The right to review of the regular commitment or therapy order is limited to one (1) review each year, unless the court determines that there is good cause for an additional review.

(b) When a hearing request is received, the court shall set a hearing date and provide at least five (5) days notice to all of the following:

(1) The individual.

(2) The individual's counsel.

(3) Other interested parties.

[Pre-1992 Revision Citation: 16-14-9.1-10(g).]

As added by P.L.2-1992, SEC.20.

IC 12-26-15-4 Rights of committed individual; hearing procedures

Sec. 4. (a) The rights of a committed individual are the same as those provided in IC 12-26-6.

(b) Hearing procedures for a hearing under this chapter are the same as those provided in IC 12-26-6.

[Pre-1992 Revision Citation: 16-14-9.1-10(g).]

As added by P.L.2-1992, SEC.20.

IC 12-26-15-5 Discharge before end of commitment period or court ordered therapy program period; notice to court of discharge or release from therapy program

Sec. 5. (a) Unless the court has entered an order under IC 12-26-12, the individual may be discharged before the end of the commitment period or court ordered therapy program period if either of the following apply:

(1) The superintendent or the attending physician determines that the individual is not mentally ill and either dangerous or gravely disabled.

(2) The superintendent determines, with the written consent of the attending physician, that the individual will enter a facility that provides more appropriate care and treatment immediately following the individual's discharge.

(b) If an individual is discharged or released from a therapy program under this section, the superintendent or the attending physician shall notify the court. The court shall enter an order terminating the commitment or releasing the individual from the therapy program.

[Pre-1992 Revision Citation: 16-14-9.1-10(h).]

As added by P.L.2-1992, SEC.20.

IC 12-26-16 Chapter 16. Guardianships

12-26-16-1 Request by subject individual or other interested party; establishing guardianship instead of making commitment
12-26-16-2 Application of law governing guardianships

IC 12-26-16-1 Request by subject individual or other interested party; establishing guardianship instead of making commitment

Sec. 1. At the request of the individual who is the subject of a proceeding under this article or another interested party, the court may establish a guardianship for the individual or the individual's property instead of making or continuing a regular commitment to a facility under IC 12-26-7 or at any other time.

[Pre-1992 Revision Citation: 16-14-9.1-11 part.]

As added by P.L.2-1992, SEC.20.

IC 12-26-16-2 Application of law governing guardianships

Sec. 2. A guardianship established under section 1 of this chapter shall be established under the applicable Indiana law governing guardianships.

[Pre-1992 Revision Citation: 16-14-9.1-11 part.]

As added by P.L.2-1992, SEC.20.

IC 12-27 ARTICLE 27. RIGHTS OF INDIVIDUALS BEING TREATED FOR MENTAL ILLNESS OR DEVELOPMENTAL DISABILITIES

Ch. 1. Application
Ch. 2. Rights of Patients
Ch. 3. Conditional Rights of Patients in Residential Settings
Ch. 4. Seclusion and Restraint of Patients
Ch. 5. Refusal of Treatment
Ch. 6. Information Concerning Rights of Patients
Ch. 7. Waiver of Rights
Ch. 8. Remedies
Ch. 9. Mental Health Ombudsman Program

IC 12-27-1 Chapter 1. Application

12-27-1-1 Patients receiving service or training from services providers
12-27-1-2 Individuals receiving services or training under department of correction
12-27-1-3 Private practitioners or other persons; election to be subject to article
12-27-1-4 Rules

IC 12-27-1-1 Patients receiving service or training from services providers

Sec. 1. This article applies to a patient receiving mental health services or developmental training in or from a service provider.

[Pre-1992 Revision Citation: 16-14-1.6-1(a).]

As added by P.L.2-1992, SEC.21.

IC 12-27-1-2 Individuals receiving services or training under department of correction

Sec. 2. This article does not apply to an individual receiving mental health services or developmental training under the department of correction.

[Pre-1992 Revision Citation: 16-14-1.6-1(c).]

As added by P.L.2-1992, SEC.21.

IC 12-27-1-3 Private practitioners or other persons; election to be subject to article

Sec. 3. A private practitioner or other person not covered by this article may elect to be subject to this article by notifying the director of the appropriate division in writing of the election.

[Pre-1992 Revision Citation: 16-14-1.6-1(b).]

As added by P.L.2-1992, SEC.21.

IC 12-27-1-4 Rules

Sec. 4. Each division shall adopt rules under IC 4-22-2 to implement this article.

[Pre-1992 Revision Citation: 16-14-1.6-9.]

As added by P.L.2-1992, SEC.21.

IC 12-27-2 Chapter 2. Rights of Patients

12-27-2-1 Professional and appropriate services or training; humane care; religious practice; consultation with legal counsel and private practitioners
12-27-2-2 Limitations; no known effective treatment or training; services or training not likely to produce significant improvement
12-27-2-3 Exercise of constitutional, statutory, and civil rights; rights denied or limited by adjudication or finding of mental incompetency; voidable acts not validated

IC 12-27-2-1 Professional and appropriate services or training; humane care; religious practice; consultation with legal counsel and private practitioners

Sec. 1. Subject to section 2 of this chapter, a patient is entitled to all of the following:

(1) Mental health services or developmental training:

(A) in accordance with standards of professional practice;

(B) appropriate to the patient's needs; and

(C) designed to afford a reasonable opportunity to improve the patient's condition.

(2) Humane care and protection from harm.

(3) The right to practice the patient's religion.

(4) Contact and consultation with legal counsel and private practitioners of the patient's choice at the patient's expense.

[Pre-1992 Revision Citation: 16-14-1.6-2(a).]

As added by P.L.2-1992, SEC.21.

IC 12-27-2-2 Limitations; no known effective treatment or training; services or training not likely to produce significant improvement

Sec. 2. (a) The rights set forth in section 1 of this chapter are subject to the limitation that there may be certain conditions for which there is no known effective treatment or developmental training.

(b) A service provider is not required to afford mental health services or developmental training where treatment would not be likely to produce a significant improvement.

[Pre-1992 Revision Citation: 16-14-1.6-2(b).]

As added by P.L.2-1992, SEC.21.

IC 12-27-2-3 Exercise of constitutional, statutory, and civil rights; rights denied or limited by adjudication or finding of mental incompetency; voidable acts not validated

Sec. 3. (a) A patient is entitled to exercise the patient's constitutional, statutory, and civil rights except for those rights that have been denied or limited by an adjudication or finding of mental incompetency in a guardianship or other civil proceeding.

(b) This section does not validate the otherwise voidable act of an individual who was:

(1) mentally incompetent at the time of the act; and

(2) not judicially declared to be mentally incompetent.

[Pre-1992 Revision Citation: 16-14-1.6-4.]

As added by P.L.2-1992, SEC.21.

IC 12-27-3 Chapter 3. Conditional Rights of Patients in Residential Settings

12-27-3-1 Reasonable means of communication defined
12-27-3-2 Rights additional to those recognized in IC 12-27-2
12-27-3-3 Conditional rights
12-27-3-4 Denial or limitation of rights
12-27-3-5 Notice of denial or limitation of rights

IC 12-27-3-1 Reasonable means of communication defined

Sec. 1. As used in this chapter, "reasonable means of communication" includes the following rights:

(1) To be visited at reasonable times.

(2) To send and receive sealed mail.

(3) To have access to a reasonable amount of letter writing materials and postage.

(4) To place and receive telephone calls at the patient's own expense.

[Pre-1992 Revision Citation: 16-14-1.6-3(a)(2).]

As added by P.L.2-1992, SEC.21.

IC 12-27-3-2 Rights additional to those recognized in IC 12-27-2

Sec. 2. The rights described in this chapter are in addition to the rights recognized in IC 12-27-2.

[Pre-1992 Revision Citation: 16-14-1.6-3(a).]

As added by P.L.2-1992, SEC.21.

IC 12-27-3-3 Conditional rights

Sec. 3. Subject to section 4 of this chapter, a patient receiving services or training in a residential setting is conditionally entitled to do all of the following:

(1) Wear the individual's own clothes.

(2) Keep and use personal possessions.

(3) Keep and spend a reasonable amount of the individual's own money.

(4) Have access to individual storage space for private use.

(5) Maintain reasonable means of communication with persons outside the facility.

[Pre-1992 Revision Citation: 16-14-1.6-3(a)(1), (a)(2).]

As added by P.L.2-1992, SEC.21.

IC 12-27-3-4 Denial or limitation of rights

Sec. 4. The conditional rights recognized in this chapter may be denied or limited as follows:

(1) In the circumstances and according to the procedures established by rules of the appropriate division.

(2) Because of inconsistency with the design of a treatment or habilitation program if the program design has been approved by the division.

(3) On an individual basis, only for good cause as set forth in the individual treatment record and approved by the person primarily responsible for the patient's care and treatment.

[Pre-1992 Revision Citation: 16-14-1.6-3(b).]

As added by P.L.2-1992, SEC.21.

IC 12-27-3-5 Notice of denial or limitation of rights

Sec. 5. The service provider shall give notice of denial or limitation of rights under section 4 of this chapter to the following:

(1) The patient.

(2) The guardian or appointed advocate of the patient.

[Pre-1992 Revision Citation: 16-14-1.6-3(c).]

As added by P.L.2-1992, SEC.21.

IC 12-27-4 Chapter 4. Seclusion and Restraint of Patients

12-27-4-1 Cases in which seclusion or restraint may be used
12-27-4-2 Recording instances of and reasons for use of seclusion or restraint
12-27-4-3 Observation of restrained or secluded patient; recording

IC 12-27-4-1 Cases in which seclusion or restraint may be used

Sec. 1. A service provider may use seclusion or restraint of a patient only in the following cases:

(1) When necessary to prevent danger of abuse or injury to the patient or others.

(2) As a measure of therapeutic treatment.

[Pre-1992 Revision Citation: 16-14-1.6-6 part.]

As added by P.L.2-1992, SEC.21.

IC 12-27-4-2 Recording instances of and reasons for use of seclusion or restraint

Sec. 2. A service provider shall record all instances of restraint or seclusion and detailed reasons for the restraint or seclusion in the patient's habilitation or treatment record.

[Pre-1992 Revision Citation: 16-14-1.6-6 part.]

As added by P.L.2-1992, SEC.21.

IC 12-27-4-3 Observation of restrained or secluded patient; recording

Sec. 3. A service provider shall do the following:

(1) Frequently observe a patient who is restrained or secluded.

(2) Enter written notification of the observation in the patient's treatment or habilitation record.

[Pre-1992 Revision Citation: 16-14-1.6-6 part.]

As added by P.L.2-1992, SEC.21.

IC 12-27-5 Chapter 5. Refusal of Treatment

12-27-5-1 Voluntary patients; rights to refuse treatment
12-27-5-2 Involuntary patients; petitioning committing court or hearing officer

IC 12-27-5-1 Voluntary patients; rights to refuse treatment

Sec. 1. An adult voluntary patient who is not adjudicated mentally incompetent may refuse to submit to treatment or a habilitation program.

[Pre-1992 Revision Citation: 16-14-1.6-7 part.]

As added by P.L.2-1992, SEC.21.

IC 12-27-5-2 Involuntary patients; petitioning committing court or hearing officer

Sec. 2. (a) An involuntary patient who wants to refuse to submit to treatment or a habilitation program may petition the committing court or hearing officer for consideration of the treatment or program.

(b) In the absence of a petition made under subsection (a), the service provider may proceed with the proposed treatment or habilitation program.

[Pre-1992 Revision Citation: 16-14-1.6-7 part.]

As added by P.L.2-1992, SEC.21.

IC 12-27-6 Chapter 6. Information Concerning Rights of Patients

12-27-6-1 Patient access to information respecting patient rights
12-27-6-2 Information required to be given patients
12-27-6-3 Adult voluntary patients; right to refuse treatment or habilitation; involuntary patients; right to petition for consideration

IC 12-27-6-1 Patient access to information respecting patient rights

Sec. 1. The administrative head of a facility subject to this article shall ensure that each patient in the service provider's care has access to the information contained in this article respecting the patient's rights.

[Pre-1992 Revision Citation: 16-14-1.6-11.]

As added by P.L.2-1992, SEC.21.

IC 12-27-6-2 Information required to be given patients

Sec. 2. A service provider shall inform all patients of the following:

(1) The nature of the treatment or habilitation program proposed.

(2) The known effects of receiving and of not receiving the treatment or habilitation.

(3) Alternative treatments or habilitation programs, if any.

[Pre-1992 Revision Citation: 16-14-1.6-7 part.]

As added by P.L.2-1992, SEC.21.

IC 12-27-6-3 Adult voluntary patients; right to refuse treatment or habilitation; involuntary patients; right to petition for consideration

Sec. 3. (a) A service provider shall inform all adult voluntary patients who are not adjudicated mentally incompetent of the right to refuse to submit to treatment or a habilitation program.

(b) A service provider shall inform all involuntary patients, verbally and in writing, of the right to petition the committing court or hearing officer for consideration of the treatment or program.

[Pre-1992 Revision Citation: 16-14-1.6-7 part.]

As added by P.L.2-1992, SEC.21. Amended by P.L.121-1996, SEC.2.

IC 12-27-7 Chapter 7. Waiver of Rights

12-27-7-1 Voluntary and knowing waiver
12-27-7-2 Admission to program; waiver not condition
12-27-7-3 Withdrawal of waiver

IC 12-27-7-1 Voluntary and knowing waiver

Sec. 1. A patient may waive any of the rights enumerated in this article if the waiver is given voluntarily and knowingly.

[Pre-1992 Revision Citation: 16-14-1.6-5 part.]

As added by P.L.2-1992, SEC.21.

IC 12-27-7-2 Admission to program; waiver not condition

Sec. 2. A waiver made under section 1 of this chapter may be withdrawn at any time.

[Pre-1992 Revision Citation: 16-14-1.6-5 part.]

As added by P.L.2-1992, SEC.21.

IC 12-27-7-3 Withdrawal of waiver

Sec. 3. Admission to a treatment or habilitation program may not be conditioned upon the giving of a waiver under section 1 of this chapter.

[Pre-1992 Revision Citation: 16-14-1.6-5 part.]

As added by P.L.2-1992, SEC.21.

IC 12-27-8 Chapter 8. Remedies

12-27-8-1 Remedy for violations
12-27-8-2 Action; court having jurisdiction; money damages for willful or wanton violations
12-27-8-3 Administrative remedies

IC 12-27-8-1 Remedy for violations

Sec. 1. A violation of rights recognized by this article may be remedied under this chapter.

[Pre-1992 Revision Citation: 16-14-1.6-10 part.]

As added by P.L.2-1992, SEC.21.

IC 12-27-8-2 Action; court having jurisdiction; money damages for willful or wanton violations

Sec. 2. (a) An individual whose rights were violated or a person authorized by statute to act on the individual's behalf may bring an action.

(b) An action under this section shall be brought in a court that has jurisdiction.

(c) In an action under this section, money damages may be awarded only for willful or wanton violation of the rights recognized by this article.

[Pre-1992 Revision Citation: 16-14-1.6-10(1).]

As added by P.L.2-1992, SEC.21.

IC 12-27-8-3 Administrative remedies

Sec. 3. A violation of rights recognized by this article may be remedied by an appropriate administrative action, including the following:

(1) Disciplinary action against an employee.

(2) Withdrawal of certification, license, or funding of a service provider.

[Pre-1992 Revision Citation: 16-14-1.6-10(2).]

As added by P.L.2-1992, SEC.21.

IC 12-27-9 Chapter 9. Mental Health Ombudsman Program

12-27-9-1 Repealed
12-27-9-2 Confidentiality of information
12-27-9-3 Contract with nonprofit corporation for operation of program
12-27-9-4 Duties of program; records and reports
12-27-9-5 Complaints; recommendations
12-27-9-6 Referral of matters; statistics

IC 12-27-9-1 Repealed

As added by P.L.40-1994, SEC.62. Repealed by P.L.100-1998, SEC.1.

IC 12-27-9-2 Confidentiality of information

Sec. 2. Except as provided under section 6 of this chapter, all information and records of the ombudsman under this chapter are confidential and may not become public records or be subject to a subpoena or discovery proceedings.

As added by P.L.40-1994, SEC.62.

IC 12-27-9-3 Contract with nonprofit corporation for operation of program

Sec. 3. Within the limits of appropriated funds, the division of mental health and addiction shall contract in writing with a nonprofit corporation for the operation of the mental health ombudsman program. The nonprofit corporation must:

(1) be qualified to receive tax deductible contributions under Section 170 of the Internal Revenue Code;

(2) have offices statewide; and

(3) have experience in mental health advocacy.

As added by P.L.40-1994, SEC.62. Amended by P.L.215-2001, SEC.75.

IC 12-27-9-4 Duties of program; records and reports

Sec. 4. (a) The mental health ombudsman program operated under this chapter must do the following:

(1) Have at least one (1) full-time person to operate the program.

(2) Recruit and train volunteers to help carry out the duties of the program under this chapter.

(3) Mediate or advocate on behalf of mental health patients.

(4) At the request of a mental health patient, or upon receiving a complaint or other information affording reasonable grounds to believe that the rights of a mental health patient who is not capable of requesting assistance have been adversely affected, gather information about, analyze, and review on behalf of the mental health patient, the actions of an agency, a facility, or a program.

(5) At reasonable times in the course of conducting a review, enter and view premises within the control of an agency, a facility, or a program.

(b) The mental health ombudsman shall maintain records of all activities on behalf of consumers and report all findings to the division on a quarterly basis.

As added by P.L.40-1994, SEC.62.

IC 12-27-9-5 Complaints; recommendations

Sec. 5. (a) The ombudsman may receive a complaint from the division of mental health and addiction's toll free number (IC 12-21-5-1.5) or any source concerning an action by an agency, a facility, or a program. After completing a review, the ombudsman shall inform the complainant and the agency, facility, or program that the review has been completed.

(b) If, after:

(1) reviewing a complaint;

(2) considering the response of an agency, a facility, or a program; and

(3) considering any other pertinent material;

the mental health ombudsman determines that the complaint has merit, the ombudsman may make recommendations to that agency, facility, or program.

(c) At the ombudsman's request, the agency, facility, or program shall, within a reasonable time, inform the ombudsman about the action taken on the ombudsman's recommendation under subsection (b) or the reasons for not complying with the ombudsman's recommendation.

As added by P.L.40-1994, SEC.62. Amended by P.L.215-2001, SEC.76.

IC 12-27-9-6 Referral of matters; statistics

Sec. 6. (a) If the ombudsman believes that the agency, facility, or program has failed to comply with the ombudsman's recommendations, the ombudsman shall refer the matter to the division of mental health and addiction or the Indiana protection and advocacy services commission as appropriate.

(b) The ombudsman shall compile annual statistics on each agency, facility, or program on which it reviews a complaint or conducts an investigation and determines that the complaint has merit or the investigation reveals a problem. The statistics must specify the types of complaints or problems and each agency, facility, or program that has failed to comply with the ombudsman's recommendations. The statistics shall be reported to the director of the division of mental health and addiction.

As added by P.L.40-1994, SEC.62. Amended by P.L.215-2001, SEC.77.

IC 12-28 ARTICLE 28. MISCELLANEOUS PROVISIONS CONCERNING MENTAL ILLNESS AND DEVELOPMENTAL DISABILITIES

Ch. 1. Indiana Protection and Advocacy Service Commission
Ch. 2. Interstate Compact on Mental Health
Ch. 3. Uniform Act for the Extradition of Persons of Unsound Mind
Ch. 4. Residential Facilities for Individuals With a Developmental Disability or Mental Illness
Ch. 5. Duties of the Division

IC 12-28-1 Chapter 1. Indiana Protection and Advocacy Service Commission

12-28-1-1 Policy; purpose; liberal construction
12-28-1-2 Advocacy defined
12-28-1-3 Commission defined
12-28-1-4 Services defined
12-28-1-5 Vocational rehabilitation services defined
12-28-1-6 Establishment of commission; membership; eligibility; advisory members
12-28-1-7 Term of office; consecutive terms
12-28-1-8 Vacancies
12-28-1-9 Per diem; travel expenses
12-28-1-10 Executive director
12-28-1-11 Purpose of commission
12-28-1-12 Powers, duties, and functions of commission
12-28-1-13 Eligibility for services

IC 12-28-1-1 Policy; purpose; liberal construction

Sec. 1. (a) It is the policy of the state that every individual with a developmental disability, individual with a mental illness, and individual seeking or receiving vocational rehabilitation services has the same right to legal and other professional and lay representational services to promote, protect, and advocate the individual's interests as any other individual.

(b) It is the intent of this chapter to secure to the state, the state's local units of government, and Indiana citizens maximum benefits under the Developmentally Disabled Assistance and Bill of Rights Act (P.L.94-103), and to this end this chapter should be liberally construed.

[Pre-1992 Revision Citations: 16-13-19-1; 16-13-19-6.]

As added by P.L.2-1992, SEC.22. Amended by P.L.99-2007, SEC.131.

IC 12-28-1-2 Advocacy defined

Sec. 2. As used in this chapter, "advocacy" means speaking for, pleading for, supporting, advising, espousing the rights of, or interceding on behalf of individuals with developmental disabilities, individuals with a mental illness, or individuals seeking or receiving vocational rehabilitation services before public or private agencies, organizations, institutions, or individuals serving individuals with a developmental disability or individuals with a mental illness or providing vocational rehabilitation services.

[Pre-1992 Revision Citation: 16-13-19-2 part.]

As added by P.L.2-1992, SEC.22. Amended by P.L.99-2007, SEC.132.

IC 12-28-1-3 Commission defined

Sec. 3. As used in this chapter, "commission" refers to the Indiana protection and advocacy services commission established by this chapter.

[Pre-1992 Revision Citation: 16-13-19-2 part.]

As added by P.L.2-1992, SEC.22.

IC 12-28-1-4 Services defined

Sec. 4. As used in this chapter, "services" refers to Indiana protection and advocacy services.

[Pre-1992 Revision Citation: 16-13-19-2 part.]

As added by P.L.2-1992, SEC.22.

IC 12-28-1-5 Vocational rehabilitation services defined

Sec. 5. As used in this chapter, "vocational rehabilitation services" refers to services available under the Rehabilitation Act of 1973 (29 U.S.C. 701 et seq.).

[Pre-1992 Revision Citation: 16-13-19-2 part.]

As added by P.L.2-1992, SEC.22.

IC 12-28-1-6 Establishment of commission; membership; eligibility; advisory members

Sec. 6. (a) The Indiana protection and advocacy services commission is established. The commission is composed of thirteen (13) members who represent or who are knowledgeable about the needs of individuals served by the commission, including an intellectual disability, cerebral palsy, epilepsy, autism, and mental illness to be appointed as follows:

(1) Four (4) members to be appointed by the governor.

(2) Nine (9) members to be appointed by a majority vote of commission members.

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

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

[Pre-1992 Revision Citation: 16-13-19-3(a), (b), (c).]

As added by P.L.2-1992, SEC.22. Amended by P.L.140-1993, SEC.3; P.L.99-2007, SEC.133; P.L.117-2015, SEC.23.

IC 12-28-1-7 Term of office; consecutive terms

Sec. 7. (a) The term of office of a member of the commission is three (3) years.

(b) A member may not serve more than five (5) consecutive terms.

[Pre-1992 Revision Citation: 16-13-19-3(d) part.]

As added by P.L.2-1992, SEC.22. Amended by P.L.23-1998, SEC.1; P.L.46-2003, SEC.1.

IC 12-28-1-8 Vacancies

Sec. 8. A vacancy on the commission must be filled by appointment not later than sixty (60) days after the vacancy occurs. A member appointed to fill a vacancy occurring before the expiration of the term for which the member's predecessor was appointed shall be appointed only for the remainder of the term.

[Pre-1992 Revision Citation: 16-13-19-3(f).]

As added by P.L.2-1992, SEC.22. Amended by P.L.140-1993, SEC.4.

IC 12-28-1-9 Per diem; travel expenses

Sec. 9. The commission members are entitled to per diem and travel expenses for attending the meetings of the commission as provided for state employees under IC 4-10-11-2.1.

[Pre-1992 Revision Citation: 16-13-19-3(e).]

As added by P.L.2-1992, SEC.22.

IC 12-28-1-10 Executive director

Sec. 10. The commission shall establish Indiana protection and advocacy services and appoint an individual to be executive director of the services. The executive director serves at the pleasure of the commission and shall devote the director's time exclusively to the performance of the duties of the office.

[Pre-1992 Revision Citation: 16-13-19-3 part.]

As added by P.L.2-1992, SEC.22.

IC 12-28-1-11 Purpose of commission

Sec. 11. The primary purpose of the commission is to assure adequate legal and advocacy services for the:

(1) promotion;

(2) protection; and

(3) advocacy;

of the rights and interests of individuals with a developmental disability, individuals with a mental illness, and individuals who are seeking or receiving vocational rehabilitation services throughout Indiana.

[Pre-1992 Revision Citation: 16-13-19-4.]

As added by P.L.2-1992, SEC.22. Amended by P.L.99-2007, SEC.134.

IC 12-28-1-12 Powers, duties, and functions of commission

Sec. 12. Notwithstanding IC 4-6-2, the commission has the following powers, duties, and functions:

(1) Establish and maintain all necessary offices.

(2) Provide legal and other advocacy services throughout Indiana to individuals or organizations on matters related to the protection of the legal and human rights of individuals with a developmental disability, individuals with a mental illness, and individuals who are seeking or receiving vocational rehabilitation services.

(3) Enter into contractual relationships and sue and be sued in the name of the services.

(4) Apply for, solicit, and accept contributions or grants of money, property, or services made by gift, devise, bequest, grant, or other means from any source that the commission considers best to assist the services in performing its purpose.

(5) Provide information and referral services.

(6) Adopt rules under IC 4-22-2 to do the following:

(A) Establish and operate local protection and advocacy service units.

(B) Operate the service.

(C) Perform the commission's duties.

(7) Ensure full participation in the electoral process in individuals with disabilities, including registering to vote, casting a vote, and accessing polling places, in accordance with 52 U.S.C. 21061 through 52 U.S.C. 21062.

[Pre-1992 Revision Citation: 16-13-19-5.]

As added by P.L.2-1992, SEC.22. Amended by P.L.209-2003, SEC.201; P.L.99-2007, SEC.135; P.L.100-2012, SEC.34; P.L.128-2015, SEC.235.

IC 12-28-1-13 Eligibility for services

Sec. 13. An individual with mental illness is eligible for services under this chapter if the individual:

(1) has significant mental illness or emotional impairment, as determined by a mental health professional qualified under Indiana statutes and rules; and

(2) is:

(A) an inpatient or a resident in a facility rendering care or treatment even if the location of the inpatient or resident is unknown;

(B) in the process of being admitted to a facility rendering care or treatment,

including an individual being transported to the facility;

(C) involuntarily confined in a municipal detention facility for reasons other than serving a sentence resulting from conviction for a crime; or

(D) living in a community setting, including the individual's own home.

[Pre-1992 Revision Citation: 16-13-19-2.5.]

As added by P.L.2-1992, SEC.22. Amended by P.L.99-2007, SEC.136; P.L.45-2013, SEC.1.

IC 12-28-2 Chapter 2. Interstate Compact on Mental Health

12-28-2-1 Enactment and text of compact
12-28-2-2 Compact administrator; rules; cooperation
12-28-2-3 Supplementary agreements
12-28-2-4 Financial obligations; discharge

IC 12-28-2-1 Enactment and text of compact

Sec. 1. The Interstate Compact on Mental Health is hereby enacted into law and entered into by this state with all other states legally joining therein in the form substantially as follows:

INTERSTATE COMPACT ON MENTAL HEALTH

The contracting states solemnly agree that:

Article 1.

The party states find that the proper and expeditious treatment of the mentally ill and mentally deficient can be facilitated by cooperative action, to the benefit of the patients, their families, and society as a whole. Further the party states find that the necessity of and desirability for furnishing such care and treatment bears no primary relation to the residence or citizenship of the patient but that, on the contrary, the controlling factors of community safety and humanitarianism require that facilities and services be made available for all who are in need of them. Consequently, it is the purpose of this compact and of the party states to provide the necessary legal basis for the institutionalization or other appropriate care and treatment of the mentally ill and mentally deficient under a system that recognizes the paramount importance of patient welfare and to establish the responsibilities of the party states in terms of such welfare.

Article 2.

As used in this compact, the following terms have the following meanings:

(a) "Sending state" means a party state from which a patient is transported pursuant to this compact or from which it is contemplated that a patient may be so sent.

(b) "Receiving state" means a party state to which a patient is transported pursuant to this compact or to which it is contemplated that a patient may be so sent.

(c) "Institution" means any hospital or other facility maintained by a party state or political subdivision of a party state for the care and treatment of mental illness or mental deficiency.

(d) "Patient" means any person subject to or eligible as determined by the laws of the sending state, for institutionalization or other care, treatment, or supervision pursuant to this compact.

(e) "After-care" means care, treatment, and services provided a patient, as defined in this compact, on convalescent status or conditional release.

(f) "Mental illness" means mental disease to the extent that a person so afflicted requires care and treatment for that person's own welfare, the welfare of others, or the welfare of the community.

(g) "Mental deficiency" means mental deficiency as defined by appropriate clinical authorities to the extent that a person so afflicted is incapable of managing the person's self and the person's affairs. However, the term does not include mental illness as defined in this compact.

(h) "State" means any state, territory, or possession of the United States, the District of Columbia, and the Commonwealth of Puerto Rico.

(i) "Guardian" includes any guardian, trustee, legal committee, conservator, or other person or agency however denominated who is charged by law with the power to act for or exercise responsibility for the person or property of a patient.

Article 3.

(a) Whenever a person physically present in any party state is in need of

institutionalization by reason of mental illness or mental deficiency, the person shall be eligible for care and treatment in an institution in that state irrespective of the person's residence, settlement, or citizenship qualifications.

(b) Notwithstanding the provisions of paragraph (a) of this article, any patient may be transferred to an institution in another state whenever there are factors based upon clinical determinations indicating that the care and treatment of the patient would be facilitated or improved by this transfer. Any such institutionalization may be for the entire period of care and treatment or for any portion or portions of the care and treatment of the patient. The factors referred to in this paragraph shall include:

(1) the patient's full record with due regard for the location of the patient's family;

(2) the character of the illness and probable duration thereof; and

(3) any other factors considered to be appropriate.

(c) No state shall be obliged to receive any patient pursuant to paragraph (b) of this article unless the sending state has given advance notice of its intention to send the patient, furnished all available medical and other pertinent records concerning the patient, given the qualified medical or other appropriate clinical authorities of the receiving state an opportunity to examine the patient if said authorities so wish, and unless the receiving state agrees to accept the patient.

(d) If the laws of the receiving state establish a system of priorities for the admission of patients, an interstate patient under this compact shall receive the same priority as a local patient and shall be taken in the same order and at the same time that he would be taken if he were a local patient.

(e) Pursuant to this compact, the determination as to the suitable place of institutionalization for a patient may be reviewed at any time and any further transfer of the patient may be made as seems likely to be in the best interest of the patient.

Article 4.

(a) Whenever, pursuant to the laws of the state in which a patient is physically present, it is determined that the patient should receive after-care or supervision, such care or supervision may be provided in a receiving state. If the medical or other appropriate clinical authorities having responsibility for the care and treatment of the patient in the sending state shall have reason to believe that after-care in another state would be in the best interest of the patient and would not jeopardize the public safety, they shall request the appropriate authorities in the receiving state to investigate the desirability of affording the patient such after-care in the receiving state, and such investigation shall be made with all reasonable speed. The request for investigation shall be accompanied by complete information concerning the patient's intended place of residence and the identity of the person in whose charge it is proposed to place the patient, the complete medical history of the patient, and such other documents as may be pertinent.

(b) If the medical or other appropriate clinical authorities having responsibility for the care and treatment of the patient in the sending state and the appropriate authorities in the receiving state find that the best interest of the patient would be served, and if the public safety would not be jeopardized, the patient may receive after-care or supervision in the receiving state.

(c) In supervising, treating, or caring for a patient on after-care pursuant to the terms of this article, a receiving state shall employ the same standards of visitation, examination, care, and treatment that it employs for similar local patients.

Article 5.

Whenever a dangerous or potentially dangerous patient escapes from an institution in any party state, that state shall promptly notify all appropriate authorities within and without the jurisdiction of the escape in a manner reasonably calculated to facilitate the speedy apprehension of the escapee. Immediately upon the apprehension and identification of any such dangerous or potentially dangerous patient, the patient shall be detained in the state where found pending disposition in accordance with law.

Article 6.

The duly accredited officers of any state party to this compact, upon the establishment of their authority and the identity of the patient, shall be permitted to transport any patient being moved pursuant to this compact through any and all states party to this compact, without interference.

Article 7.

(a) No person shall be deemed a patient of more than one (1) institution at any given time. Completion of transfer of any patient to an institution in a receiving state shall have the effect of making the person a patient of the institution in the receiving state.

(b) The sending state shall pay all costs of and incidental to the transportation of any patient pursuant to this compact, but any two (2) or more party states may, by making a specific agreement for that purpose, arrange for a different allocation of costs as among themselves.

(c) Nothing in this compact may be construed to alter or affect any internal relationships among the departments, agencies, and officers of and in the government of a party state, or between a party state and its subdivisions as to the payment of costs or responsibilities for the costs.

(d) Nothing in this compact may be construed to prevent any party state or subdivision of a party state from asserting any right against any person, agency, or other entity in regard to costs for which such party state or subdivision may be responsible pursuant to this compact.

(e) Nothing in this compact may be construed to invalidate any reciprocal agreement between a party state and a non-party state relating to institutionalization, care, or treatment of the mentally ill or mentally deficient, or any statutory authority pursuant to which those agreements may be made.

Article 8.

Nothing in this compact may be construed to abridge, diminish, or in any way impair the rights, duties, and responsibilities of any patient's guardian on the guardian's own behalf or in respect of any patient for whom a guardian may serve, except that where the transfer of any patient to another jurisdiction makes advisable the appointment of a supplemental or substitute guardian, any court of competent jurisdiction in the receiving state may make such supplemental or substitute appointment and the court which appointed the previous guardian shall upon being duly advised of the new appointment, and upon the satisfactory completion of such accounting and other acts as such court may by law require, relieve the previous guardian of power and responsibility to whatever extent shall be appropriate in the circumstances. However, in the case of any patient having settlement in the sending state, the court of competent jurisdiction in the sending state shall have the sole discretion to relieve a guardian appointed by the court or continue the guardian's power and responsibility, whichever the court determines is advisable. The court in the receiving state may, in its discretion, confirm or reappoint the person or persons previously serving as guardian in the sending state instead of making a supplemental or substitute appointment.

Article 9.

(a) No provision of this compact except Article 5 shall apply to any person institutionalized:

(1) while under sentence in a penal or correctional institution;

(2) while subject to trial on a criminal charge; or

(3) whose institutionalization is due to the commission of an offense for which, in the absence of mental illness or mental deficiency, the person would be subject to incarceration in a penal or correctional institution.

(b) To every extent possible, it shall be the policy of states party to this compact that no patient shall be placed or detained in any prison, jail, or lock-up, but the patient shall, with all expedition, be taken to a suitable institutional facility for mental illness or mental deficiency.

Article 10.

(a) Each party state shall appoint a compact administrator who, on behalf of the state, shall act as general coordinator of activities under the compact in that state and who shall receive copies of all reports, correspondence, and other documents relating to any patient processed under the compact by that state either in the capacity of sending or receiving state. The compact administrator or the administrator's duly designated representative shall be the official with whom other party states shall deal in any manner relating to the compact or any patient processed thereunder.

(b) The compact administrators of the respective party states shall have power to promulgate reasonable rules and regulations to carry out more effectively the terms and provisions of this compact.

Article 11.

(a) The duly constituted administrative authorities of any two (2) or more party states may enter into supplementary agreements for the provision of any service or facility or for the maintenance of any institution on a joint or cooperative basis whenever the states concerned shall find that such agreements will improve services, facilities, or institutional care and treatment in the fields of mental illness or mental deficiency.

(b) No such supplementary agreement shall be construed so as to relieve any party state of any obligation which it otherwise would have under other provisions of this compact.

Article 12.

This compact shall enter into full force and effect as to any state when enacted by the state into law and the state shall thereafter be a party to the compact with any and all states legally joining in the compact.

Article 13.

(a) A state party to this compact may withdraw from the compact by enacting a statute repealing the compact. Such withdrawal shall take effect one (1) year after notice of the withdrawal has been communicated officially and in writing to the governors and compact administrators of all other party states. However, the withdrawal of any state shall not change the status of any patient who has been sent to that state or sent out of that state pursuant to this compact.

(b) Withdrawal from any agreement permitted by Article 7(b) as to costs or from any supplementary agreement made pursuant to Article 11 shall be in accordance with the terms of that agreement.

Article 14.

(a) This compact shall be liberally construed so as to effectuate the purposes thereof.

(b) The provisions of this compact are severable and if any phrase, clause, sentence, or provision of this compact is declared to be contrary to the constitution of any party state or of the United States or the applicability thereof to any government, agency, person, or circumstance is held invalid the validity of the remainder of this compact and the applicability thereof to any government, agency, person, or circumstance shall not be affected thereby.

(c) If this compact is held contrary to the constitution of any state party to the compact, the compact shall remain in full force and effect as to the remaining states and in full force and effect as to the state affected as to all severable matters.

[Pre-1992 Revision Citation: 16-13-8-1.]

As added by P.L.2-1992, SEC.22.

IC 12-28-2-2 Compact administrator; rules; cooperation

Sec. 2. (a) Pursuant to the compact described in section 1 of this chapter, the director or a person authorized to act on behalf of the director shall perform the duties of compact administrator.

(b) The compact administrator may, acting jointly with like officers of other party states, adopt rules to carry out more effectively the terms of the compact.

(c) The compact administrator shall cooperate with all departments, agencies, and officers of the state and subdivisions of the state in facilitating the proper administration of the compact or of any supplementary agreement entered into by Indiana under the compact.

[Pre-1992 Revision Citation: 16-13-8-2.]

As added by P.L.2-1992, SEC.22.

IC 12-28-2-3 Supplementary agreements

Sec. 3. The compact administrator may enter into supplementary agreements with appropriate officials of other states pursuant to articles 7 and 11 of the compact. If a supplementary agreement requires or contemplates:

(1) the use of an institution or a facility of Indiana; or

(2) the provision of any service by Indiana;

the agreement does not have force or effect until approved by the head of the department or agency under whose jurisdiction the particular institution or facility is operated or whose department or agency will be charged with provision of the service.

[Pre-1992 Revision Citation: 16-13-8-3.]

As added by P.L.2-1992, SEC.22.

IC 12-28-2-4 Financial obligations; discharge

Sec. 4. The compact administrator may, subject to the approval of the chief state fiscal officer, make or arrange for any payments necessary to discharge any financial obligations imposed upon Indiana by the compact or by a supplementary agreement.

[Pre-1992 Revision Citation: 16-13-8-4.]

As added by P.L.2-1992, SEC.22.

IC 12-28-3 Chapter 3. Uniform Act for the Extradition of Persons of Unsound Mind

12-28-3-1	Flight and fled defined
12-28-3-2	Repealed
12-28-3-3	Executive authority, governor, and chief magistrate defined
12-28-3-4	Conditions requiring delivery of fugitive
12-28-3-5	Procedure on documented demand for fugitive; delivery to agent of demanding state; discharge for delay; costs and expenses; authority to transmit fugitive to other state; authority to demand return to this state
12-28-3-6	Statute of limitations

IC 12-28-3-1 Flight and fled defined

Sec. 1. As used in this chapter, "flight" and "fled" mean:

(1) any voluntary or involuntary departure from the jurisdiction of the court where the proceedings mentioned in this chapter may have been instituted and are still pending, with the effect of avoiding, impeding, or delaying the action of the court in which the proceedings may have been instituted or may be pending; or

(2) any departure from the state where the individual demanded then was under the detention by law as an individual of unsound mind and subject to detention.

[Pre-1992 Revision Citation: 16-13-9-2 part.]

As added by P.L.2-1992, SEC.22.

IC 12-28-3-2 Repealed

[Pre-1992 Revision Citation: 16-13-9-2 part.]

As added by P.L.2-1992, SEC.22. Repealed by P.L.1-1993, SEC.154.

IC 12-28-3-3 Executive authority, governor, and chief magistrate defined

Sec. 3. As used in this chapter and as applied to a request to return any individual within the purview of this chapter to or from the District of Columbia, "executive authority", "governor", and "chief magistrate" respectively, includes a justice of the Supreme Court of the District of Columbia and other authority.

[Pre-1992 Revision Citation: 16-13-9-2 part.]

As added by P.L.2-1992, SEC.22.

IC 12-28-3-4 Conditions requiring delivery of fugitive

Sec. 4. An individual alleged to be of unsound mind found in Indiana, who has fled from another state in which at the time of the individual's flight the individual:

(1) was under detention by law in a hospital, asylum, or other institution for the insane as an individual of unsound mind;

(2) had been determined by legal proceedings to be of unsound mind, the finding being unreversed and in full force and effect, and the control of the individual having been acquired by a court of competent jurisdiction of the state from which the individual fled; or

(3) was subject to detention in the other state, being then the individual's legal domicile (personal service of process having been made) based on legal proceedings there pending to have the individual declared of unsound mind;

shall, on demand of the executive authority of the state from which the individual fled, be delivered up to be removed to that state.

[Pre-1992 Revision Citation: 16-13-9-3.]

As added by P.L.2-1992, SEC.22.

IC 12-28-3-5 Procedure on documented demand for fugitive; delivery to agent of demanding state; discharge for delay; costs and

expenses; authority to transmit fugitive to other state; authority to demand return to this state

Sec. 5. (a) Whenever the executive authority of any state demands of the executive authority of Indiana any fugitive described in section 4 of this chapter and produces a copy of commitment, decree, or other judicial process and proceedings, certified as authentic by the governor or chief magistrate of that state, with an affidavit made before a proper officer showing the individual to be a fugitive, the executive authority of Indiana shall cause the individual to be apprehended and secured (if found in Indiana) and to cause immediate notice of the apprehension to be given to the executive authority making the demand (or to the agent of that authority appointed to receive the fugitive) and to cause the fugitive to be delivered to the agent when the fugitive appears.

(b) If no agent appears within thirty (30) days from the time of the apprehension, the fugitive may be discharged.

(c) All costs and expenses incurred in the apprehending, securing, maintaining, and transmitting the fugitive to the state making the demand shall be paid by that state.

(d) Any agent so appointed who receives the fugitive into the agent's custody is empowered to transmit the fugitive to the state from which the fugitive has fled.

(e) The executive authority of Indiana is vested with the power, on the application of any person interested, to demand the return to Indiana of any fugitive described within the scope of this chapter.

[Pre-1992 Revision Citation: 16-13-9-4.]

As added by P.L.2-1992, SEC.22.

IC 12-28-3-6 Statute of limitations

Sec. 6. Any proceedings under this chapter must begin within one (1) year after the flight referred to in this chapter.

[Pre-1992 Revision Citation: 16-13-9-5.]

As added by P.L.2-1992, SEC.22.

IC 12-28-4 Chapter 4. Residential Facilities for Individuals With a Developmental Disability or Mental Illness

12-28-4-1	Application of chapter
12-28-4-2	Planning authority defined
12-28-4-3	Staffing; daily living, self-help, and social skills needs of recipients; Medicaid; federal financial participation
12-28-4-4	Staffing limitations for facilities certified for financial participation under Medicaid program
12-28-4-5	Staffing limitations for facilities not certified for financial participation under Medicaid program
12-28-4-6	Staffing limitations; memorandum of agreement
12-28-4-7	Zoning ordinances; residential facilities for individuals with a mental illness
12-28-4-8	Zoning ordinances; residential facilities for individuals with a developmental disability
12-28-4-9	Covenants created before April 1, 1988, restricting residential facilities for persons with a developmental disability or mental illness
12-28-4-10	Covenants created on or after April 1, 1988, restricting residential facilities for persons with a developmental disability or mental illness
12-28-4-11	Repealed
12-28-4-12	Establishment of facilities by division; priority given counties with low ratios of resident facility beds; recruiting private operators
12-28-4-13	Development and lease effort
12-28-4-14	Rules

IC 12-28-4-1 Application of chapter

Sec. 1. This chapter applies to residential facilities for individuals with a developmental disability.

[1992 Revision Citation: New.]

As added by P.L.2-1992, SEC.22. Amended by P.L.99-2007, SEC.137; P.L.168-2018, SEC.34.

IC 12-28-4-2 Planning authority defined

Sec. 2. As used in this chapter, "planning authority" means the agency of county, city, or town government that performs the planning function under IC 36-7 for the land on which a residential facility may be placed.

[Pre-1992 Revision Citation: 4-28-21-1 part.]

As added by P.L.2-1992, SEC.22.

IC 12-28-4-3 Staffing; daily living, self-help, and social skills needs of recipients; Medicaid; federal financial participation

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

[Pre-1992 Revision Citation: 4-28-21-2(a).]

As added by P.L.2-1992, SEC.22. Amended by P.L.99-2007, SEC.138; P.L.7-2015, SEC.39; P.L.117-2015, SEC.24.

IC 12-28-4-4 Staffing limitations for facilities certified for financial participation under Medicaid program

Sec. 4. For residential facilities for individuals with a developmental disability that are certified for financial participation under the Medicaid program, the division of disability and

rehabilitative services shall recommend staffing limitations consistent with the program needs of the residents as a part of the office of Medicaid policy and planning's rate setting procedures.

[Pre-1992 Revision Citation: 4-28-21-2(b) part.]

As added by P.L.2-1992, SEC.22. Amended by P.L.4-1993, SEC.208; P.L.5-1993, SEC.221; P.L.141-2006, SEC.69; P.L.99-2007, SEC.139.

IC 12-28-4-5 Staffing limitations for facilities not certified for financial participation under Medicaid program

Sec. 5. For residential facilities for individuals with a developmental disability that are not certified for financial participation under the Medicaid program, the division of disability and rehabilitative services shall approve appropriate staffing limitations consistent with the program needs of the residents as a part of the division's rate setting procedures.

[Pre-1992 Revision Citation: 4-28-21-2(b) part.]

As added by P.L.2-1992, SEC.22. Amended by P.L.4-1993, SEC.209; P.L.5-1993, SEC.222; P.L.141-2006, SEC.70; P.L.99-2007, SEC.140.

IC 12-28-4-6 Staffing limitations; memorandum of agreement

Sec. 6. The office of Medicaid policy and planning and the division of disability and rehabilitative services shall enter into a memorandum of agreement that defines the staffing limitations to be used by the office of Medicaid policy and planning in establishing reimbursement rates. The staffing limitations under section 5 of this chapter may not exceed the staffing limitations defined by the memorandum of agreement between the office of Medicaid policy and planning and the division of disability and rehabilitative services under section 4 of this chapter.

[Pre-1992 Revision Citation: 4-28-21-2(b) part.]

As added by P.L.2-1992, SEC.22. Amended by P.L.4-1993, SEC.210; P.L.5-1993, SEC.223; P.L.141-2006, SEC.71.

IC 12-28-4-7 Zoning ordinances; residential facilities for individuals with a mental illness

Sec. 7. (a) A zoning ordinance (as defined in IC 36-7-1-22) may not exclude a residential facility for individuals with a mental illness from a residential area solely because the residential facility is a business or because the individuals residing in the residential facility are not related. The residential facility may be required to meet all other zoning requirements, ordinances, and laws.

(b) A zoning ordinance may exclude a residential facility for individuals with a mental illness from a residential area if the residential facility will be located within three thousand (3,000) feet of another residential facility for individuals with a mental illness, as measured between lot lines.

[Pre-1992 Revision Citation: 4-28-21-6.]

As added by P.L.2-1992, SEC.22. Amended by P.L.99-2007, SEC.141.

IC 12-28-4-8 Zoning ordinances; residential facilities for individuals with a developmental disability

Sec. 8. (a) A residential facility for individuals with a developmental disability:

(1) for not more than eight (8) individuals with a developmental disability; and

(2) established under a program authorized by IC 12-11-1.1-1(e)(1) or IC 12-11-1.1-1(e)(2);

is a permitted residential use that may not be disallowed by any zoning ordinance (as defined in IC 36-7-1-22) in a zoning district or classification that permits residential use.

(b) A zoning ordinance may only require a residential facility described in subsection (a) to meet the same:

(1) zoning requirements;
(2) developmental standards; and
(3) building codes;

as other residential structures or improvements in the same residential zoning district or classification.

[Pre-1992 Revision Citation: 4-28-21-7.]

As added by P.L.2-1992, SEC.22. Amended by P.L.272-1999, SEC.48; P.L.99-2007, SEC.142.

IC 12-28-4-9 Covenants created before April 1, 1988, restricting residential facilities for persons with a developmental disability or mental illness

Sec. 9. (a) This section applies to each restriction, reservation, condition, exception, or covenant that is created before April 1, 1988, in any subdivision plat, deed, or other instrument of, or pertaining to, the transfer, sale, lease, or use of property.

(b) A restriction, a reservation, a condition, an exception, or a covenant in a subdivision plat, deed, or other instrument of, or pertaining to, the transfer, sale, lease, or use of property that would permit the residential use of property but prohibit the use of that property as a residential facility for individuals with a developmental disability or individuals with a mental illness:

(1) on the ground that the residential facility is a business;
(2) on the ground that the individuals residing in the residential facility are not related; or
(3) for any other reason;

is, to the extent of the prohibition, void as against the public policy of the state.

[Pre-1992 Revision Citation: 4-28-21-8.]

As added by P.L.2-1992, SEC.22. Amended by P.L.99-2007, SEC.143.

IC 12-28-4-10 Covenants created on or after April 1, 1988, restricting residential facilities for persons with a developmental disability or mental illness

Sec. 10. (a) This section applies to each restriction, reservation, condition, exception, or covenant that is created on or after April 1, 1988, in any subdivision plat, deed, or other instrument of, or pertaining to, the transfer, sale, lease, or use of property.

(b) A restriction, a reservation, a condition, an exception, or a covenant in a subdivision plat, deed, or other instrument of, or pertaining to, the transfer, sale, lease, or use of property that would permit the residential use of property but prohibit the use of that property as a residential facility for individuals with a developmental disability or individuals with a mental illness:

(1) on the ground that the residential facility is a business;
(2) on the ground that the individuals residing in the residential facility are not related; or
(3) for any other reason;

is, to the extent of the prohibition, void as against the public policy of the state.

[Pre-1992 Revision Citation: 4-28-21-9.]

As added by P.L.2-1992, SEC.22. Amended by P.L.99-2007, SEC.144.

IC 12-28-4-11 Repealed

[Pre-1992 Revision Citation: 4-28-21-12(a).]

As added by P.L.2-1992, SEC.22. Amended by P.L.4-1993, SEC.211; P.L.5-1993, SEC.224. Repealed by P.L.6-1995, SEC.39.

IC 12-28-4-12 Establishment of facilities by division; priority given counties

with low ratios of resident facility beds; recruiting private operators

Sec. 12. (a) Subject to the availability of money and consistent with needs assessment, the division of disability and rehabilitative services shall give priority to the establishment of residential facilities, other than the facilities described in section 3 of this chapter, in counties in which the ratio of the number of residential facility beds to county population is in the lowest twenty-five percent (25%) when compared to all other Indiana counties. The division of disability and rehabilitative services may operate residential facilities established under this section.

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

[Pre-1992 Revision Citation: 4-28-21-12(b).]

As added by P.L.2-1992, SEC.22. Amended by P.L.4-1993, SEC.212; P.L.5-1993, SEC.225; P.L.141-2006, SEC.72.

IC 12-28-4-13 Development and lease effort

Sec. 13. (a) The division of disability and rehabilitative services may operate a program known as the development and lease effort. Under the program, the division of disability and rehabilitative services may develop contracts under which the state agrees to lease buildings from private parties for use as residential facilities for individuals with a mental illness or individuals with autism or other individuals with a developmental disability. Notwithstanding any other law, each contract may include provisions that ensure the following:

(1) That the state will lease a building for not more than ten (10) years for use as a residential facility for individuals with autism.

(2) That the state will retain the right to extend the term of the lease for not more than ten (10) years at the conclusion of the first ten (10) years.

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

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

[Pre-1992 Revision Citation: 4-28-21-14 part.]

As added by P.L.2-1992, SEC.22. Amended by P.L.4-1993, SEC.213; P.L.5-1993, SEC.226; P.L.141-2006, SEC.73; P.L.99-2007, SEC.145.

IC 12-28-4-14 Rules

Sec. 14. The community residential facilities council may adopt rules under IC 4-22-2 to implement this chapter.

[Pre-1992 Revision Citation: 4-28-21-13.]

As added by P.L.2-1992, SEC.22.

IC 12-28-5 Chapter 5. Duties of the Division

12-28-5-1	Repealed
12-28-5-2	Repealed
12-28-5-3	Repealed
12-28-5-4	Repealed
12-28-5-5	Repealed
12-28-5-6	Repealed
12-28-5-7	Repealed
12-28-5-8	Repealed
12-28-5-9	Repealed
12-28-5-10	Duties
12-28-5-11	License required for supervised group living facilities
12-28-5-12	Supervised group living facility entitled to license; location
12-28-5-13	Revocation of license; hearing
12-28-5-14	Provisional license
12-28-5-15	Repealed
12-28-5-16	Division as primary state agency to plan and coordinate programs of supervised group living facilities and services
12-28-5-17	Inspection of facilities
12-28-5-18	Repealed
12-28-5-18.5	Increase of reimbursement rate for services provided under a waiver for state fiscal years 2015 and 2016; amount of increase
12-28-5-19	Rules to implement chapter

IC 12-28-5-1 Repealed

[Pre-1992 Revision Citation: 4-28-21-1 part.]

As added by P.L.2-1992, SEC.22. Repealed by P.L.229-2011, SEC.273.

IC 12-28-5-2 Repealed

[Pre-1992 Revision Citation: 4-28-21-3(a), (b).]

As added by P.L.2-1992, SEC.22. Amended by P.L.23-1992, SEC.5; P.L.4-1993, SEC.214; P.L.5-1993, SEC.227; P.L.111-1997, SEC.5; P.L.272-1999, SEC.49; P.L.263-2001, SEC.1; P.L.141-2006, SEC.74; P.L.99-2007, SEC.146. Repealed by P.L.229-2011, SEC.273.

IC 12-28-5-3 Repealed

[Pre-1992 Revision Citation: 4-28-21-3(c) part.]

As added by P.L.2-1992, SEC.22. Amended by P.L.23-1992, SEC.6; P.L.263-2001, SEC.2. Repealed by P.L.229-2011, SEC.273.

IC 12-28-5-4 Repealed

[Pre-1992 Revision Citation: 4-28-21-3(c) part.]

As added by P.L.2-1992, SEC.22. Repealed by P.L.229-2011, SEC.273.

IC 12-28-5-5 Repealed

[Pre-1992 Revision Citation: 4-28-21-3(c) part.]

As added by P.L.2-1992, SEC.22. Repealed by P.L.229-2011, SEC.273.

IC 12-28-5-6 Repealed

[Pre-1992 Revision Citation: 4-28-21-3(d) part.]

As added by P.L.2-1992, SEC.22. Amended by P.L.23-1992, SEC.7. Repealed by P.L.229-2011, SEC.273.

IC 12-28-5-7 Repealed

[Pre-1992 Revision Citation: 4-28-21-3(d) part.]

As added by P.L.2-1992, SEC.22. Amended by P.L.23-1992, SEC.8; P.L.263-2001, SEC.3.

Repealed by P.L.229-2011, SEC.273.

IC 12-28-5-8 Repealed

[Pre-1992 Revision Citation: 4-28-21-3(d) part.]

As added by P.L.2-1992, SEC.22. Repealed by P.L.229-2011, SEC.273.

IC 12-28-5-9 Repealed

[Pre-1992 Revision Citation: 4-28-21-3(e).]

As added by P.L.2-1992, SEC.22. Repealed by P.L.229-2011, SEC.273.

IC 12-28-5-10 Duties

Sec. 10. The division of disability and rehabilitative services shall do the following:

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

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

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

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

(B) Classification of supervised group living facilities.

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

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

[Pre-1992 Revision Citation: 4-28-21-4.]

As added by P.L.2-1992, SEC.22. Amended by P.L.23-1992, SEC.9; P.L.2-1993, SEC.116; P.L.4-1993, SEC.215; P.L.5-1993, SEC.228; P.L.6-1995, SEC.29; P.L.255-1996, SEC.8; P.L.263-2001, SEC.4; P.L.141-2006, SEC.75; P.L.99-2007, SEC.147; P.L.197-2011, SEC.45; P.L.229-2011, SEC.149; P.L.6-2012, SEC.99; P.L.210-2015, SEC.62.

IC 12-28-5-11 License required for supervised group living facilities

Sec. 11. (a) A supervised group living facility must have a license or provisional license issued under this chapter to operate.

(b) An entity that provides supported living services must be approved by the division under this chapter to operate.

[Pre-1992 Revision Citation: 4-28-21-5(d).]

As added by P.L.2-1992, SEC.22. Amended by P.L.6-1995, SEC.30; P.L.263-2001, SEC.5; P.L.229-2011, SEC.150.

IC 12-28-5-12 Supervised group living facility entitled to license; location

Sec. 12. (a) The division may license only those supervised group living facilities that:

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

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

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

(1) Both of the supervised group living facilities meet all standards for licensure as

provided in section 10(3) of this chapter.

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

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

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

[Pre-1992 Revision Citation: 4-28-21-5(a).]

As added by P.L.2-1992, SEC.22. Amended by P.L.6-1995, SEC.31; P.L.255-1996, SEC.9; P.L.6-1998, SEC.1; P.L.263-2001, SEC.6; P.L.170-2002, SEC.83; P.L.99-2007, SEC.148; P.L.229-2011, SEC.151; P.L.210-2015, SEC.63.

IC 12-28-5-13 Revocation of license; hearing

Sec. 13. The division may revoke:

(1) the license of a supervised group living facility; or

(2) the approval of an entity that provides supported living services;

that no longer meets the standards established under section 10 of this chapter after following the procedures prescribed by IC 4-21.5-3. If a hearing is provided for or authorized to be held by the division, the division may designate a person as its agent or representative to conduct a hearing. The agent or representative shall conduct the hearing under IC 4-21.5-3.

[Pre-1992 Revision Citation: 4-28-21-5(b).]

As added by P.L.2-1992, SEC.22. Amended by P.L.6-1995, SEC.32; P.L.263-2001, SEC.7; P.L.229-2011, SEC.152.

IC 12-28-5-14 Provisional license

Sec. 14. (a) The division may issue a provisional license to a facility that does not qualify for a license under section 12 of this chapter but that provides satisfactory evidence that the facility will qualify within a period prescribed by the division. The period may not exceed six (6) months.

(b) The division may issue provisional approval to an entity providing supported living services that does not qualify for approval under section 12 of this chapter but that provides satisfactory evidence that the entity will qualify within a period prescribed by the division. The period may not exceed six (6) months.

[Pre-1992 Revision Citation: 4-28-21-5(c).]

As added by P.L.2-1992, SEC.22. Amended by P.L.263-2001, SEC.8; P.L.229-2011, SEC.153.

IC 12-28-5-15 Repealed

[Pre-1992 Revision Citation: 4-28-21-10(a).]

As added by P.L.2-1992, SEC.22. Amended by P.L.23-1992, SEC.10; P.L.4-1993, SEC.216; P.L.5-1993, SEC.229; P.L.6-1995, SEC.33; P.L.255-1996, SEC.10; P.L.141-2006, SEC.76. Repealed by P.L.229-2011, SEC.273.

IC 12-28-5-16 Division as primary state agency to plan and coordinate programs of supervised group living facilities and services

Sec. 16. The division of disability and rehabilitative services is the primary state agency responsible for planning, developing, coordinating, and implementing the plan and program of supervised group living facilities and services, including developmental and vocational services, needed for individuals with a developmental disability residing in those facilities. Other state agencies authorized by law or rule to carry out activities and control money that have a direct bearing upon the provision of supervised group living services shall enter into memoranda of understanding or contracts with the division of disability and rehabilitative services to ensure a coordinated utilization of resources and responsibilities.

[Pre-1992 Revision Citation: 4-28-21-10(b).]
As added by P.L.2-1992, SEC.22. Amended by P.L.4-1993, SEC.217; P.L.5-1993, SEC.230; P.L.6-1995, SEC.34; P.L.141-2006, SEC.77; P.L.99-2007, SEC.149.

IC 12-28-5-17 Inspection of facilities

Sec. 17. The inspection of a facility to determine its compliance with state licensure standards shall be conducted, to the extent feasible, at the same time as the inspection to determine its compliance with federal standards.

[Pre-1992 Revision Citation: 4-28-21-11.]
As added by P.L.2-1992, SEC.22.

IC 12-28-5-18 Repealed

As added by P.L.23-1992, SEC.11. Amended by P.L.6-1995, SEC.35. Repealed by P.L.111-1997, SEC.9.

IC 12-28-5-18.5 Increase of reimbursement rate for services provided under a waiver for state fiscal years 2015 and 2016; amount of increase

Sec. 18.5. (a) The division of disability and rehabilitative services shall increase the reimbursement rate for services provided to an individual who receives services:

(1) under a waiver under the federal home and community based services program; and

(2) of greater than thirty-five (35) hours per week.

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

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

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

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

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

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

(B) five percent (5%).

(c) For purposes of this section, the division of disability and rehabilitative services shall use the daily service hour grid in 460 IAC 13-5-2 multiplied by the number of days in the state fiscal year to establish the annual Residential Habilitation and Support (Level 2) hours for each individual. The annual hours times the restored Residential Habilitation and Support (Level 2) hourly rate shall establish the maximum annual Residential Habilitation and Support (Level 2) funding allocation for the individual regardless of whether the Residential Habilitation and Support (Level 2) are authorized and paid on a per unit or per day basis, except in those cases where the division approves a budget modification request to increase the annual allocation for Residential Habilitation and Support (Level 2) under 460 IAC 13-3-5.
As added by P.L.213-2015, SEC.137.

IC 12-28-5-19 Rules to implement chapter

Sec. 19. (a) The division may adopt rules under IC 4-22-2 to implement this chapter.

(b) After June 30, 2011, rules of the former community residential facilities council (repealed) are considered rules of the division.
As added by P.L.23-1992, SEC.12. Amended by P.L.229-2011, SEC.154.

IC 12-29 ARTICLE 29. FINANCING LOCAL PROGRAMS

Ch. 1. Community Centers; General Provisions
Ch. 2. Community Mental Health Centers
Ch. 3. Community Mental Retardation and Other Developmental Disabilities Centers
Ch. 4. SEA 350-2008 Moratorium
Ch. 5. Community Cares Initiative Grant Pilot Program

IC 12-29-1 Chapter 1. Community Centers; General Provisions

12-29-1-0.3 Compliance with P.L.78-2004; certification of budgets, tax rates, tax levies; additional shortfall property tax levies and additional budgeted amounts; treatment of shortfall levies
12-29-1-1 County financial assistance; purposes; maximum appropriation; authorization
12-29-1-2 Center providing services to at least two counties; maximum appropriation; authorization
12-29-1-3 Furnishing of a share of financial assistance by each county receiving services from a center; conditions; maximum appropriation; authorization
12-29-1-3.5 Estimate of maximum allowable appropriation
12-29-1-4 County bonds; issuance for constructing, equipping, or improving center buildings; payment of proportionate cost of project
12-29-1-5 County bonds; issuance; application of all Indiana statutes
12-29-1-6 Center building the property of county or counties issuing bonds; tax limitations in IC 12-29-1-1 and IC 12-29-1-2 not applicable
12-29-1-7 Certification by county auditor of amounts of money to be paid to centers; payments; requisites; certification by county that payment represents expenditures eligible for financial participation

IC 12-29-1-0.3 Compliance with P.L.78-2004; certification of budgets, tax rates, tax levies; additional shortfall property tax levies and additional budgeted amounts; treatment of shortfall levies

Sec. 0.3. (a) If the department of local government finance determines that compliance with P.L.78-2004 would cause an unreasonable delay in the certification of budgets, tax rates, and tax levies in a county, the department of local government finance may certify budgets, tax rates, and tax levies for the county under IC 6-1.1-18-12, this chapter, and IC 12-29-2 as if P.L.78-2004 had not been enacted. However, if the department of local government finance takes this action, the affected county and the department of local government finance shall provide for an additional shortfall property tax levy and an additional budgeted amount in 2005 to replace the revenue lost in 2004 to community mental health centers as a result of certifying budgets, tax rates, and tax levies for the county under IC 6-1.1-18-12, this chapter, and IC 12-29-2 as if P.L.78-2004 had not been passed.

(b) The amount of the shortfall levy under subsection (a) shall be treated as an addition to the amount allowed in 2005 under IC 12-29-2, as amended by P.L.78-2004. The ad valorem property tax levy limits imposed by IC 12-29-2, as amended by P.L.78-2004, do not apply to ad valorem property taxes imposed under subsection (a). The shortfall levy imposed under this section may not be considered in computing ad valorem property tax levies under IC 12-29-2, as amended by P.L.78-2004, for property taxes first due and payable after 2005.
As added by P.L.220-2011, SEC.275.

IC 12-29-1-1 County financial assistance; purposes; maximum appropriation; authorization

Sec. 1. (a) The county executive of a county may authorize the furnishing of financial assistance to a community intellectual disability and other developmental disabilities center that is located or will be located in the county.

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

(1) Constructing a center.

(2) Operating a center.

(c) Upon request of the county executive, the county fiscal body may appropriate annually from the county's general fund the money to provide financial assistance for the purposes described in subsection (b). For property taxes first due and payable before January 1, 2017, the appropriation may not exceed the amount that could be collected from an annual tax levy of not more than three and thirty-three hundredths cents ($0.0333) on each one hundred dollars ($100) of taxable property within the county.

(d) For property taxes first due and payable after December 31, 2016, the maximum allowable appropriation for the purposes described in subsection (b) is equal to the result of:

(1) the maximum allowable appropriation by the county for the preceding year; multiplied by

(2) the maximum levy growth quotient determined under IC 6-1.1-18.5-2 for the year.

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

(1) may propose a financial assistance budget; and

(2) shall refer its proposed financial assistance budget for the first calendar year to the department of local government finance before the tax levy is advertised.

The ad valorem property tax levy to fund the budget for the first calendar year is subject to review and approval under IC 6-1.1-18.5-10.

[Pre-1992 Revision Citation: 16-16-1-2.]

As added by P.L.2-1992, SEC.23. Amended by P.L.6-1997, SEC.149; P.L.78-2004, SEC.10; P.L.182-2009(ss), SEC.299; P.L.117-2015, SEC.25; P.L.184-2016, SEC.23; P.L.159-2020, SEC.57.

IC 12-29-1-2 Center providing services to at least two counties; maximum appropriation; authorization

Sec. 2. (a) If a community intellectual disability and other developmental disabilities center is organized to provide services to at least two (2) counties, the county executive of each county may authorize the furnishing of financial assistance for the purposes described in section 1(b) of this chapter.

(b) Upon the request of the county executive of the county, the county fiscal body of each county may appropriate annually from the county's general fund the money to provide financial assistance for the purposes described in section 1(b) of this chapter. For property taxes first due and payable before January 1, 2017, the appropriation of each county may not exceed the amount that could be collected from an annual tax levy of three and thirty-three hundredths cents ($0.0333) on each one hundred dollars ($100) of taxable property within the county.

(c) For property taxes first due and payable after December 31, 2016, the maximum allowable appropriation by each county for the purposes described in section 1(b) of this chapter is equal to the result of:

(1) the maximum allowable appropriation by the county for the preceding year; multiplied by

(2) the maximum levy growth quotient determined under IC 6-1.1-18.5-2 for the year.

[Pre-1992 Revision Citation: 16-16-1-3.]

As added by P.L.2-1992, SEC.23. Amended by P.L.6-1997, SEC.150; P.L.78-2004, SEC.11; P.L.117-2015, SEC.26; P.L.184-2016, SEC.24; P.L.159-2020, SEC.58.

IC 12-29-1-3 Furnishing of a share of financial assistance by each county receiving services from a center; conditions; maximum appropriation; authorization

Sec. 3. (a) The county executive of each county whose residents may receive services

from a community intellectual disability and other developmental disabilities center may authorize the furnishing of a share of financial assistance for the purposes described in section 1(b) of this chapter if the following conditions are met:

(1) The facilities for the center are located in a state adjacent to Indiana.

(2) The center is organized to provide services to Indiana residents.

(b) Upon the request of the county executive of a county, the county fiscal body of the county may appropriate annually from the county's general fund the money to provide financial assistance for the purposes described in section 1(b) of this chapter. For property taxes first due and payable before January 1, 2017, the appropriations of the county may not exceed the amount that could be collected from an annual tax levy of three and thirty-three hundredths cents ($0.0333) on each one hundred dollars ($100) of taxable property within the county.

(c) For property taxes first due and payable after December 31, 2016, the maximum allowable appropriation by the county for the purposes described in section 1(b) of this chapter is equal to the result of:

(1) the maximum allowable appropriation by the county for the preceding year; multiplied by

(2) the maximum levy growth quotient determined under IC 6-1.1-18.5-2 for the year.

[Pre-1992 Revision Citation: 16-16-1-4.]

As added by P.L.2-1992, SEC.23. Amended by P.L.6-1997, SEC.151; P.L.78-2004, SEC.12; P.L.117-2015, SEC.27; P.L.184-2016, SEC.25; P.L.159-2020, SEC.59.

IC 12-29-1-3.5 Estimate of maximum allowable appropriation

Sec. 3.5. Before July 15, 2016, and before July 15 of each year thereafter, the department of local government finance shall provide to counties an estimate of the maximum allowable appropriation under section 1, 2, or 3 of this chapter (as applicable) for the ensuing year.

As added by P.L.184-2016, SEC.26.

IC 12-29-1-4 County bonds; issuance for constructing, equipping, or improving center buildings; payment of proportionate cost of project

Sec. 4. (a) Bonds of a county may be issued for the construction and equipment or the improvement of a building to house a community intellectual disability and other developmental disabilities center.

(b) If services are provided to at least two (2) counties:

(1) bonds of the counties involved may be issued to pay the proportionate cost of the project in the proportion determined and agreed upon by the fiscal bodies of the counties involved; or

(2) bonds of one (1) county may be issued and the remaining counties may annually appropriate to the county issuing the bonds amounts to be applied to the payment of the bonds and interest on the bonds in the proportion agreed upon by the county fiscal bodies of the counties involved.

[Pre-1992 Revision Citation: 16-16-1-5 part.]

As added by P.L.2-1992, SEC.23. Amended by P.L.78-2004, SEC.13; P.L.117-2015, SEC.28.

IC 12-29-1-5 County bonds; issuance; application of all Indiana statutes

Sec. 5. All general Indiana statutes relating to the following apply to the issuance of county bonds under this chapter:

(1) The filing of a petition requesting the issuance of bonds.

(2) The giving of notice of the following:

(A) The filing of the petition requesting the issuance of the bonds.

(B) The determination to issue bonds.

(C) A hearing on the appropriation of the proceeds of the bonds.

(3) The right of taxpayers to appear and be heard on the proposed appropriation.

(4) The approval of the appropriation by the department of local government finance (before January 1, 2009).

(5) Before July 1, 2008, the right of taxpayers and voters to remonstrate against the issuance of bonds.

(6) After June 30, 2008:

(A) the right of taxpayers and voters to remonstrate against the issuance of bonds, in the case of a proposed bond issue described by IC 6-1.1-20-3.1(a); or

(B) voters to vote on the issuance of bonds, in the case of a proposed bond issue described by IC 6-1.1-20-3.5(a).

[Pre-1992 Revision Citation: 16-16-1-5 part.]

As added by P.L.2-1992, SEC.23. Amended by P.L.90-2002, SEC.365; P.L.219-2007, SEC.96; P.L.224-2007, SEC.101; P.L.3-2008, SEC.99; P.L.146-2008, SEC.419.

IC 12-29-1-6 Center building the property of county or counties issuing bonds; tax limitations in IC 12-29-1-1 and IC 12-29-1-2 not applicable

Sec. 6. If bonds are issued under this chapter:

(1) the building that is constructed, equipped, or improved with proceeds of the bonds is:

(A) the property of the county issuing the bonds; or

(B) the joint property of the counties involved if the bonds are issued by at least two (2) counties; and

(2) the tax limitations in sections 1 and 2 of this chapter do not apply to the levy of taxes to pay the bonds and the interest on the bonds.

[Pre-1992 Revision Citation: 16-16-1-5 part.]

As added by P.L.2-1992, SEC.23.

IC 12-29-1-7 Certification by county auditor of amounts of money to be paid to centers; payments; requisites; certification by county that payment represents expenditures eligible for financial participation

Sec. 7. (a) On the first Monday in October, the county auditor shall certify to:

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

(2) the president of the board of directors of each center;

the amount of money that will be provided to the center under this chapter.

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

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

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

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

[Pre-1992 Revision Citation: 16-16-1-8.]

As added by P.L.2-1992, SEC.23. Amended by P.L.4-1993, SEC.218; P.L.5-1993, SEC.231; P.L.126-1998, SEC.20; P.L.113-2000, SEC.20; P.L.215-2001, SEC.78; P.L.78-2004, SEC.14; P.L.141-2006, SEC.78; P.L.117-2015, SEC.29.

IC 12-29-2 Chapter 2. Community Mental Health Centers

12-29-2-1 Application of chapter
12-29-2-1.1 Compensation provided by a community mental health center
12-29-2-1.2 County financial assistance for community mental health centers; purposes; appropriation
12-29-2-1.5 Nonfederal share of medical assistance payments
12-29-2-2 Funding of operation; amount of funding calculation
12-29-2-3 Repealed
12-29-2-4 Maximum appropriation; allotment to each center; determination
12-29-2-5 Repealed
12-29-2-6 Repealed
12-29-2-7 Appropriation
12-29-2-8 Repealed
12-29-2-9 Repealed
12-29-2-10 Repealed
12-29-2-11 Repealed
12-29-2-12 Repealed
12-29-2-13 Lake County; additional funding of centers; property tax levy increase; requirements
12-29-2-14 Operation by uncertified entity; investigations; penalties
12-29-2-15 Member of county fiscal body or county board of commissioners as a member of the board
12-29-2-16 Annual report to county fiscal body and county board of commissioners; report by the division of mental health and addiction
12-29-2-17 Issuing county bonds for construction, equipment, or improvement
12-29-2-18 Application of all general statutes relating to issuance of bonds
12-29-2-19 County property of building if bond issued; nonapplication of tax limitations
12-29-2-20 County payments; certification of federal financial participation eligibility
12-29-2-21 Accute care hospital certification as a community mental health center

IC 12-29-2-1 Application of chapter

Sec. 1. This chapter applies only to the state and local funding of a program of services for individuals with a mental illness that is designated as a community mental health center by the division of mental health and addiction in the division's approval of the program.

[Pre-1992 Revision Citation: 16-16-1-6(a).]

As added by P.L.2-1992, SEC.23. Amended by P.L.215-2001, SEC.79; P.L.99-2007, SEC.150; P.L.76-2018, SEC.4.

IC 12-29-2-1.1 Compensation provided by a community mental health center

Sec. 1.1. Beginning after June 30, 2025, if a community mental health center provides compensation to any individual employee (not including clinical staff), including salary and benefits, in an amount that is four hundred thousand dollars ($400,000) or more per year then the community mental health center is not eligible to receive funding from:

(1) local property taxes; or

(2) state programs or grants;

excluding the Medicaid program.

As added by P.L.213-2025, SEC.127.

IC 12-29-2-1.2 County financial assistance for community mental health centers; purposes; appropriation

Sec. 1.2. (a) The county executive of a county may authorize the furnishing of financial assistance for the purposes described in subsection (b) to a community mental health center that is located or will be located:

(1) in the county;

(2) anywhere in Indiana, if the community mental health center is organized to provide services to at least two (2) counties, including the county executive's county; or

(3) in an adjacent state, if the center is organized to provide services to Indiana residents, including residents in the county executive's county.

If a community mental health center is organized to serve more than one (1) county, upon request of the county executive, each county fiscal body may appropriate money annually from the county's general fund to provide financial assistance for the community mental health center.

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

(1) Constructing a community mental health center.

(2) Operating a community mental health center.

(c) The appropriation from a county authorized under subsection (a) may not exceed the product of the amount determined under section 2(b)(2) of this chapter for that year multiplied by one and five hundred four thousandths (1.504).

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

(1) may propose a financial assistance budget; and

(2) shall refer its proposed financial assistance budget for the first calendar year to the department of local government finance before the tax levy is advertised.

The ad valorem property tax levy to fund the budget for the first calendar year is subject to review and approval under IC 6-1.1-18.5-10.

As added by P.L.78-2004, SEC.15. Amended by P.L.182-2009(ss), SEC.300.

IC 12-29-2-1.5 Nonfederal share of medical assistance payments

Sec. 1.5. For purposes of the required nonfederal share of medical assistance payments under Title XIX of the federal Social Security Act (42 U.S.C. 1396 et seq.), a community mental health center is a governmental unit.

As added by P.L.127-2020, SEC.7.

IC 12-29-2-2 Funding of operation; amount of funding calculation

Sec. 2. (a) A county shall provide funding for the operation of community mental health centers in the amount determined under subsection (b) or, in the case of Marion County for calendar year 2019, calendar year 2020, and calendar year 2021, the amount determined under subsection (c).

(b) Except as provided in subsection (c), the amount of funding under subsection (a) for a calendar year is equal to the following:

(1) The county's maximum appropriation amount for the operation of community mental health centers determined under this chapter in the previous calendar year, if the STEP THREE result under the following formula is less than or equal to zero (0):

STEP ONE: Determine the amount of the certified levy for funds subject to the civil maximum levy in the immediately preceding calendar year minus the amount of credits granted under IC 6-1.1-20.6 that were allocated to funds subject to the civil maximum levy in the immediately preceding calendar year, as determined by the department of local government finance under IC 6-1.1-20.6-11.

STEP TWO: Determine the amount of the certified levy for funds subject to the civil maximum levy in the year prior to the immediately preceding calendar year minus the amount of credits granted under IC 6-1.1-20.6 that were allocated to funds subject to the civil maximum levy in the year prior to the immediately preceding calendar year, as determined by the department of local government finance under IC 6-1.1-20.6-11.

STEP THREE: Determine the remainder of the STEP ONE amount minus the STEP TWO amount.

(2) If the STEP THREE result under the formula in subdivision (1) is greater than zero

(0), then the county's maximum appropriation amount for the operation of community mental health centers determined under this chapter in the previous calendar year, multiplied by the greater of:

(A) one (1); or

(B) the result of STEP SIX of the following formula:

STEP ONE: Determine the maximum levy growth quotient for the year under IC 6-1.1-18.5 minus one (1).

STEP TWO: Determine the amount of the certified levy for funds subject to the civil maximum levy in the immediately preceding calendar year minus the amount of credits granted under IC 6-1.1-20.6 that were allocated to funds subject to the civil maximum levy in the immediately preceding calendar year, as determined by the department of local government finance under IC 6-1.1-20.6-11.

STEP THREE: Determine the amount of the certified levy for funds subject to the civil maximum levy in the immediately preceding calendar year.

STEP FOUR: Determine the result of the STEP TWO amount divided by the STEP THREE amount.

STEP FIVE: Determine the product of the STEP ONE amount multiplied by the STEP FOUR result.

STEP SIX: Determine the STEP FIVE amount plus one (1).

The department of local government finance shall verify the maximum appropriation calculation under this subsection as part of the certification of the county's budget under IC 6-1.1-17. For taxes due and payable in 2020, the department of local government finance shall calculate the maximum appropriation under this subsection as if the taxes were due and payable in 2019.

(c) This subsection applies only in calendar year 2019, calendar year 2020, and calendar year 2021. In the case of Marion County, the amount of funding under subsection (a) for a calendar year is determined under this subsection and is equal to the following:

(1) For calendar year 2019, the sum of:

(A) the actual amount of the appropriations by the county for community mental health centers under this chapter in 2018; plus

(B) the result of thirty-three percent (33%) multiplied by the result of:

(i) the amount that would have, except for the application of this subsection, applied to the county under subsection (b) for calendar year 2019; minus

(ii) the actual amount of the appropriations by the county for community mental health centers under this chapter in 2018.

(2) For calendar year 2020, the sum of:

(A) the actual amount of the appropriations by the county for community mental health centers under this chapter in 2019; plus

(B) the result of sixty-six percent (66%) multiplied by the result of:

(i) the amount that would have, except for the application of this subsection, applied to the county under subsection (b) for calendar year 2020; minus

(ii) the actual amount of the appropriations by the county for community mental health centers under this chapter in 2019.

(3) For calendar year 2021, the amount that would have, except for the application of this subsection, applied to the county under subsection (b) for calendar year 2021.

The department of local government finance shall verify the maximum appropriation calculation under this subsection as part of the certification of the county's budget under IC 6-1.1-17. This subsection expires January 1, 2022.

(d) The funding provided by a county under this section shall be used solely for:

(1) the operations of community mental health centers serving the county; or

(2) contributing to the nonfederal share of medical assistance payments to community mental health centers serving the county.

[Pre-1992 Revision Citation: 16-16-1-6(b).]

As added by P.L.2-1992, SEC.23. Amended by P.L.17-1995, SEC.12; P.L.6-1997, SEC.152; P.L.90-2002, SEC.366; P.L.170-2002, SEC.84; P.L.1-2004, SEC.54 and P.L.23-2004, SEC.56; P.L.78-2004, SEC.16; P.L.224-2007, SEC.102; P.L.123-2008, SEC.3; P.L.2-2014, SEC.74; P.L.153-2014, SEC.18; P.L.184-2016, SEC.27; P.L.197-2016, SEC.114; P.L.247-2017, SEC.32; P.L.76-2018, SEC.5; P.L.257-2019, SEC.82; P.L.159-2020, SEC.60.

IC 12-29-2-3 Repealed

As added by P.L.2-1992, SEC.23. Amended by P.L.79-2002, SEC.2. Repealed by P.L.76-2018, SEC.6.

IC 12-29-2-4 Maximum appropriation; allotment to each center; determination

Sec. 4. The amount derived from the calculation under section 2(b) of this chapter or, in the case of Marion County for calendar year 2019, calendar year 2020, and calendar year 2021, the calculation under section 2(c) of this chapter represents the combined maximum appropriation to all centers serving the particular county. The allotment to each center shall be apportioned according to the proportion of:

(1) the county's population residing in the primary service area of each center that is certified by the division of mental health and addiction to serve the county; to

(2) the total population of the county.

[Pre-1992 Revision Citation: 16-16-1-6(d).]

As added by P.L.2-1992, SEC.23. Amended by P.L.79-2002, SEC.3; P.L.76-2018, SEC.7.

IC 12-29-2-5 Repealed

[Pre-1992 Revision Citation: 16-16-1-6(e).]

As added by P.L.2-1992, SEC.23. Amended by P.L.40-1994, SEC.63; P.L.1-2004, SEC.55 and P.L.23-2004, SEC.57. Repealed by P.L.76-2018, SEC.8.

IC 12-29-2-6 Repealed

[Pre-1992 Revision Citation: 16-16-1-6(f).]

As added by P.L.2-1992, SEC.23. Repealed by P.L.78-2004, SEC.25.

IC 12-29-2-7 Appropriation

Sec. 7. The county fiscal body shall appropriate and approve the money necessary to carry out this chapter.

[Pre-1992 Revision Citation: 16-16-1-7.]

As added by P.L.2-1992, SEC.23.

IC 12-29-2-8 Repealed

[Pre-1992 Revision Citation: 16-16-1-9(a) part.]

As added by P.L.2-1992, SEC.23. Repealed by P.L.37-1998, SEC.1.

IC 12-29-2-9 Repealed

[Pre-1992 Revision Citation: 16-16-1-9(a) part.]

As added by P.L.2-1992, SEC.23. Repealed by P.L.37-1998, SEC.1.

IC 12-29-2-10 Repealed

[Pre-1992 Revision Citation: 16-16-1-9(a) part.]

As added by P.L.2-1992, SEC.23. Repealed by P.L.37-1998, SEC.1.

IC 12-29-2-11 Repealed

[Pre-1992 Revision Citation: 16-16-1-9(a) part.]

As added by P.L.2-1992, SEC.23. Repealed by P.L.37-1998, SEC.1.

IC 12-29-2-12 Repealed

[Pre-1992 Revision Citation: 16-16-1-10.]

As added by P.L.2-1992, SEC.23. Repealed by P.L.37-1998, SEC.1.

IC 12-29-2-13 Lake County; additional funding of centers; property tax levy increase; requirements

Sec. 13. (a) This section applies to Lake County.

(b) In addition to any other appropriation under this article, the county annually may fund each center serving the county from the county's general fund in an amount not exceeding the following:

(1) For 2004, the product of the amount determined under section 2(b)(1) of this chapter multiplied by seven hundred fifty-two thousandths (0.752).

(2) For 2005 and each year thereafter, the product of the amount determined under section 2(b)(2) of this chapter for that year multiplied by seven hundred fifty-two thousandths (0.752).

(c) The receipts from the tax levied under this section shall be used for the leasing, purchasing, constructing, or operating of facilities for community based residential programs (as defined in IC 12-7-2-40) for individuals with a mental illness

(d) Money appropriated under this section must be:

(1) budgeted under IC 6-1.1-17; and

(2) included in the center's budget submitted to the division of mental health and addiction.

(e) Permission for a levy increase in excess of the levy limitations may be ordered under IC 6-1.1-18.5-15 only if the levy increase is approved by the division of mental health and addiction for a community mental health center.

[Pre-1992 Revision Citation: 16-16-1-6.5.]

As added by P.L.2-1992, SEC.23. Amended by P.L.40-1994, SEC.64; P.L.6-1995, SEC.36; P.L.6-1997, SEC.153; P.L.215-2001, SEC.80; P.L.78-2004, SEC.17; P.L.99-2007, SEC.151; P.L.143-2011, SEC.30.

IC 12-29-2-14 Operation by uncertified entity; investigations; penalties

Sec. 14. (a) An entity may not:

(1) hold itself out to be a community mental health center; or

(2) use the term "community mental health center";

unless the entity is certified by the division of mental health and addiction.

(b) The division of mental health and addiction shall investigate a report that an entity is operating as a community mental health center without the approval of the division of mental health and addiction and report the division's findings to the attorney general.

(c) Upon receiving a report made under subsection (b), the attorney general may do the following:

(1) Seek the issuance of a search warrant to assist in the investigation.

(2) File an action for injunctive relief to stop the operation of the entity that is the subject of the report if there is reasonable cause to believe that the entity is operating without the required approval of the division of mental health and addiction.

(3) File an action for injunctive relief to stop the entity that is the subject of the report from using the term "community mental health center".

(4) Seek in a civil action a civil penalty of not more than one hundred dollars ($100) a day for each day an entity is operating without the required approval of the division of mental health and addiction.

(d) An opportunity for an informal meeting with the division of mental health and addiction must be provided after the injunctive relief is ordered.

(e) The civil penalties collected under this section must be deposited in the state general fund.

As added by P.L.111-1997, SEC.6. Amended by P.L.215-2001, SEC.81; P.L.201-2023, SEC.142.

IC 12-29-2-15 Member of county fiscal body or county board of commissioners as a member of the board

Sec. 15. (a) A community mental health center that:

(1) is certified by the division of mental health and addiction; and

(2) is not administered by a hospital licensed under IC 16-21-2;

shall include a member of a county fiscal body or a member of a board of county commissioners (or the designee of the member of the board of county commissioners) on the center's governing board. The member shall be selected by the board of county commissioners of the county where the community mental health center maintains its corporate mailing address. The member of the county fiscal body or board of county commissioners selected under this subsection (or the designee of a member of the board of county commissioners selected under this subsection) must reside in one (1) of the counties in the community mental health center's primary service area. In addition to the county where the center maintains its corporate mailing address, the other counties that are located in the center's primary service area may opt-in under subsection (c) to select a member to serve on the center's governing board.

(b) A community mental health center that:

(1) is certified by the division of mental health and addiction; and

(2) is administered by a hospital licensed under IC 16-21-2;

shall include a member of a county fiscal body or a member of a board of county commissioners (or the designee of the member of the board of county commissioners) on the center's advisory board. The member shall be selected by the board of county commissioners of the county where the community mental health center maintains its corporate mailing address. The member of the county fiscal body or board of county commissioners selected under this subsection (or the designee of a member of the board of county commissioners selected under this subsection) must reside in one (1) of the counties in the community mental health center's primary service area. In addition to the county where the center maintains its corporate mailing address, the other counties that are located in the center's primary service area may opt-in under subsection (c) to select a member to serve on the center's advisory board.

(c) Subject to subsections (d), (e), and (f), each county that is located in a community mental health center's primary service area (other than the county where the center maintains its corporate mailing address) may opt-in under this subsection to select a member of the county fiscal body or a member of a board of county commissioners (or the designee of the member of the board of county commissioners) to serve on the center's governing or advisory board, whichever is applicable. In order to opt-in under this subsection, the board of county commissioners of the county must adopt an ordinance by majority vote to do so. The following apply if one (1) or more counties opt-in to select a member under this subsection to serve on the governing or advisory board of a community mental health center under subsection (a) or (b):

(1) The community mental health center's governing or advisory board shall include one (1) member from each county that opts-in under this subsection and is selected as set forth in this subsection, subject to subsections (d), (e), and (f).

(2) The members selected to serve under subdivision (1) shall serve a three (3) year term. At the conclusion of an initial member's term, the selecting county, after voting again by majority vote to opt-in under this subsection, shall select a member as set forth in this subsection to serve a subsequent three (3) year term.

(3) A county may, at any time, opt-in under this subsection to select a member to serve on a center's governing or advisory board. When a county adopts an ordinance to opt-in under this subsection, that county shall be placed on an alphabetical rotation of service

for purposes of subsection (f).

(d) Not withstanding any other provision of this section, in the event the United States Health Resources and Services Administration or another federal agency determines that board selections under this section would result in a reduction in federal funds for the community mental health center or its affiliated federal qualified health center or negatively impact eligibility of the community mental health center or affiliated federal qualified health center to receive any federal funds, the community mental health center shall provide documentation to the division of mental health and addiction and the county commissioners in each county served by the center that documents the determination by the United States Health Resources and Services Administration or another federal agency that federal funds will be reduced or eligibility to receive federal funds would be negatively impacted due to the board selection as provided in this section.

(e) If a determination under subsection (d) is made, the number of seats on the center's governing or advisory board filled under this section shall be reduced by the community mental health center, in coordination with the county commissioners of the counties served by the community mental health center, by only the amount necessary to achieve compliance with federal regulations.

(f) The number of members selected to serve on a community mental health center's governing or advisory board under this section may not exceed three (3) members as follows:

(1) One (1) member appointed by the county where the community mental health center maintains its corporate mailing address under subsection (a) or (b), whichever is applicable.

(2) Not more than two (2) additional members appointed by counties that have opted-in under subsection (c) to select a member to serve, but subject to subsection (e).

If initially more than two (2) counties adopt ordinances under subsection (c) to opt-in to select a member to serve, all of the counties shall be placed in alphabetical order and the first two (2) counties appearing in that order shall be authorized under subsection (c) to opt-in and select a member to serve. The remaining county or counties shall not select a member to serve as set forth in subsection (c) unless and until a county that was initially or is currently authorized under subsection (c) to opt-in chooses to no longer do so, in which case all of the counties that have adopted an ordinance but are not authorized to select a member to serve under this subsection shall be placed in alphabetical order and the first county appearing in that order shall be authorized under subsection (c) to opt-in and select a member to serve.

As added by P.L.79-2002, SEC.4. Amended by P.L.123-2008, SEC.4; P.L.76-2018, SEC.9; P.L.236-2023, SEC.126.

IC 12-29-2-16 Annual report to county fiscal body and county board of commissioners; report by the division of mental health and addiction

Sec. 16. (a) A community mental health center that is certified by the division of mental health and addiction shall provide an annual report to the division of mental health and addiction and to the fiscal body and the board of county commissioners of each county located in the community mental health center's primary service area. The annual report under this section must include the following:

(1) Information concerning the operational and community based activities undertaken during the year by the community mental health center in each county from which the community mental health center received funding under this chapter.

(2) A listing, by the county of patients' residence, of the following information:

(A) The total number of patients served by the community mental health center.

(B) The total number of patients receiving addiction treatment services from the community mental health center.

(C) The total number of patients receiving mental health services from the community mental health center.

(D) The total number of patients receiving both addiction treatment services and mental health services from the community mental health center.

(3) A copy of the most recent financial audit provided to the division of mental health and addiction under 440 IAC 4.1-2-5, including a balance sheet of assets and liabilities, which shall be prepared by an independent certified public accountant.

(4) Demographic information of patients served by the community mental health center, including the following:

(A) The number of adults served and the:

(i) five (5) most common addiction substances; and

(ii) ten (10) most common primary mental health diagnoses;

of the adults.

(B) The number of children served and the:

(i) five (5) most common addiction substances; and

(ii) ten (10) most common primary mental health diagnoses;

of the children.

(5) The total number of clinical encounters in the preceding fiscal year.

(6) The total number of completed intakes in the preceding fiscal year.

(7) The average time from initial engagement to an offered initial evaluation.

(8) The average time from initial evaluation to an offered follow-up visit.

(9) The community mental health center's performance in comparison to the state's performance on measures identified by the division of mental health and addiction, including client satisfaction and clinical outcomes.

(10) Data related to the connection between a patient and additional county or regional based services, including any of the following, if available:

(A) Self, family, or guardian referrals.

(B) Law enforcement or the criminal justice system.

(C) A hospital or physician.

(D) Child or youth services, including the department of child services, systems of care, or schools.

(E) A twenty-four (24) hour crisis intervention service.

(F) An enhanced call center.

(b) The division of mental health and addiction shall:

(1) specify the format of the annual reports that must be provided by community mental health centers under subsection (a);

(2) determine the measures to be used concerning performance required by subsection (a)(9); and

(3) include a summary of that information in the annual report prepared by the division under subsection (c).

(c) The division of mental health and addiction shall annually provide to the county fiscal body and board of county commissioners of each county a report that includes the following:

(1) An overview of the total funding provided to all community mental health centers during the year under this chapter, including funding provided by the division for purposes of programs under this chapter.

(2) A count, by county of residence, of the following concerning patients served by the community mental health centers under programs funded under this chapter:

(A) The total number of patients served.

(B) The total number of patients receiving addiction treatment services.

(C) The total number of patients receiving mental health services.

(D) The total number of patients receiving both addiction treatment services and mental health services.

(3) An assessment, specified by the county of patients' residence, of the overall outcomes of the treatment provided to patients of the community mental health centers.

(4) A summary of the information provided by community mental health centers in the

annual reports provided under subsection (a), and an explanation of the differences between the patient count information provided by the community mental health centers in those reports and the patient count information included in the division's report under this subsection.

(d) The division of mental health and addiction may provide a report required under subsection (c) to the county fiscal body and the board of county commissioners by publishing the report on the division's website.

As added by P.L.79-2002, SEC.5. Amended by P.L.123-2008, SEC.5; P.L.76-2018, SEC.10; P.L.59-2024, SEC.2.

IC 12-29-2-17 Issuing county bonds for construction, equipment, or improvement

Sec. 17. (a) Bonds of a county may be issued for the construction and equipment or the improvement of a building to house a community mental health center.

(b) If services are provided to at least two (2) counties:

(1) bonds of the counties involved may be issued to pay the proportionate cost of the project in the proportion determined and agreed upon by the fiscal bodies of the counties involved; or

(2) bonds of one (1) county may be issued and the remaining counties may annually appropriate to the county issuing the bonds amounts to be applied to the payment of the bonds and interest on the bonds in the proportion agreed upon by the county fiscal bodies of the counties involved.

As added by P.L.78-2004, SEC.18.

IC 12-29-2-18 Application of all general statutes relating to issuance of bonds

Sec. 18. All general Indiana statutes relating to the following apply to the issuance of county bonds under this chapter:

(1) The filing of a petition requesting the issuance of bonds.

(2) The giving of notice of the following:

(A) The filing of the petition requesting the issuance of the bonds.

(B) The determination to issue bonds.

(C) A hearing on the appropriation of the proceeds of the bonds.

(3) The right of taxpayers to appear and be heard on the proposed appropriation.

(4) The approval of the appropriation by the department of local government finance.

(5) The right of:

(A) taxpayers and voters to remonstrate against the issuance of bonds in the case of a proposed bond issue described by IC 6-1.1-20-3.1(a); or

(B) voters to vote on the issuance of bonds in the case of a proposed bond issue described by IC 6-1.1-20-3.5(a).

As added by P.L.78-2004, SEC.19. Amended by P.L.219-2007, SEC.97; P.L.146-2008, SEC.420.

IC 12-29-2-19 County property of building if bond issued; nonapplication of tax limitations

Sec. 19. If bonds are issued under this chapter:

(1) the building that is constructed, equipped, or improved with proceeds of the bonds is:

(A) the property of the county issuing the bonds; or

(B) the joint property of the counties involved if the bonds are issued by at least two (2) counties; and

(2) the tax limitations in this chapter do not apply to the levy of taxes to pay the bonds and the interest on the bonds.

As added by P.L.78-2004, SEC.20.

IC 12-29-2-20 County payments; certification of federal financial participation eligibility

Sec. 20. (a) Unless otherwise agreed to by the county and the community mental health center, the county payment to the community mental health center shall be paid by the county treasurer to the treasurer of each community mental health center's board of directors at least as frequently as provided in the following:

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

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

(b) A county making a payment under this section or from other county sources to a community mental health center that qualifies as a community mental health center disproportionate share provider under IC 12-15-16-1 shall certify that the payment represents expenditures eligible for financial participation under 42 U.S.C. 1396b(w)(6)(A) and 42 CFR 433.51. The office shall assist a county in making this certification.

(c) Payments by the county fiscal body must be in the amounts:

(1) determined by sections 2 through 4 of this chapter; and

(2) authorized by sections 1.2 and 13 of this chapter.

As added by P.L.78-2004, SEC.21. Amended by P.L.123-2008, SEC.6; P.L.76-2018, SEC.11.

IC 12-29-2-21 Accute care hospital certification as a community mental health center

Sec. 21. (a) Subject to subsection (c), an acute care hospital that is:

(1) established and operated under IC 16-22-2, IC 16-22-8, or IC 16-23; and

(2) licensed under IC 16-21;

may apply to the division of mental health and addiction for certification as a community mental health center in the form and manner prescribed by the division of mental health and addiction. The division of mental health and addiction shall, upon receipt of an application for certification, review the application. The review shall be conducted in a timely manner.

(b) The division of mental health and addiction shall:

(1) ensure an applicant meets all organizational and operational standards, including standards concerning services, governance, quality, and financial obligations required for community mental health centers; and

(2) review an application without consideration for previously established exclusive geographic primary service restrictions.

(c) Notwithstanding subsection (a), a person that was certified as a community mental health center by the division of mental health and addiction before January 1, 2024, may:

(1) maintain certification, if the division of mental health and addiction determines the person continues to meet certification requirements; or

(2) as necessary, apply for recertification.

As added by P.L.156-2024, SEC.27.

IC 12-29-3 Chapter 3. Community Mental Retardation and Other Developmental Disabilities Centers

12-29-3-1 Repealed
12-29-3-2 Repealed
12-29-3-3 Repealed
12-29-3-4 Repealed
12-29-3-5 Repealed
12-29-3-6 Financial assistance

IC 12-29-3-1 Repealed

[Pre-1992 Revision Citation: 16-16-1-9(b) part.]

As added by P.L.2-1992, SEC.23. Amended by P.L.4-1993, SEC.219; P.L.5-1993, SEC.232. Repealed by P.L.24-1997, SEC.66.

IC 12-29-3-2 Repealed

[Pre-1992 Revision Citation: 16-16-1-9(b) part.]

As added by P.L.2-1992, SEC.23. Amended by P.L.4-1993, SEC.220; P.L.5-1993, SEC.233. Repealed by P.L.24-1997, SEC.66.

IC 12-29-3-3 Repealed

[Pre-1992 Revision Citation: 16-16-1-9(b) part.]

As added by P.L.2-1992, SEC.23. Amended by P.L.4-1993, SEC.221; P.L.5-1993, SEC.234. Repealed by P.L.24-1997, SEC.66.

IC 12-29-3-4 Repealed

[Pre-1992 Revision Citation: 16-16-1-9(b) part.]

As added by P.L.2-1992, SEC.23. Amended by P.L.4-1993, SEC.222; P.L.5-1993, SEC.235. Repealed by P.L.24-1997, SEC.66.

IC 12-29-3-5 Repealed

[Pre-1992 Revision Citation: 16-16-1-9(c).]

As added by P.L.2-1992, SEC.23. Amended by P.L.4-1993, SEC.223; P.L.5-1993, SEC.236. Repealed by P.L.24-1997, SEC.66.

IC 12-29-3-6 Financial assistance

Sec. 6. (a) As used in this section, "community mental retardation and other developmental disabilities center" means a community center that is:

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

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

(3) approved by the division of disability and rehabilitative services; and

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

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

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

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

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

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

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

county.

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

[Pre-1992 Revision Citation: subsection (a) formerly 16-16-2-1; subsection (b) formerly 16-16-2-2.]

As added by P.L.2-1992, SEC.23. Amended by P.L.4-1993, SEC.224; P.L.5-1993, SEC.237; P.L.24-1997, SEC.60; P.L.6-1997, SEC.154; P.L.2-1998, SEC.43; P.L.64-2002, SEC.4; P.L.141-2006, SEC.79; P.L.99-2007, SEC.152; P.L.117-2015, SEC.30.

IC 12-29-4 Chapter 4. SEA 350-2008 Moratorium

12-29-4-1 "Restricted rules"
12-29-4-2 Application of SEA 350-2008

IC 12-29-4-1 "Restricted rules"

Sec. 1. As used in this chapter, "restricted rules" means the rules that the United States Secretary of Health and Human Services is restricted from implementing under the congressional moratorium enacted as part of H.R. 2206 (Iraq War Supplement; May 25, 2007), including the following:

(1) The proposed rule published on January 18, 2007, in volume 72 of the Federal Register (relating to 42 CFR, parts 433, 447, and 457).

(2) The final form of the proposed rule described in subdivision (1) as published in volume 72 of the Federal Register on May 29, 2007.

As added by P.L.123-2008, SEC.7.

IC 12-29-4-2 Application of SEA 350-2008

Sec. 2. Notwithstanding any other law, the additions and amendments to the Indiana Code set forth in SEA 350-2008 are applicable only to the extent that:

(1) the congressional moratorium on the implementation of the restricted rules by the United States Secretary of Health and Human Services is not extended; and

(2) the restricted rules are implemented.

As added by P.L.123-2008, SEC.7.

IC 12-29-5 Chapter 5. Community Cares Initiative Grant Pilot Program

12-29-5-1 "Mobile crisis team"
12-29-5-2 "Mobile integrated healthcare"
12-29-5-3 Community cares initiative grant pilot program established
12-29-5-4 Community cares initiative fund established
12-29-5-5 Report of information concerning the community cares initiative grant pilot program and the grants offered to eligible entities

IC 12-29-5-1 "Mobile crisis team"

Sec. 1. As used in this chapter, "mobile crisis team" has the meaning set forth in IC 12-21-8-3.

As added by P.L.163-2024, SEC.3.

IC 12-29-5-2 "Mobile integrated healthcare"

Sec. 2. As used in this chapter, "mobile integrated healthcare" has the meaning set forth in IC 16-31-12-1.

As added by P.L.163-2024, SEC.3.

IC 12-29-5-3 Community cares initiative grant pilot program established

Sec. 3. (a) The community cares initiative grant pilot program is established for the purpose of assisting in the cost of starting or expanding mobile integrated healthcare programs and mobile crisis teams in Indiana.

(b) The division of mental health and addiction shall administer the pilot program. A county, city, or town that operates a mobile integrated healthcare program or mobile crisis team is eligible to participate in the pilot program.

(c) The division may award a grant to an eligible entity described in subsection (b) for not more than a three (3) year period.

(d) The division may issue a request for funds for the pilot program.

As added by P.L.163-2024, SEC.3.

IC 12-29-5-4 Community cares initiative fund established

Sec. 4. (a) The community cares initiative fund is established for the purpose of funding the community cares initiative grant pilot program. The fund shall be administered by the division of mental health and addiction.

(b) The expenses of administering the fund shall be paid from money in the fund.

(c) The fund shall consist of:

(1) money received from state or federal grants or programs; and

(2) gifts, money, and donations received from any other source, including transfers from other funds or accounts.

(d) Money in the fund is continuously appropriated for purposes of this section.

(e) The treasurer of state shall invest the money in the fund not currently needed to meet the obligations of the fund in the same manner as other public money may be invested.

(f) Money in the fund at the end of a state fiscal year does not revert to the state general fund.

As added by P.L.163-2024, SEC.3.

IC 12-29-5-5 Report of information concerning the community cares initiative grant pilot program and the grants offered to eligible entities

Sec. 5. Before December 1 of each year, the division of mental health and addiction shall report to the legislative council in an electronic format under IC 5-14-6 the information concerning the community cares initiative grant pilot program and the grants offered to

eligible entities.
As added by P.L.163-2024, SEC.3.

IC 12-30 ARTICLE 30. COUNTY HOMES AND OTHER COUNTY FACILITIES

Ch. 1.	General Provisions Concerning County Homes
Ch. 2.	Management and Staffing of County Homes
Ch. 3.	County Homes in Certain Counties
Ch. 4.	Placement of Indigent in County Homes and Payment of Indigent Expenses
Ch. 5.	Reimbursement of Expenses From County Home Resident's Estate
Ch. 6.	Repealed
Ch. 7.	Health Centers in Allen County and St. Joseph County

IC 12-30-1 Chapter 1. General Provisions Concerning County Homes

12-30-1-0.5	"Board of commissioners of a county"
12-30-1-1	County board of commissioners; powers and duties
12-30-1-2	Name of home
12-30-1-3	Joint action of boards of commissioners; powers
12-30-1-4	Property tax; assessment; limitation
12-30-1-5	Removal to home of permanent charges to county; employment and support; removal of permanent charges to townships
12-30-1-6	Discontinuance; sale or lease; contracts with other counties or institutions to provide care to indigent individuals
12-30-1-7	Delegation of duties; contract for services; action not constituting discontinuance

IC 12-30-1-0.5 "Board of commissioners of a county"

Sec. 0.5. As used in this article, "board of commissioners of a county" includes a person delegated by the board under section 7 of this chapter to the extent of the authority delegated by the board to the person for purposes of this article.

As added by P.L.172-2017, SEC.4.

IC 12-30-1-1 County board of commissioners; powers and duties

Sec. 1. The board of commissioners of a county may do the following:

(1) Purchase a tract of real property in the name of the county.

(2) Build, establish, and organize a county home for the indigent on the tract of real property.

(3) Employ a humane and responsible individual who resides in the county, upon the terms and under the restrictions the board of commissioners considers most advantageous to the interests of the county, to take charge of the county home as superintendent.

[Pre-1992 Revision Citation: 12-4-1-1 part.]

As added by P.L.2-1992, SEC.24.

IC 12-30-1-2 Name of home

Sec. 2. A county home shall be called the "_____ County Home". However, the board of commissioners may adopt another name for the county home.

[Pre-1992 Revision Citation: 12-2-1-4(2)(e).]

As added by P.L.2-1992, SEC.24.

IC 12-30-1-3 Joint action of boards of commissioners; powers

Sec. 3. The boards of commissioners of at least two (2) counties may, by joint action, do the following:

(1) Purchase a tract of real property.

(2) Erect, organize, and operate a county home for the indigent of the counties on the real property.

(3) Continue the joint ownership and operation of the county home as the boards of commissioners desire.

(4) Do other things proper and necessary for the relief and comfort of the indigent within the counties forming the joint ownership that an individual county may do under this chapter.

[Pre-1992 Revision Citation: 12-4-1-1 part.]

As added by P.L.2-1992, SEC.24.

IC 12-30-1-4 Property tax; assessment; limitation

Sec. 4. To raise the amount necessary for the purchase of real property and the erection and furnishing of the buildings for county homes under this chapter, the board of commissioners of a county may assess a tax on property liable to be assessed for raising a county revenue. The assessment may not increase the rates at which the property is assessed by the laws existing when the tax is assessed by more than twenty-five percent (25%).

[Pre-1992 Revision Citation: 12-4-1-2.]

As added by P.L.2-1992, SEC.24.

IC 12-30-1-5 Removal to home of permanent charges to county; employment and support; removal of permanent charges to townships

Sec. 5. (a) A board of commissioners that has established a county home under this chapter:

(1) shall order that all indigent individuals who have become permanent charges on the county be removed to the county home; and

(2) may take the measures for the employment and support of the indigent as the board of commissioners considers advisable.

(b) After a county home is established and an order is issued under subsection (a), the township trustees as administrators of township assistance shall, as indigent individuals become permanent charges to their respective townships, have those individuals removed to the county home.

[Pre-1992 Revision Citation: 12-4-1-3.]

As added by P.L.2-1992, SEC.24. Amended by P.L.73-2005, SEC.154.

IC 12-30-1-6 Discontinuance; sale or lease; contracts with other counties or institutions to provide care to indigent individuals

Sec. 6. (a) A county home provided by a board of commissioners for the indigent may be discontinued in whole or in part by the board of commissioners, subject to the approval of the county fiscal body. The real and personal property that relates to a discontinued county home and that belongs to the county may be:

(1) sold, leased, or otherwise disposed of, in whole or in part, as real property of the county is sold; or

(2) applied in the manner that is best for the interest of the county and approved by the county fiscal body.

(b) If the county home of a county is discontinued under this section, the board of commissioners of the county may contract with the board of commissioners of the nearest other county that has available accommodations for the maintenance and care of the indigent individuals of the county in the county home of the other county.

(c) A board of commissioners that discontinues a county home under this section may contract with:

(1) a person or corporation that maintains within the county an institution for the care of indigent individuals; or

(2) another agency or private institution located in Indiana that has appropriate facilities and is willing to accept and provide care and maintenance for indigent individuals;

for the maintenance and care of the indigent of the county. The contract may include

reasonable terms and conditions that are agreed upon by the board of commissioners and approved by the county fiscal body.

[Pre-1992 Revision Citation: 12-4-1-5.]

As added by P.L.2-1992, SEC.24.

IC 12-30-1-7 Delegation of duties; contract for services; action not constituting discontinuance

Sec. 7. (a) The board of commissioners of a county may:

(1) delegate the performance of the board's duties under this article; and

(2) contract for the services reasonably required to operate and maintain the county home, including the management of the county home;

on terms and conditions the board finds reasonable and in the best interests of the county.

(b) Any action taken by the board of commissioners of a county under this section does not constitute a discontinuance under section 6 of this chapter as long as the board's actions under this section do not limit the ultimate authority of the board of commissioners over the county home.

As added by P.L.172-2017, SEC.5.

IC 12-30-2 Chapter 2. Management and Staffing of County Homes

12-30-2-1	Superintendent; term of office; removal
12-30-2-2	Superintendent; qualifications
12-30-2-3	Superintendent; nepotism
12-30-2-4	Superintendent; bond
12-30-2-5	Superintendent; removal for cause; record; appeal
12-30-2-6	Superintendent; salary; quarters and board
12-30-2-7	Management rules; employees; number and compensation
12-30-2-8	Inspections; report
12-30-2-9	Appointments; removal of officer or employee; prohibition on considerations for employment; delegation of duties
12-30-2-10	Management of home; best interests of county; labor by residents; excuse from labor; dismissal for refusing labor
12-30-2-11	Rules prescribed by the board of commissioners; suggestions made by division; reports
12-30-2-12	Biannual report to board of commissioners; contents
12-30-2-13	Excess produce; sales; proceeds; deposits; reports
12-30-2-14	Payment of officers and employees; materials and supplies; specific appropriations; void agreements
12-30-2-15	Itemized statements of payments for medical services of county home residents

IC 12-30-2-1 Superintendent; term of office; removal

Sec. 1. The board of commissioners of each county shall appoint a superintendent of the county home. The superintendent serves for four (4) years from March 1, unless removed for cause under section 5 of this chapter.

[Pre-1992 Revision Citation: 12-4-2-1(a).]

As added by P.L.2-1992, SEC.24.

IC 12-30-2-2 Superintendent; qualifications

Sec. 2. In appointing a superintendent of the county home, the commissioners shall select a reputable citizen of good moral character, kind and humane disposition, and good executive ability, who has had a good education. No consideration other than character, competence, and fitness may be allowed to actuate the commissioners in selecting, continuing, or discharging a superintendent or other officer.

[Pre-1992 Revision Citation: 12-4-2-1(c).]

As added by P.L.2-1992, SEC.24.

IC 12-30-2-3 Superintendent; nepotism

Sec. 3. A relative of a member of the board of commissioners may not be appointed superintendent or employed in any capacity. A relative of the superintendent, except the spouse as assistant, may not be employed in any capacity with the home except by the consent of the board of commissioners.

[Pre-1992 Revision Citation: 12-4-2-1(d).]

As added by P.L.2-1992, SEC.24.

IC 12-30-2-4 Superintendent; bond

Sec. 4. Each superintendent of a county home established and operated under this chapter may, in the manner prescribed by IC 5-4-1, be required to give bond, conditioned upon the faithful discharge of the superintendent's duty.

[Pre-1992 Revision Citation: 12-4-1-4(a).]

As added by P.L.2-1992, SEC.24.

IC 12-30-2-5 Superintendent; removal for cause; record; appeal

Sec. 5. The board of commissioners of a county may remove the superintendent of the

county home from office at any time, but only for cause, which must be entered in the record book of the board of commissioners. A superintendent removed from office under this section may appeal the removal action to the circuit court, superior court, or probate court of the county within ten (10) days in the same manner as other appeals are taken from actions of the board of commissioners.

[Pre-1992 Revision Citation: 12-4-2-2 part.]

As added by P.L.2-1992, SEC.24. Amended by P.L.84-2016, SEC.64.

IC 12-30-2-6 Superintendent; salary; quarters and board

Sec. 6. Each superintendent appointed under this chapter is entitled to an annual salary, in addition to quarters and board for the superintendent and family in the county home, in an amount fixed by the board of commissioners.

[Pre-1992 Revision Citation: 12-4-2-1(b).]

As added by P.L.2-1992, SEC.24.

IC 12-30-2-7 Management rules; employees; number and compensation

Sec. 7. The board of commissioners of each county shall prescribe rules necessary for the management of the county home. With the advice and assistance of the superintendent of the county home, the board of commissioners shall regulate the number and fix the compensation of the assistants, nurses, attendants, farmers, seamstresses, laborers, and other employees needed for the care and control of the home.

[Pre-1992 Revision Citation: 12-4-2-2 part.]

As added by P.L.2-1992, SEC.24.

IC 12-30-2-8 Inspections; report

Sec. 8. (a) The board of commissioners shall, as a board, visit and inspect the county home at least one (1) time in every three (3) months and enter a report of the board of commissioners' inspection, stating needs and conditions of the institution in the records of the board of commissioners. The report shall be signed by each member of the board of commissioners.

(b) The members of a board of commissioners that has established a county home under this chapter shall, in person, annually inspect the county home with regard to the fitness of the county home in all respects for the object for which the county home was established.

[Pre-1992 Revision Citation: 12-4-2-2 part.]

As added by P.L.2-1992, SEC.24.

IC 12-30-2-9 Appointments; removal of officer or employee; prohibition on considerations for employment; delegation of duties

Sec. 9. (a) Except as provided in subsection (e), the superintendent of a county home shall appoint the assistants, nurses, farmers, laborers, and other employees needed for the work of the home.

(b) Except as provided in subsection (e), the superintendent may at any time remove and dismiss an officer or employee appointed by the superintendent. The superintendent shall report the removal in writing to the board of commissioners at the next regular meeting.

(c) Except as provided in subsection (e), the superintendent of a county home shall promptly remove an officer or employee who is guilty of drunkenness, profane or abusive language in the presence of the residents, cruelty to the residents, lewdness, or any other offense against Indiana law or against public decency.

(d) The superintendent may not consider political, family, or any other improper influence in appointing or dismissing a subordinate officer or an employee. Considerations of character, merit, and competence are the only reasons for appointment or dismissal.

(e) A person delegated the performance of duties under IC 12-30-1-7 may make an appointment, removal, or dismissal under this section if the person was delegated the

authority to do so by the board of commissioners of the county.

[Pre-1992 Revision Citation: 12-4-2-3.]

As added by P.L.2-1992, SEC.24. Amended by P.L.172-2017, SEC.6.

IC 12-30-2-10 Management of home; best interests of county; labor by residents; excuse from labor; dismissal for refusing labor

Sec. 10. (a) The superintendent of the county home shall manage the county home and its farm to the best interests of the county.

(b) The superintendent shall maintain order and discipline and shall assign a reasonable amount of labor to every resident who is able to perform labor. A resident may not be excused from labor except by the superintendent or by the county physician for cause. The excuse of a resident by the physician shall be for a definite time, except in the case of:

(1) residents at least seventy (70) years of age; or

(2) residents suffering from a physical or mental disability that makes the residents unfit for labor;

to whom a permanent excuse may be given by the physician.

(c) A resident who refuses to perform the task assigned by the superintendent may be dismissed from the county home by the superintendent and can only be readmitted within six (6) weeks after dismissal:

(1) with the consent of the superintendent; or

(2) upon an order that is issued by the township trustee as the administrator of township assistance and endorsed by the chairman of the board of commissioners.

[Pre-1992 Revision Citation: 12-4-2-4 part.]

As added by P.L.2-1992, SEC.24. Amended by P.L.73-2005, SEC.155.

IC 12-30-2-11 Rules prescribed by the board of commissioners; suggestions made by division; reports

Sec. 11. The superintendent of a county home shall carefully observe the rules prescribed by the board of commissioners and shall be guided by suggestions that are made by the division of family resources and the county office. The superintendent shall make reports to the board of commissioners when the board of commissioners orders and shall make reports to the division of family resources when directed by the division.

[Pre-1992 Revision Citation: 12-4-2-4 part.]

As added by P.L.2-1992, SEC.24. Amended by P.L.4-1993, SEC.225; P.L.5-1993, SEC.238; P.L.145-2006, SEC.127.

IC 12-30-2-12 Biannual report to board of commissioners; contents

Sec. 12. The superintendent shall make to the board of commissioners a detailed biannual report in writing of the following:

(1) The time and manner of the admission of each indigent individual.

(2) The health and fitness for labor of each resident.

(3) The value of the labor contributed by the residents of the county home.

(4) The expense incurred in the operation of the county home.

[Pre-1992 Revision Citation: 12-4-1-4(b).]

As added by P.L.2-1992, SEC.24.

IC 12-30-2-13 Excess produce; sales; proceeds; deposits; reports

Sec. 13. (a) If there is produce of the county farm that is not needed for the subsistence of the residents, the superintendent shall report that fact to the board of commissioners. The board of commissioners may order the superintendent to sell the surplus produce in the manner and at the time as to produce the best return of money to the county.

(b) The superintendent shall, after making a sale of surplus produce under this section, collect the money and deposit the money with the county treasurer, who shall give the

superintendent a receipt for the amount. The superintendent shall immediately thereafter report the transaction to the county auditor, file with the auditor the treasurer's receipt for the money, and take a quietus from the auditor for the money.

(c) All transactions regarding the sale of surplus products from the county farm shall be reported by the superintendent to the board of commissioners in an open meeting. The following information about the transactions shall be entered upon the board of commissioners' record:

(1) The names of the purchasers.

(2) A description of the articles sold.

(3) The quantity of articles sold.

(4) The date of sale.

(5) The price received.

[Pre-1992 Revision Citation: 12-4-2-6.]

As added by P.L.2-1992, SEC.24.

IC 12-30-2-14 Payment of officers and employees; materials and supplies; specific appropriations; void agreements

Sec. 14. (a) The authority of a county fiscal body under this chapter to pay officers and employees of county homes and to pay for materials and supplies for county homes is strictly limited to the extent of specific appropriations of money made in advance by the county fiscal body upon estimates furnished.

(b) An obligation or a liability may not be incurred by an officer on behalf of the county unless the obligation or liability is within the appropriation specifically made for the purpose.

(c) An undertaking or agreement contrary to this section is void, and no action may be maintained against the county based upon the undertaking or agreement.

[Pre-1992 Revision Citation: 12-4-2-7.]

As added by P.L.2-1992, SEC.24.

IC 12-30-2-15 Itemized statements of payments for medical services of county home residents

Sec. 15. (a) Beginning on July 1, 2004, before the last day of each month, the office of the secretary of family and social services, or the office's designee, shall submit to a county home an itemized statement of a payment for the medical services for a resident of the county home during the previous calendar month, if a resident has given written consent allowing the office to disclose the resident's payment for medical services information to the county home.

(b) The office of the secretary of family and social services, or the office's designee, shall include the following information in the itemized statement:

(1) The patient's name.

(2) The service code for the service provider.

(3) The amount requested by the provider.

(4) The amount paid by the office.

(c) Before July 1, 2004, the office of the secretary of family and social services, or the office's designee, shall maintain a county home's itemized statements so as to allow a county home access to the county home's statements through a secure connection over the Internet.

As added by P.L.246-2003, SEC.1.

IC 12-30-3 Chapter 3. County Homes in Certain Counties

12-30-3-1	Application of chapter
12-30-3-2	Establishment of homes
12-30-3-3	County home board; membership; qualifications; term of office; vacancies
12-30-3-4	County home board; members; mileage payments; per diem
12-30-3-5	County home board; meetings; quorum
12-30-3-6	County home board; official seal; minute book
12-30-3-7	County home superintendent; appointment; qualifications; removal
12-30-3-8	County home superintendent; duties; compensation; mileage payments; oath; bond
12-30-3-9	County home board; policies, rules, and regulations for government of home; discharge by county home superintendent of administrative duties
12-30-3-10	County home board; duties
12-30-3-11	County home board; development plan; cooperation with other agencies
12-30-3-12	County home board; inspection of facilities
12-30-3-13	County home superintendent; assistants; appointment; qualifications; compensation; dismissal
12-30-3-14	Admission of patients and residents; recipients of old age assistance and blind assistance
12-30-3-15	Hospitalization or medical care needed by patient or resident
12-30-3-16	Participation in work of farm or home; community life; special privileges; self employment
12-30-3-17	Counties not having consolidated cities; charges for care and maintenance of patients and residents
12-30-3-18	Counties having consolidated cities; schedule of charges for care and maintenance of patients and residents
12-30-3-19	Money for operation and maintenance of county homes
12-30-3-20	Employment of residents or patients
12-30-3-21	County home board; power to sue and be sued
12-30-3-22	County home board; rights and powers
12-30-3-23	Gifts, devises, and bequests; investment; special fund; expenditures
12-30-3-24	Bond and liability insurance premiums
12-30-3-25	Immunity from personal liability
12-30-3-26	Administration of oaths and affirmations
12-30-3-27	Nepotism
12-30-3-28	Purpose of chapter

IC 12-30-3-1 Application of chapter

Sec. 1. This chapter applies to a county having a population of more than two hundred thirty-five thousand (235,000).

[Pre-1992 Revision Citation: 12-4-3-1(a).]

As added by P.L.2-1992, SEC.24.

IC 12-30-3-2 Establishment of homes

Sec. 2. (a) The board of commissioners may establish, construct, purchase, lease, convert, or accept and maintain a county home for the support and care of individuals within at least one (1) of the following categories:

(1) The aged.

(2) The blind.

(3) The destitute.

(4) The homeless.

(5) The infirm or chronically ill.

(6) Individuals who need nursing or convalescent care, but not hospitalization, within the available facilities of the county home.

(b) The board of commissioners may use or convert:

(1) the county infirmary;

(2) the county home;

(3) the county farm; or

(4) any other facilities belonging to or received by the county by donation, gift, devise, purchase, lease, or otherwise;

for the purposes set forth in subsection (a).

[Pre-1992 Revision Citation: 12-4-3-1(b).]

As added by P.L.2-1992, SEC.24.

IC 12-30-3-3 County home board; membership; qualifications; term of office; vacancies

Sec. 3. (a) A county home board is created in each county that maintains a county home under this chapter.

(b) The county home board consists of seven (7) members who must be residents of the county. The county home board shall be appointed by the board of commissioners, with consent of the county council. The members shall be appointed without regard to political affiliation, except that not more than four (4) members may belong to the same political party.

(c) Each member shall be appointed on the basis of the member's recognized interests in and demonstrated knowledge of the problems of the county home and the proper care and treatment of the county home's patients and residents.

(d) All appointments are for terms of four (4) years and begin on the January 1 immediately after the expiration of the previous term of appointment. A member serves until the member's successor has been appointed and qualified.

(e) A vacancy occurring for any cause in the membership of the county home board shall be filled for the unexpired term by the board of commissioners. The board of commissioners shall make appointments promptly as far as feasible so that the full membership of the county home board shall be appointed and maintained.

[Pre-1992 Revision Citation: 12-4-3-2.]

As added by P.L.2-1992, SEC.24.

IC 12-30-3-4 County home board; members; mileage payments; per diem

Sec. 4. (a) The members of the county home board serve without salary, but are entitled to receive for each mile actually and necessarily traveled:

(1) within the county in going to and from officially called meetings of the county home board; and

(2) within Indiana in going to and from meetings of the county home board officially called by the division of family resources;

an amount for mileage at a rate determined by the county fiscal body.

(b) A member not holding other lucrative elective or appointive office may receive a per diem allowance of not more than twenty-five dollars ($25) for attendance at any regularly called meeting of the county home board. Per diem allowances may not exceed twenty-five dollars ($25) to any one (1) member in a calendar month and may be paid only if the amount has been made available by appropriation.

[Pre-1992 Revision Citation: 12-4-3-3 part.]

As added by P.L.2-1992, SEC.24. Amended by P.L.10-1997, SEC.17; P.L.145-2006, SEC.128.

IC 12-30-3-5 County home board; meetings; quorum

Sec. 5. (a) The county home board shall hold one (1) regular meeting each month and the called meetings prescribed by the rules of the county home board. The regular meeting shall be held at the county home unless the county home board decides to hold the meeting elsewhere for some specific reason. The May meeting is the annual meeting.

(b) Four (4) members of the county home board constitute a quorum for the transaction of business. At the annual meeting, the county home board shall elect a president and a vice

president for a term of one (1) year. The president and vice president serve until a successor is elected.

[Pre-1992 Revision Citation: 12-4-3-3 part.]

As added by P.L.2-1992, SEC.24.

IC 12-30-3-6 County home board; official seal; minute book

Sec. 6. The county home board shall adopt and use an official seal for the authentication of the county home board's orders and records and shall cause the county home board's proceeding to be duly recorded in an official minute book maintained by the secretary of the county home board.

[Pre-1992 Revision Citation: 12-4-3-3 part.]

As added by P.L.2-1992, SEC.24.

IC 12-30-3-7 County home superintendent; appointment; qualifications; removal

Sec. 7. (a) The county home board shall, with the advice and approval of the board of commissioners, appoint a county home superintendent.

(b) The county home superintendent shall be appointed solely on the basis of merit and fitness for the position and without regard to the appointee's political affiliation. The county home superintendent must:

(1) be a citizen of the United States;

(2) be of good executive ability;

(3) be qualified as an institutional administrative officer;

(4) be a reputable citizen of good moral character; and

(5) have had the proper experience and training to manage efficiently the county home and to supervise or provide necessary and proper care and treatment for the county home's patients and residents.

(c) The county home superintendent may be removed from office only for cause, on charges of inefficiency or another proper charge, after a hearing before the county home board.

[Pre-1992 Revision Citation: 12-4-3-4.]

As added by P.L.2-1992, SEC.24.

IC 12-30-3-8 County home superintendent; duties; compensation; mileage payments; oath; bond

Sec. 8. (a) The county home superintendent:

(1) is the executive and administrative officer of the county home;

(2) serves as the secretary of the county home board but is not a voting member of the county home board; and

(3) shall perform all duties and functions of county home superintendent as provided by law under the direction and supervision of the county home board.

(b) A county home superintendent is entitled to compensation as fixed by the county home board within the lawfully established appropriations, which shall be paid monthly in the same manner as the compensation of the county officers as provided by law.

(c) In addition to the compensation referred to in subsection (b), the county home superintendent may receive for each mile actually and necessarily traveled an amount for mileage at a rate determined by the county fiscal body.

(d) Before entering upon the duties of the superintendent's office, the county home superintendent:

(1) shall take the oath of office required by law; and

(2) may, in the manner prescribed by IC 5-4-1, be required to execute a surety bond conditioned on the faithful performance of the superintendent's duties.

[Pre-1992 Revision Citation: 12-4-3-5.]

As added by P.L.2-1992, SEC.24. Amended by P.L.10-1997, SEC.18.

IC 12-30-3-9 County home board; policies, rules, and regulations for government of home; discharge by county home superintendent of administrative duties

Sec. 9. (a) The county home board shall adopt all policies, rules, and regulations for the government of the county home.

(b) The county home superintendent shall discharge all administrative and executive duties and responsibilities of the county home, subject to the approval of the county home board.

[Pre-1992 Revision Citation: 12-4-3-6 part.]

As added by P.L.2-1992, SEC.24.

IC 12-30-3-10 County home board; duties

Sec. 10. The county home board shall do the following:

(1) Fix the salaries of the officers and employees of the county home within the lawfully established appropriations.

(2) Supervise the maintenance, operation, and services of the county home.

(3) Supervise and safeguard the health, safety, welfare, and comfort of the patients and residents of the county home.

(4) Review and approve the annual budget of the county home for submission as provided by law.

(5) Adopt rules and regulations for admissions to the county home as provided by law, subject to the approval of the board of commissioners.

(6) Recommend to the board of commissioners necessary additions, repairs, and improvements to the buildings, grounds, and physical plant of the county home.

(7) Review quarterly and annual estimates and requests for food, supplies, and equipment for the county home.

(8) Plan for the requirements of the county home and interpret those requirements to the board of commissioners and the county council.

(9) Cooperate with the county hospital authorities and other public and private agencies and facilities of the county and state.

(10) Improve and extend the services and facilities of the county home as found necessary or desirable, especially nursing services for the aged, blind, infirm, and chronically ill, and those in need of nursing and convalescent care.

[Pre-1992 Revision Citation: 12-4-3-6 part.]

As added by P.L.2-1992, SEC.24.

IC 12-30-3-11 County home board; development plan; cooperation with other agencies

Sec. 11. The county home board shall plan for the effective development of the county home for the public benefit and shall be empowered to cooperate with all agencies of government to accomplish this purpose.

[Pre-1992 Revision Citation: 12-4-3-6 part.]

As added by P.L.2-1992, SEC.24.

IC 12-30-3-12 County home board; inspection of facilities

Sec. 12. The county home board shall regularly inspect all facilities of the county home. In the inspections, the board shall examine the following:

(1) The sufficiency and performance of the personnel.

(2) The health, medical care, and nursing care of patients and residents.

(3) Drug handling.

(4) Mechanical restraint and seclusion.

(5) Food service and food sanitation.
(6) Water supply.
(7) Sanitation and sewage disposal.
(8) Physical plant and equipment.
(9) Safety standards.
(10) Community life and occupational therapy for patients and residents.
(11) Handling of mail and assistance warrants of patients and residents.
(12) Admission of patients and residents on a voluntary basis.
(13) Records and reports.
(14) Working and living arrangements for staff personnel.
(15) Other items the inspection of which is provided by law or determined to be necessary or advisable by the county home board.

[Pre-1992 Revision Citation: 12-4-3-6 part.]

As added by P.L.2-1992, SEC.24.

IC 12-30-3-13 County home superintendent; assistants; appointment; qualifications; compensation; dismissal

Sec. 13. (a) The county home superintendent shall, with the approval of the county home board, appoint as many assistants as the superintendent and the county home board determine to be necessary to do the following:

(1) Administer the activities and services of the county home.
(2) Provide proper and adequate care for patients and residents.
(3) Perform all other duties required of the county.

(b) Assistants must be appointed under this section solely on the basis of qualification and training for the duties assigned and without regard to political affiliation.

(c) The county home superintendent shall, with the approval of the county home board, fix the compensation of the assistants appointed under this section within the lawfully established appropriations.

(d) Assistants appointed under this section may be dismissed only for cause by the county home superintendent with the approval of the county home board. An assistant dismissed under this subsection has the right to a hearing before the county home board if requested within ten (10) days after the effective date of dismissal.

[Pre-1992 Revision Citation: 12-4-3-7.]

As added by P.L.2-1992, SEC.24.

IC 12-30-3-14 Admission of patients and residents; recipients of old age assistance and blind assistance

Sec. 14. (a) Admission of all patients and residents to the county home must be on a voluntary basis and without regard to race, religion, color, sex, national origin, or ancestry.

(b) Recipients of old age assistance and blind assistance shall be admitted to the county home on the same basis and for the same charge as other patients and residents in the county home. There may be no discrimination in the care and treatment of patients and residents of the county home because of the source of the money for the support and care of the patients and residents.

[Pre-1992 Revision Citation: 12-4-3-8 part.]

As added by P.L.2-1992, SEC.24.

IC 12-30-3-15 Hospitalization or medical care needed by patient or resident

Sec. 15. Whenever a patient or resident in the county home requires hospitalization, medical nursing, or other care beyond the facilities of the county home, arrangements shall be made promptly for furnishing that necessary care.

[Pre-1992 Revision Citation: 12-4-3-8 part.]

As added by P.L.2-1992, SEC.24.

IC 12-30-3-16 Participation in work of farm or home; community life; special privileges; self employment

Sec. 16. (a) Participation by residents or patients in the work of the farm or home, other than care of person and simple duties such as care of bed and room, shall be on a voluntary basis.

(b) Effort shall be made to provide community life and opportunities for such activities, along the line of occupational therapy, under the direction of a physician, as are consistent with the mental and physical well-being of the residents or patients.

(c) Special privileges, duties, or responsibilities may not be extended to one (1) resident or patient unless made available to every resident or patient within the patient's own mental or physical limitations.

(d) Opportunity shall be developed for self employment and personal earnings in connection with hobbies and abilities within reasonable limits for the well-being of residents and patients.

[Pre-1992 Revision Citation: 12-4-3-8 part.]

As added by P.L.2-1992, SEC.24.

IC 12-30-3-17 Counties not having consolidated cities; charges for care and maintenance of patients and residents

Sec. 17. (a) This section applies to a county that does not have a consolidated city.

(b) The amount to be charged for the care and maintenance of each patient or resident in the county home shall be fixed as provided by law and may not exceed the maximum amount established by law.

[Pre-1992 Revision Citation: 12-4-3-9(c).]

As added by P.L.2-1992, SEC.24.

IC 12-30-3-18 Counties having consolidated cities; schedule of charges for care and maintenance of patients and residents

Sec. 18. (a) This section applies to a county having a consolidated city.

(b) The county home board shall fix a schedule of charges for the care and maintenance of patients or residents and the effective date of the schedule. A schedule of charges established under this section is not effective until after the charges have been approved by resolution of the city-county council. In establishing the schedule of charges, the county home board may fix different rates based on different types or classes of care. If the home is licensed under state or federal laws that authorize or fix different classes of care, those classifications authorized or fixed by law are a sufficient basis for classification in the schedule of charges. The schedule of charges may also provide that separate and additional charges may be charged for special treatments, drugs, medical service, appliances, and other auxiliary services that are not included in the classification of care.

(c) This section is the exclusive basis of determining the charges to be made to patients and residents of a county home and the provisions of any other laws regarding those rates, including laws concerning county institutions, relief of poor persons, township trustees, county offices of the division of family resources, and boards of commissioners, do not apply. However, a rate established under this section must be based on a fair and reasonable estimate of the cost of the care and may not anticipate any profit from rendering the care.

[Pre-1992 Revision Citation: 12-4-3-9(a), (b).]

As added by P.L.2-1992, SEC.24. Amended by P.L.4-1993, SEC.226; P.L.5-1993, SEC.239; P.L.145-2006, SEC.129.

IC 12-30-3-19 Money for operation and maintenance of county homes

Sec. 19. Money for the operation and maintenance of the county home, the care and support of patients and residents in the county home, and improvements and activities authorized by this chapter and laws supplementary to this chapter shall be provided, levied,

appropriated, made available, and expended as provided by law.

[Pre-1992 Revision Citation: 12-4-3-10.]

As added by P.L.2-1992, SEC.24.

IC 12-30-3-20 Employment of residents or patients

Sec. 20. Able-bodied residents or ambulatory patients within their physical and mental capacity may be employed on a voluntary basis by the county home superintendent with the approval of the county home board, on the terms for board, maintenance, and compensation that are mutually acceptable. Upon being employed under this section, a resident or patient shall be given the privileges, duties, and status of a county home employee.

[Pre-1992 Revision Citation: 12-4-3-11.]

As added by P.L.2-1992, SEC.24.

IC 12-30-3-21 County home board; power to sue and be sued

Sec. 21. The county home board, in its legal capacity and under its own name, may prosecute and defend suits. A suit brought against the county home board may be begun in the circuit or superior court or any other court with jurisdiction in the county. A notice or summons concerning a suit against the county home board must be served upon the county home superintendent. In a suit brought by or against the county home board, it is not necessary to name the individual members of the county home board as either plaintiff or defendant. The county home board may sue or be sued under the name of " _____ County Home Board".

[Pre-1992 Revision Citation: 12-4-3-12 part.]

As added by P.L.2-1992, SEC.24.

IC 12-30-3-22 County home board; rights and powers

Sec. 22. The board has all other rights and powers and shall perform all other duties that are:

(1) necessary to administer this chapter; and

(2) not inconsistent with this chapter.

[Pre-1992 Revision Citation: 12-4-3-12 part.]

As added by P.L.2-1992, SEC.24.

IC 12-30-3-23 Gifts, devises, and bequests; investment; special fund; expenditures

Sec. 23. (a) The county home board may receive and administer any gift, devise, or bequest of personal property, including the income from real property, to or for the benefit of the county home or for the benefit of residents or patients who are admitted to the care or supervision of the county home board. The county home board may invest or reinvest any of the money received under this section in the same kinds of securities in which life insurance companies are authorized by law to invest money.

(b) All money received by the county home board under this section and all money, proceeds, or income realized from real property or other investments:

(1) shall be kept in a special fund;

(2) may not be commingled with any other fund received from taxation; and

(3) may be expended by the county home board in any manner consistent with the purposes of the fund's creation and the intention of the donor, subject to the approval of the court of the county having probate jurisdiction.

[Pre-1992 Revision Citation: 12-4-3-13.]

As added by P.L.2-1992, SEC.24.

IC 12-30-3-24 Bond and liability insurance premiums

Sec. 24. The premiums on all bonds and liability insurance that an officer or a person is

required by this chapter to execute by law or by action of the county home board shall be paid in the same manner as other expenses of the county home are paid out of the appropriation for fixed charges, unless otherwise expressly provided by law.

[Pre-1992 Revision Citation: 12-4-3-14.]

As added by P.L.2-1992, SEC.24.

IC 12-30-3-25 Immunity from personal liability

Sec. 25. The:

(1) members of the county home board;

(2) the county home superintendent; and

(3) officers and employees of the county home;

are not personally liable, except to the state or the county, for an official act done or omitted in connection with the performance of duties established under this chapter.

[Pre-1992 Revision Citation: 12-4-3-15.]

As added by P.L.2-1992, SEC.24.

IC 12-30-3-26 Administration of oaths and affirmations

Sec. 26. An officer or employee of the county home may, upon written authorization by the county home board, administer the oaths and affirmations required to carry out the purposes of this chapter.

[Pre-1992 Revision Citation: 12-4-3-16.]

As added by P.L.2-1992, SEC.24.

IC 12-30-3-27 Nepotism

Sec. 27. Nepotism may not be permitted in appointments and employment in the county home, so far as prohibited by law.

[Pre-1992 Revision Citation: 12-4-3-17.]

As added by P.L.2-1992, SEC.24.

IC 12-30-3-28 Purpose of chapter

Sec. 28. The purpose of this chapter is to provide necessary and prompt assistance and care without stigma to the citizens and residents of Indiana who are entitled to avail themselves of this chapter's provisions, especially those having little or no resources and low income persons or the homeless or unattached or those requiring care and support or nursing beyond the capacity of the family home in situations not requiring hospitalization or other medical treatment or care in other state and county institutions. This chapter shall be liberally construed so that its purposes may be accomplished as equitably, economically, and expeditiously as possible.

[Pre-1992 Revision Citation: 12-4-3-18.]

As added by P.L.2-1992, SEC.24.

IC 12-30-4 Chapter 4. Placement of Indigent in County Homes and Payment of Indigent Expenses

12-30-4-1	Receipt and support of indigents; contracting with other counties or charitable institutions
12-30-4-2	Admission of individuals who have become permanent charges on township; temporary placement
12-30-4-3	Township trustee; investigation of individual; report to county board of commissioners
12-30-4-4	Recommendation by township trustee; consideration and investigation by county board of commissioners; terms and conditions of admission; delegation of investigation
12-30-4-5	Denial of admission; appeals
12-30-4-6	Temporary admission
12-30-4-7	Public assistance recipients; voluntary admission; charge for care and maintenance; modification of welfare payments
12-30-4-8	Charge for care and maintenance of individuals
12-30-4-9	Voluntary residents; ability to pay all or part of costs of care; charges
12-30-4-10	Appropriations; advancement of money to township trustees
12-30-4-11	Payments to county; maximum monthly amounts per individual; taxation

IC 12-30-4-1 Receipt and support of indigents; contracting with other counties or charitable institutions

Sec. 1. Every county that maintains, in addition to any other charitable institution permitted by law, a county home that provides for the care of indigent individuals as provided by law:

(1) shall receive and support in the county home indigent individuals who:

(A) are lawfully settled in the county; and

(B) placed in the county home by the township trustee as the administrator of township assistance, with the consent of the board of commissioners of the county; or

(2) may contract with other counties or with other charitable institutions located in Indiana for the relief and support of indigent individuals maintained as a public charge of the county, and may levy taxes for that purpose.

[Pre-1992 Revision Citation: 12-2-1-4(1).]

As added by P.L.2-1992, SEC.24. Amended by P.L.73-2005, SEC.156.

IC 12-30-4-2 Admission of individuals who have become permanent charges on township; temporary placement

Sec. 2. (a) The township trustee as the administrator of township assistance shall periodically provide for the admission to the county home of indigent individuals who have become permanent charges on the township.

(b) Whenever an individual who is determined to be eligible for township assistance and is entitled to temporary relief is in a township in which the individual does not have legal settlement, the township trustee as the administrator of township assistance may place the individual temporarily in the county home.

[Pre-1992 Revision Citations: subsection (a) formerly 12-2-1-9; subsection (b) formerly 12-2-1-21.]

As added by P.L.2-1992, SEC.24. Amended by P.L.51-1996, SEC.74; P.L.73-2005, SEC.157.

IC 12-30-4-3 Township trustee; investigation of individual; report to county board of commissioners

Sec. 3. The township trustee as the administrator of township assistance shall, when seeking the admission of an individual as a resident of a county home, first investigate the individual and make a report to the board of commissioners of the county. The report must contain the following:

(1) The name of the individual.

(2) The birth place and date of birth of the individual.

(3) The length of time that the individual has been legally settled in the township.

(4) A statement of the health of the individual, which must be certified to by a competent physician.

(5) A statement of the income, property, or property rights of the individual.

(6) A list of the individual's relatives who, in the opinion of the township trustee as the administrator of township assistance, are capable of making contributions for the support of the individual.

[Pre-1992 Revision Citation: 12-2-1-4(2)(a) part.]

As added by P.L.2-1992, SEC.24. Amended by P.L.73-2005, SEC.158.

IC 12-30-4-4 Recommendation by township trustee; consideration and investigation by county board of commissioners; terms and conditions of admission; delegation of investigation

Sec. 4. (a) The board of commissioners of the county shall, upon receipt of a recommendation by the township trustee as the administrator of township assistance, immediately consider the recommendation and make further investigation that the board of commissioners considers best. The board of commissioners of the county shall admit the individual on the terms, conditions, and contract that the board of commissioners considers just and fair by requiring the individual sought to be admitted, or other persons or agencies, to pay the money, within the rate lawfully established under section 8 of this chapter, at the times that the board of commissioners considers proper.

(b) The board of commissioners may delegate the investigation to the superintendent of the county home or to other agencies or persons that the board of commissioners considers best. However, the board of commissioners retains the right of determination, subject only to the right of appeal.

[Pre-1992 Revision Citation: 12-2-1-4(2)(a) part.]

As added by P.L.2-1992, SEC.24. Amended by P.L.73-2005, SEC.159.

IC 12-30-4-5 Denial of admission; appeals

Sec. 5. If a board of commissioners finds that the individual sought to be admitted into the county home or other charitable institution should not, for any cause, be admitted, the individual denied admission, or the township trustee as the administrator of township assistance, may appeal from the decision of the board of commissioners of the county to the circuit court, superior court, or probate court of the county by filing a transcript of the record before the board of commissioners with the clerk of the circuit court, superior court, or probate court of the county, who shall immediately notify the circuit court, superior court, or probate court. The court shall, as soon as possible, proceed to hear and determine the matter. The court may order the board of commissioners to accept the individual in the county home or other charitable institution on the terms and conditions, within the lawfully established rate as provided in section 8 of this chapter, as the court orders.

[Pre-1992 Revision Citation: 12-2-1-4(2)(b) part.]

As added by P.L.2-1992, SEC.24. Amended by P.L.73-2005, SEC.160; P.L.84-2016, SEC.65.

IC 12-30-4-6 Temporary admission

Sec. 6. In case of an emergency and pending the decision by the board of commissioners or the circuit court, superior court, or probate court, an individual sought to be admitted shall be admitted temporarily. If the final determination is made that the individual should not be admitted, the trustee of the township of the individual's legal settlement, as the administrator of township assistance, shall immediately remove the individual from the county home or other charitable institution.

[Pre-1992 Revision Citation: 12-2-1-4(2)(b) part.]

As added by P.L.2-1992, SEC.24. Amended by P.L.73-2005, SEC.161; P.L.84-2016, SEC.66.

IC 12-30-4-7 Public assistance recipients; voluntary admission; charge for care and maintenance; modification of welfare payments

Sec. 7. If an individual sought to be admitted to a county home on a voluntary basis upon application to the board of commissioners is a recipient of public assistance from the county or other agencies, the individual may not be deprived of the right to receive welfare or other payments because of the individual's admission to a county home. However, the amount of the welfare payments may be taken into consideration by the board of commissioners in arriving at the amount, within the lawfully established rate as provided in section 8 of this chapter, necessary for the support of the individual sought to be admitted in the county home or other charitable institution. The county office may, in fixing the amount of welfare or other payments for the individual, take into consideration the fact that the individual is placed in the county home or other charitable institution and may modify the amount of the payments as the county office considers proper under Indiana law governing public assistance.

[Pre-1992 Revision Citation: 12-2-1-4(2)(c).]

As added by P.L.2-1992, SEC.24. Amended by P.L.4-1993, SEC.227; P.L.5-1993, SEC.240.

IC 12-30-4-8 Charge for care and maintenance of individuals

Sec. 8. The board of commissioners shall, each year at its July meeting, fix an amount to be charged for the care and maintenance of each individual in the county home or other charitable institution. The charge must cover the total amount to be charged for board, room, medical and nursing care, maintenance, clothing, and all other items furnished within the county home. The items shall be made available to all residents and patients on the same basis.

[Pre-1992 Revision Citation: 12-2-1-4(2)(d) part.]

As added by P.L.2-1992, SEC.24.

IC 12-30-4-9 Voluntary residents; ability to pay all or part of costs of care; charges

Sec. 9. In those cases in which facilities are available, the board of commissioners may accept individuals in need of care who are able to pay all or part of the costs of care on a voluntary basis. The board of commissioners of each county maintaining a county home shall periodically determine the reasonable cost of these services and fix charges for each voluntary resident on the basis of the cost of the care and ability of the voluntary resident to pay.

[Pre-1992 Revision Citation: 12-2-1-4(2)(d) part.]

As added by P.L.2-1992, SEC.24.

IC 12-30-4-10 Appropriations; advancement of money to township trustees

Sec. 10. The:

(1) county council shall appropriate; and

(2) the board of commissioners in each county shall advance;

to the township trustees as the administrators of township assistance the money necessary for the relief and burial of the indigent in each township, which shall be accounted for and repaid to the county treasurer as provided in section 11 of this chapter.

[Pre-1992 Revision Citation: 12-2-1-4(2) part.]

As added by P.L.2-1992, SEC.24. Amended by P.L.73-2005, SEC.162.

IC 12-30-4-11 Payments to county; maximum monthly amounts per individual; taxation

Sec. 11. (a) Each township trustee as the administrator of township assistance shall pay to the county the amount fixed for each individual admitted into the county home or other

charitable institution from the township, except those otherwise able to pay the cost of their care from their own resources or from other assistance awards. Except as provided in subsection (b), the amount that may be charged to the township may not exceed one hundred dollars ($100) per month per individual.

(b) This subsection applies to a county having a population of more than four hundred thousand (400,000) and less than seven hundred thousand (700,000). The amount charged the township per individual may not exceed forty-eight dollars ($48) per month or twelve dollars ($12) per week.

(c) Each township shall levy a tax sufficient to meet those expenses.

(d) Payment and settlement shall be made in July and December of each year for the preceding year.

[Pre-1992 Revision Citation: 12-2-1-4(2)(d) part.]

As added by P.L.2-1992, SEC.24. Amended by P.L.73-2005, SEC.163; P.L.11-2023, SEC.45.

IC 12-30-5 Chapter 5. Reimbursement of Expenses From County Home Resident's Estate

12-30-5-1 Charges against estates
12-30-5-2 Collections
12-30-5-3 Construction of chapter; duties of township trustees and county home superintendents

IC 12-30-5-1 Charges against estates

Sec. 1. If an individual who:

(1) is being supported at public expense in a county home; or

(2) has died while a resident of a county home;

is found to have an estate of any kind that is not needed for the support, in whole or in part, of the husband, wife, children, parents, grandparents, grandchildren, brothers, or sisters of the individual, the amount of expense incurred by the county for the treatment and maintenance of the individual shall be charged against the individual's estate, both during the individual's lifetime and after the individual's death.

[Pre-1992 Revision Citation: 12-4-5-1.]

As added by P.L.2-1992, SEC.24.

IC 12-30-5-2 Collections

Sec. 2. The reimbursement obtained under section 1 of this chapter shall be collected quarterly by the superintendent of the county home in which the individual resides or resided, at a rate of not more than seven dollars ($7) per week. The money received shall be paid quarterly into the county general fund. The superintendent or executive officer may, under the direction of the board of commissioners of the county, bring suit against the estate of an individual described in section 1 of this chapter failing to make payment as required in this chapter. If a judgment is obtained in a suit brought under this section, the judgment constitutes a lien against the part of the estate that is described in the complaint.

[Pre-1992 Revision Citation: 12-4-5-2.]

As added by P.L.2-1992, SEC.24.

IC 12-30-5-3 Construction of chapter; duties of township trustees and county home superintendents

Sec. 3. This chapter does affect the duties of township trustees or the superintendents of the county homes.

[Pre-1992 Revision Citation: 12-4-5-3.]

As added by P.L.2-1992, SEC.24.

IC 12-30-6 Chapter 6. Repealed

[Pre-1992 Revision Citations:

12-30-6-1	formerly 16-16-5-1 part
12-30-6-2	formerly 16-16-5-1 part
12-30-6-3	formerly 16-16-5-2(a)
12-30-6-4	formerly 16-16-5-2(b)
12-30-6-5	formerly 16-16-5-2(c).]

Repealed by P.L.6-1995, SEC.39.

IC 12-30-7 Chapter 7. Health Centers in Allen County and St. Joseph County

12-30-7-1 Application of chapter
12-30-7-2 Contracting county defined
12-30-7-3 Fund defined
12-30-7-4 Counties having population of more than 350,000 and less than 400,000; consolidation of property and supplies; health centers; divisions
12-30-7-5 Counties having population of more than 250,000 and less than 300,000; health centers; hospital divisions
12-30-7-6 Taxation; support of health centers
12-30-7-7 Borrowing money and issuing county obligations; support of health centers
12-30-7-8 Fixing levy and rate of taxation; additional appropriations
12-30-7-9 Health center board of managers; membership
12-30-7-10 Health center board of managers; term of office; successors
12-30-7-11 Health center board of managers; vacancies
12-30-7-12 Health center board of managers; meetings; quorum
12-30-7-13 Health center board of managers; election of president and vice president; term of office; minute book
12-30-7-14 Health center board of managers; mileage payments
12-30-7-15 Health center board of managers; center administrator; appointment; qualifications; removal
12-30-7-16 Health center administrator; duties; membership on board of managers
12-30-7-17 Health center administrator; travel expenses reimbursement
12-30-7-18 Health center administrator; duties
12-30-7-19 Health center fund; collection of money; premiums on bonds and insurance
12-30-7-20 Procedures, rules, and regulations
12-30-7-21 Health center board of managers; recommendations for salaries and benefits; officers and employees; bonds
12-30-7-22 Health center board of managers; duties
12-30-7-23 Health center board of managers; development plan; cooperation with other agencies
12-30-7-24 Health center board of managers; inspection of facilities
12-30-7-25 Admissions; nondiscriminatory basis
12-30-7-26 Health center board of managers; grants, devises, gifts, bequests, and donations
12-30-7-27 Tuberculosis defined; contracting for care of afflicted individuals; utilization of hospital division; care for individuals suffering from other chronic diseases
12-30-7-28 Health center budget; approval by county fiscal body
12-30-7-29 Counties without health center; contracts for services
12-30-7-30 County contracting for health center services; official visitor; appointment; term of office; duties; board of visitors
12-30-7-31 Tuberculosis and other chronic diseases; application for treatment
12-30-7-32 Discrimination because of race, creed, national origin, or ability to pay; prohibition
12-30-7-33 Financial investigation of patient; support order; liability of patient's estate and relatives; reimbursement from public assistance programs
12-30-7-34 Patients from counties without health centers; treatment for tuberculosis or other chronic diseases; application; examination; charges; financial investigation
12-30-7-35 Admissions; voluntary basis
12-30-7-36 Care outside scope of care provided by health center; arrangements
12-30-7-37 Rehabilitation work; voluntary basis
12-30-7-38 Community life
12-30-7-39 Amount of charges
12-30-7-40 Health center board of managers; prosecution and defense of suits
12-30-7-41 Health center board of managers; other powers and duties necessary to administration of chapter
12-30-7-42 Immunity from personal liability

IC 12-30-7-1 Application of chapter

Sec. 1. (a) This chapter applies to a county if all of the following conditions apply to the county:

(1) The county has a population of more than three hundred fifty thousand (350,000) and less than four hundred thousand (400,000).

(2) The county maintains, owns, or maintains and owns a county home for the support and care of persons who are aged, blind, destitute, homeless, infirm, chronically ill, or in need of nursing or convalescent care, but who do not require hospitalization.

(3) The county maintains, owns, or maintains and owns a hospital for the treatment of patients afflicted with tuberculosis and other chronic diseases that contracts with other counties for the treatment of citizens of the other counties.

(b) This chapter applies to a county if both of the following conditions apply to the county:

(1) The county has a population of more than two hundred fifty thousand (250,000) and less than three hundred thousand (300,000).

(2) The county maintains or owns a county home for the support and care of persons who are aged, blind, destitute, homeless, infirm, chronically ill, or in need of nursing or convalescent care, but who do not require hospitalization.

[Pre-1992 Revision Citations: subsection (a) formerly 12-4-6-1(a), (b), (c), (d); subsection (b) formerly 12-4-6-1.1(a).]

As added by P.L.2-1992, SEC.24. Amended by P.L.119-2012, SEC.108; P.L.104-2022, SEC.79.

IC 12-30-7-2 Contracting county defined

Sec. 2. As used in this chapter, "contracting county" means a county that contracts with the county having a health center for the care of patients afflicted with tuberculosis or other chronic diseases.

[Pre-1992 Revision Citation: 12-4-6-9 part.]

As added by P.L.2-1992, SEC.24.

IC 12-30-7-3 Fund defined

Sec. 3. As used in this chapter, "fund" refers to the county health center fund established by this chapter.

[Pre-1992 Revision Citation: 12-4-6-7 part.]

As added by P.L.2-1992, SEC.24.

IC 12-30-7-4 Counties having population of more than 350,000 and less than 400,000; consolidation of property and supplies; health centers; divisions

Sec. 4. (a) A county described in section 1(a) of this chapter shall consolidate all real property, buildings, equipment, supplies, employees, insurance, and equity of the county home and the hospital and operate both as one (1) entity to be known as the "_____ Health Center".

(b) The health center must include at least the following two (2) divisions:

(1) The health care facility division.

(2) The hospital division.

(c) Other divisions may be added as necessary.

[Pre-1992 Revision Citation: 12-4-6-1 part.]

As added by P.L.2-1992, SEC.24.

IC 12-30-7-5 Counties having population of more than 250,000 and less than 300,000; health centers; hospital divisions

Sec. 5. (a) A county described in section 1(b) of this chapter shall name and operate the county's county home as the "_____ Health Center".

(b) Notwithstanding any other provision of this chapter, the health center does not have a hospital division.

[Pre-1992 Revision Citation: 12-4-6-1.1(b).]

As added by P.L.2-1992, SEC.24.

IC 12-30-7-6 Taxation; support of health centers

Sec. 6. The board of commissioners of a county shall, with the approval of the county council, cause to be assessed, levied, and collected the amounts of money the board of commissioners considers necessary for the following:

(1) Suitable lands, buildings, and improvements for the health center.

(2) Maintenance of the health center.

(3) All other necessary expenditures.

[Pre-1992 Revision Citation: 12-4-6-1.5 part.]

As added by P.L.2-1992, SEC.24.

IC 12-30-7-7 Borrowing money and issuing county obligations; support of health centers

Sec. 7. The board of commissioners shall, with the approval of the county fiscal body, borrow money by the issue of county obligations, as the board of commissioners may do for other county purposes, for the following:

(1) The erection, furnishing, refurnishing, equipping, or reequipping of the health center.

(2) The purchase of a site for the health center.

(3) Additions to the site.

[Pre-1992 Revision Citation: 12-4-6-1.5 part.]

As added by P.L.2-1992, SEC.24.

IC 12-30-7-8 Fixing levy and rate of taxation; additional appropriations

Sec. 8. The board of commissioners shall annually recommend to the county fiscal body a tax rate and levy to provide the necessary money for the operation and maintenance of the health center based upon the estimates of the board of managers of the health center. The county fiscal body shall adopt a budget and fix a levy and rate of taxation that, when added to all estimated health center revenues, is sufficient to provide the amounts appropriated for the health center. The county fiscal body may make additional appropriations from the county general fund to make up deficits in estimated revenue or for emergencies.

[Pre-1992 Revision Citation: 12-4-6-1.5 part.]

As added by P.L.2-1992, SEC.24.

IC 12-30-7-9 Health center board of managers; membership

Sec. 9. (a) The county executive shall appoint a board of managers for the health center. The board of managers shall be composed of eleven (11) county residents appointed on the basis of the residents' recognized interest in and demonstrated knowledge of the problems of the health center and the proper care and treatment of the patients and residents. The board of managers must be composed of any combination of the following:

(1) Physicians holding unlimited licenses to practice medicine in Indiana.

(2) Licensed registered nurses, pharmacists licensed under IC 25-26-13, or licensed dentists.

(3) Individuals appointed from business, industry, and the health professions, or consumer representatives.

(4) Social workers.

(5) Dietitians.

(6) Professional engineers (as defined in IC 25-31-1-2).

(7) Any other resident of the county the board of commissioners considers qualified.

(b) Not more than six (6) members of the board of managers may be members of the same political party.

[Pre-1992 Revision Citation: 12-4-6-2(a), (b).]

As added by P.L.2-1992, SEC.24.

IC 12-30-7-10 Health center board of managers; term of office; successors

Sec. 10. (a) All appointments to the board of managers may be for terms of four (4) years. A member of the board of managers may not serve more than two (2) consecutive terms of four (4) years, except that a member of the board of managers for a health center located in a county described in section 1(b) of this chapter may serve consecutive four (4) year terms without limitation.

(b) Each member of the board of managers serves until the member's qualified successor is appointed.

[Pre-1992 Revision Citation: 12-4-6-2(c), (e).]

As added by P.L.2-1992, SEC.24. Amended by P.L.24-1997, SEC.61.

IC 12-30-7-11 Health center board of managers; vacancies

Sec. 11. A vacancy occurring for any reason in the membership of the board of managers shall be filled for the unexpired term by an individual appointed by the county executive.

[Pre-1992 Revision Citation: 12-4-6-2(d).]

As added by P.L.2-1992, SEC.24.

IC 12-30-7-12 Health center board of managers; meetings; quorum

Sec. 12. (a) The board of managers shall hold one (1) regular meeting each month at the health center or at some other location designated by the board of managers and shall call as many other meetings as may be prescribed by the rules of the board of managers. The May meeting is the annual meeting.

(b) Six (6) members of the board of managers constitute a quorum for the transaction of business.

[Pre-1992 Revision Citation: 12-4-6-3 part.]

As added by P.L.2-1992, SEC.24.

IC 12-30-7-13 Health center board of managers; election of president and vice president; term of office; minute book

Sec. 13. At the annual meeting the board of managers shall elect a president and vice president who serve for one (1) year terms. The proceedings of the board of managers shall be recorded in an official minute book maintained by the secretary.

[Pre-1992 Revision Citation: 12-4-6-3 part.]

As added by P.L.2-1992, SEC.24.

IC 12-30-7-14 Health center board of managers; mileage payments

Sec. 14. Members of the board of mangers serve without salary, but shall be entitled to the amount for mileage equal to the amount per mile paid to state officers and employees according to the state travel policies and procedures established by the Indiana department of administration and approved by the budget agency. Mileage shall be paid for travel to and from official meetings of the board of managers and for travel incurred in connection with official health center business.

[Pre-1992 Revision Citation: 12-4-6-3 part.]

As added by P.L.2-1992, SEC.24.

IC 12-30-7-15 Health center board of managers; center administrator; appointment; qualifications; removal

Sec. 15. (a) The board of managers shall, with the advice and consent of the board of

commissioners, select and appoint an administrator for the health center.

(b) The administrator shall be appointed solely on the basis of merit and fitness for the position, without regard to the appointee's political affiliation. The administrator must have the following qualifications:

(1) Be a citizen of the United States.

(2) Possess good executive ability.

(3) Be qualified as an institutional administrative officer.

(4) Be a reputable citizen of good moral character.

(5) Have the proper experience and training to efficiently manage the health center and to supervise or provide necessary and proper care and treatment for the patients and residents in the health center.

(c) The administrator may not be removed except for cause by a majority vote of the board of commissioners, upon charges preferred by a majority of the board of managers.

[Pre-1992 Revision Citation: 12-4-6-4.]

As added by P.L.2-1992, SEC.24.

IC 12-30-7-16 Health center administrator; duties; membership on board of managers

Sec. 16. (a) The administrator:

(1) is the chief executive and administrative officer of the health center;

(2) shall serve as secretary of the board of managers; and

(3) shall perform all duties and functions of administrator as provided by law under the direction and supervision of the board of managers.

(b) The administrator is not a voting member of the board of managers.

[Pre-1992 Revision Citation: 12-4-6-5 part.]

As added by P.L.2-1992, SEC.24.

IC 12-30-7-17 Health center administrator; travel expenses reimbursement

Sec. 17. In addition to any other compensation, the administrator is entitled to travel reimbursement on a per mile basis commensurate with that paid to state officers and employees according to the state travel policies and procedures established by the Indiana department of administration and approved by the budget agency for each mile travelled in the discharge of the administrator's duties, but within the lawfully established appropriation made for this purpose.

[Pre-1992 Revision Citation: 12-4-6-5 part.]

As added by P.L.2-1992, SEC.24.

IC 12-30-7-18 Health center administrator; duties

Sec. 18. (a) The administrator, as chief executive and administrative officer of the health center, has duties that, subject to the bylaws, rules, regulations, and powers of the board of managers, include the following:

(1) The administrator shall equip the health center with all necessary furniture, appliances, fixtures, and other necessary facilities for the care and treatment of patients and for the use of the officers and employees of the health center as prescribed by law. All necessary supplies and equipment shall be purchased through and under the laws, rules, and regulations of the central purchasing agency of the county. However, raw food purchases are the responsibility of the health center administrator. The administrator shall appoint the county purchasing agent or other deputy purchasing agent of the county purchasing agency to act as a health center central purchasing manager.

(2) The administrator shall maintain control of the records, accounts, and buildings of the health center.

(3) The administrator shall enforce all rules and regulations adopted by the board of

managers for the government, discipline, and management of the health center and the health center's employees and patients. The administrator may make additional rules and regulations not inconsistent with the rules, regulations, and directions of the board of managers.

(4) The administrator shall, with the approval of the board of managers, appoint one (1) physician holding an unlimited license to practice medicine, surgery, and obstetrics in Indiana to the position of medical director of the health center or appoint a medical director for each division. In addition, the administrator shall do the following:

(A) Employ within the numbers and classes of employees and salary limits established by the board of commissioners and the county council in the annual budget the following:

(i) Physicians.

(ii) Department heads.

(iii) Nurses.

(iv) Other employees that the administrator considers proper and necessary for the efficient performance of the business of the health center.

(B) Prescribe the duties of each individual employed within the guidelines established by the board of managers.

(5) The administrator shall do the following:

(A) Cause proper accounts and records of business and operations of the health center to be kept regularly in books and records prescribed by the chart of accounts for hospitals and the state board of accounts.

(B) Use the accounts and records to prepare an annual report for the board of managers.

(6) The administrator is responsible for receiving patients into the health center as follows:

(A) A resident of the county who is suffering from tuberculosis or another chronic disease designated by the board of managers may be admitted to the hospital division.

(B) A resident of the county who is aged, blind, destitute, homeless, infirm, chronically ill, or in need of nursing or convalescent care may be admitted to the nursing home division.

(C) A nonresident of the county may be admitted to the health center only as prescribed in this section.

(7) The administrator shall do the following:

(A) Cause an examination to be made of the physical condition of each person admitted to the health center.

(B) Provide for the care and treatment of each patient within the resources and capabilities of the health center according to the patient's needs.

(C) Cause a record to be kept of the condition of each patient when admitted.

(D) See that each patient is reexamined periodically.

(8) The administrator shall discharge from the health center any patient who:

(A) willfully or habitually violates the rules of the health center;

(B) is found to have recovered from tuberculosis or other chronic disease; or

(C) has been rehabilitated sufficiently not to require the services of the health center.

(9) The administrator shall establish clinical and ancillary services for inpatients and outpatients of the health center as the board of managers may designate. Clinical and ancillary services include the following:

(A) Outpatient tuberculosis clinic.

(B) Outpatient chronic disease clinic.

(C) Inhalation therapy.

(D) Physical therapy services.

(E) Podiatric medicine services.

(F) Dental services.
(G) Optometry services.
(H) Speech and hearing services.
(I) Social/psychiatric services.

(b) All clinical and ancillary services established under subsection (a)(9) must be available to patients from all counties affiliated with or having an interest in the health center.

[Pre-1992 Revision Citation: 12-4-6-6.]

As added by P.L.2-1992, SEC.24.

IC 12-30-7-19 Health center fund; collection of money; premiums on bonds and insurance

Sec. 19. (a) The administrator or the administrator's delegate shall do the following:

(1) Collect and receive all money due the hospital.

(2) Deposit all checks for collection in the name of the hospital in a bank designated by the board of commissioners of the county owning the hospital.

(3) Keep an accurate account of the money collected and checks deposited.

(4) Make a written report of the money collected and checks deposited to the board of managers at the regular monthly meeting of the board of managers.

(b) Within ten (10) days after a monthly meeting at which a report is presented under subsection (a)(4) on money collected and checks deposited, the board of managers shall cause the money to be transmitted to the treasurer of the county owning the hospital. The treasurer shall place the money in a special fund to be named the county health center fund.

(c) The county health center fund is for the use of the hospital and may not be used for any other purpose. Money from the fund may be disbursed only upon warrant issued by the county auditor.

(d) The board of managers shall allow the bills and accounts without advertising the filing of the claims and shall certify and transmit the claims to the county auditor, who shall provide for payment from appropriations made for that purpose by the county council.

(e) The premiums on all bonds and insurance that are required by this chapter, by law, or by the action of the board of commissioners shall be paid in the same manner as other expenses of the health center are paid out of the appropriation for fixed charges, unless otherwise expressly provided by law.

[Pre-1992 Revision Citation: 12-4-6-7 part.]

As added by P.L.2-1992, SEC.24.

IC 12-30-7-20 Procedures, rules, and regulations

Sec. 20. The board of managers shall adopt all policies, procedures, rules, and regulations for the government of the health center. The administrator shall discharge all administrative and executive duties and responsibilities of the health center, subject to the approval of the board of managers.

[Pre-1992 Revision Citation: 12-4-6-8 part.]

As added by P.L.2-1992, SEC.24.

IC 12-30-7-21 Health center board of managers; recommendations for salaries and benefits; officers and employees; bonds

Sec. 21. (a) The board of managers shall recommend in the budget of the board of managers, subject to approval of the board of commissioners and the county council, the number and classes of employees of the health center and the salaries and fringe benefits of the officers and employees of the health center. The salaries and fringe benefits of the officers and employees shall be compensation in full for all services provided, unless specifically provided for in this chapter.

(b) The board of managers shall designate the officers and employees who must, before entering upon the discharge of the officers' or employees' duties, give a bond in an amount

determined by the board of managers to secure the faithful performance of the officers' or employees' duties.

[Pre-1992 Revision Citation: 12-4-6-8 part.]

As added by P.L.2-1992, SEC.24.

IC 12-30-7-22 Health center board of managers; duties

Sec. 22. The board of managers shall do the following:

(1) Supervise the maintenance and operation and services of the health center.

(2) Supervise and safeguard the health, safety, welfare, and comfort of the patients and residents of the health center.

(3) Review and approve the annual budget of the health center before submission for final approval and request for appropriation by the board of commissioners, using budget forms and procedures prescribed by the state board of accounts and the chart of accounts for hospitals.

(4) Approve payment of all bills and accounts.

(5) Adopt rules and regulations for admissions to the health center as provided by law, subject to the approval of the board of commissioners.

(6) Recommend to the board of commissioners necessary additions, repairs, and improvements to the buildings and grounds and physical plant of the health center.

(7) Review annual estimates and requests for foods, supplies, and equipment for the health center.

(8) Plan for and interpret to the board of commissioners and the county council the requirements of the health center.

(9) Cooperate with other public and private agencies and facilities of the county and state.

(10) Improve and extend the services and facilities of the health center that the board of managers considers necessary or desirable.

[Pre-1992 Revision Citation: 12-4-6-8 part.]

As added by P.L.2-1992, SEC.24.

IC 12-30-7-23 Health center board of managers; development plan; cooperation with other agencies

Sec. 23. The board of managers shall plan for the effective development of the health center for the public benefit and is empowered to cooperate with all agencies of government to accomplish this purpose.

[Pre-1992 Revision Citation: 12-4-6-8 part.]

As added by P.L.2-1992, SEC.24.

IC 12-30-7-24 Health center board of managers; inspection of facilities

Sec. 24. The board of managers shall regularly inspect all facilities of the health center. In the inspections, the board of managers shall examine the following:

(1) The sufficiency and performance of the personnel.

(2) The health, medical care, and nursing care of patients and residents.

(3) Drug handling and purchasing.

(4) Mechanical restraint and seclusion.

(5) Food service and food sanitation.

(6) Water supply.

(7) Sanitation and sewage disposal.

(8) Physical plant and equipment.

(9) Safety standards as required by federal and state law.

(10) Community clinical and ancillary services for inpatients and outpatients.

(11) The handling of mail and assistance warrants of patients and residents.

(12) Other items that the board of managers considers necessary.

[Pre-1992 Revision Citation: 12-4-6-8 part.]
As added by P.L.2-1992, SEC.24.

IC 12-30-7-25 Admissions; nondiscriminatory basis

Sec. 25. The board of managers shall ensure that admissions to the health center are made on a nondiscriminatory basis.

[Pre-1992 Revision Citation: 12-4-6-8 part.]
As added by P.L.2-1992, SEC.24.

IC 12-30-7-26 Health center board of managers; grants, devises, gifts, bequests, and donations

Sec. 26. (a) The board of managers shall accept and hold in trust for the health center the following:

(1) A grant or devise of real property.

(2) A gift or bequest of money or other property.

(3) Any other donation.

(b) The board of managers shall apply the grant, devise, gift, bequest, or donation in accordance with the terms of the grant, devise, gift, bequest, or donation and as the board of managers considers beneficial to the health center.

[Pre-1992 Revision Citation: 12-4-6-8 part.]
As added by P.L.2-1992, SEC.24.

IC 12-30-7-27 Tuberculosis defined; contracting for care of afflicted individuals; utilization of hospital division; care for individuals suffering from other chronic diseases

Sec. 27. (a) "Tuberculosis", as used in this section, includes other chronic diseases within the limitations set forth in subsection (c), unless the context clearly requires otherwise. However, the money that the state contributes for tuberculosis cases is not available for individuals not afflicted with tuberculosis.

(b) The board of managers may contract with persons, municipalities, counties, and other agencies for the care and treatment of individuals afflicted with tuberculosis or other chronic diseases.

(c) The board of managers shall determine, as of January 1 and July 1 of each year, whether the facilities of the hospital division are fully utilized in the case of patients suffering from tuberculosis. If the board of managers finds that:

(1) the facilities are not being fully utilized in the case of patients suffering from tuberculosis; and

(2) the demand for care of tuberculosis patients does not warrant the full utilization of the hospital division for that purpose;

the board of managers may authorize the hospital division to furnish nursing care and restorative services to individuals suffering from chronic illness other than tuberculosis, so that the facilities of the hospital division are fully utilized, upon the terms and conditions of admission, treatment, care, and payment that the board of managers prescribes.

[Pre-1992 Revision Citation: 12-4-6-8 part.]
As added by P.L.2-1992, SEC.24.

IC 12-30-7-28 Health center budget; approval by county fiscal body

Sec. 28. The budget of a health center established under this chapter is subject to approval of the county fiscal body in the same manner as the budgets of other county offices and departments.

[Pre-1992 Revision Citation: 12-4-6-8 part.]
As added by P.L.2-1992, SEC.24.

IC 12-30-7-29 Counties without health center; contracts for services

Sec. 29. (a) The board of commissioners of a county that does not have a health center as provided in this chapter may contract for the care and treatment of the county's residents afflicted with tuberculosis and other chronic diseases with a county that has established a health center under this chapter. The board of commissioners of the county seeking care and treatment for the county's residents may contract directly with the health center.

(b) The county fiscal body of a contracting county shall appropriate out of the county's general fund an amount of money sufficient to meet the terms of the contract, and the money appropriated constitutes a special fund for that purpose. The:

(1) contracting county may levy a tax in an amount necessary to meet the terms of the contract; or

(2) commissioners may pay the amount due the health center out of the general fund.

[Pre-1992 Revision Citation: 12-4-6-9 part.]

As added by P.L.2-1992, SEC.24.

IC 12-30-7-30 County contracting for health center services; official visitor; appointment; term of office; duties; board of visitors

Sec. 30. (a) The board of commissioners of a contracting county shall appoint an official visitor to the health center. The term of office of the official visitor is three (3) years.

(b) The official visitor, in conjunction with the local board of health, the tuberculosis and respiratory disease agencies of the contracting county, or both, shall do the following:

(1) Prepare all of the papers and documents necessary for the admission of the patient from the contracting county.

(2) Inspect and visit the patient in the patient's home and investigate the patient's financial condition.

(3) Report the facts to the board of commissioners at the time of the presentation of the admission papers for approval.

(c) The official visitor shall cause to be transported to and from the health center the patients of the contracting county.

(d) The official visitors appointed by the boards of commissioners of the contracting counties constitute the board of visitors. The members of the board of visitors shall do the following:

(1) Meet at least annually at the health center.

(2) Transact the business of their respective counties.

(3) Report to their respective boards of commissioners.

[Pre-1992 Revision Citation: 12-4-6-9 part.]

As added by P.L.2-1992, SEC.24.

IC 12-30-7-31 Tuberculosis and other chronic diseases; application for treatment

Sec. 31. (a) A resident of the county in which the health center is situated who desires treatment and care of tuberculosis or other chronic diseases in the health center may apply in person to the health center or to any physician for examination. If found to be suffering from tuberculosis or other chronic disease, the county resident may apply to the administrator of the health center for admission.

(b) The health center shall provide application forms for the purposes of this section, and the administrator shall forward application forms to a physician in the county upon request. Each application submitted under this section must state facts showing whether the applicant is able to pay, in whole or in part, for the care and treatment the applicant will receive while at the health center.

(c) If it appears on an application submitted under this section that the applicant is suffering from tuberculosis or other chronic disease and if there is a vacancy in the health center, the administrator shall notify the applicant named in the application to appear in

person at the health center. If, upon examination of the applicant, the administrator is satisfied that:

(1) the applicant is suffering from tuberculosis or other chronic disease; and

(2) the applicant has made financial arrangements for the applicant's own care and treatment to the extent of the applicant's ability;

the administrator shall admit the applicant to the health center as a patient.

[Pre-1992 Revision Citation: 12-4-6-10 part.]

As added by P.L.2-1992, SEC.24.

IC 12-30-7-32 Discrimination because of race, creed, national origin, or ability to pay; prohibition

Sec. 32. Discrimination may not be made in accommodation, care, or treatment of any patient at a health center established under this chapter because of race, creed, national origin, or ability to pay.

[Pre-1992 Revision Citation: 12-4-6-10 part.]

As added by P.L.2-1992, SEC.24.

IC 12-30-7-33 Financial investigation of patient; support order; liability of patient's estate and relatives; reimbursement from public assistance programs

Sec. 33. (a) Whenever a patient has been admitted to a health center from the county in which the health center is situated, the administrator shall cause an inquiry to be made as to the financial circumstances of the patient and of any relatives of the patient who may be legally liable for the patient's support. If the administrator finds that the patient or the patient's relatives are able to pay for the patient's care and treatment, in whole or in part, an order shall be made directing the patient or the relative to pay a specified amount per month to the health center for the support of the patient.

(b) The health center may collect the amount from the estate of the patient or from relatives legally liable for the patient's support. If the administrator finds that the patient or the patient's relatives are not able to pay, the administrator may seek reimbursement from the county office, Medicare, Medicaid, private insurance companies, the township trustee as the administrator of township assistance, or the county general fund, depending on the eligibility of the patient for assistance from the county office or program.

[Pre-1992 Revision Citation: 12-4-6-11.]

As added by P.L.2-1992, SEC.24. Amended by P.L.4-1993, SEC.228; P.L.5-1993, SEC.241; P.L.73-2005, SEC.164.

IC 12-30-7-34 Patients from counties without health centers; treatment for tuberculosis or other chronic diseases; application; examination; charges; financial investigation

Sec. 34. (a) An individual who:

(1) resides in a county where there is no health center; and

(2) desires treatment in a health center as provided for in this chapter;

may apply for treatment to the county auditor or official visitor of the county, on a form to be provided by the official visitor. An application submitted under this section must be accompanied by a signed certificate stating that the applicant has been examined by a physician and that in the physician's opinion the patient is suffering from tuberculosis or other chronic disease.

(b) The auditor shall, upon receipt of an application and certificate filed under subsection (a), forward the certificate to the board of commissioners. If the board of commissioners find that the facts contained in the application are true, the board of commissioners shall make a record of the application and forward the application to the health center administrator. If the patient is accepted by the health center, the board of commissioners shall provide

transportation for the patient and shall provide for the patient's maintenance in the health center at the rate provided for in the contract.

(c) Upon receiving an application for the admission of a patient from the board of commissioners of any other county, the administrator of a health center shall request that the patient appear in person for an examination at the health center if:

(1) it appears from the application that the applicant is suffering from tuberculosis or other chronic disease;

(2) there is a vacancy in the health center; and

(3) there is no pending application from a patient residing in the county in which the health center is located.

(d) If upon examination of the patient by the medical staff of the health center the administrator is satisfied that the patient is suffering from tuberculosis or other chronic disease, the administrator shall admit the patient to the health center.

(e) A patient admitted under this section is a charge against the board of commissioners of the county sending the patient, at a rate fixed by the board of commissioners, and the bill shall, when verified, be paid by the auditor of the contracting county.

(f) The board of commissioners of the contracting county shall cause an investigation to be made into the financial circumstances of the patient and the relatives legally liable for the patient's support and may collect from the relatives, in whole or in part, according to the financial ability of the relatives, the cost of the maintenance of the patient in the health center.

[Pre-1992 Revision Citation: 12-4-6-12.]

As added by P.L.2-1992, SEC.24.

IC 12-30-7-35 Admissions; voluntary basis

Sec. 35. Admission of all health care facility patients and residents in the health center shall be on a voluntary basis.

[Pre-1992 Revision Citation: 12-4-6-13 part.]

As added by P.L.2-1992, SEC.24.

IC 12-30-7-36 Care outside scope of care provided by health center; arrangements

Sec. 36. Whenever a patient or resident in the health center requires hospitalization, medical care, nursing care, or other care outside the scope of that provided by the health care facility division, hospital division, or any other division of the health center, arrangements shall be made promptly for furnishing necessary care.

[Pre-1992 Revision Citation: 12-4-6-13 part.]

As added by P.L.2-1992, SEC.24.

IC 12-30-7-37 Rehabilitation work; voluntary basis

Sec. 37. Participation by patients or residents of the division in work of the health center for rehabilitation purposes shall be on a voluntary basis.

[Pre-1992 Revision Citation: 12-4-6-13 part.]

As added by P.L.2-1992, SEC.24.

IC 12-30-7-38 Community life

Sec. 38. Effort shall be made to provide community life and opportunities for activities, under the direction of a physician, that are consistent with the mental and physical well-being of the residents or patients.

[Pre-1992 Revision Citation: 12-4-6-13 part.]

As added by P.L.2-1992, SEC.24.

IC 12-30-7-39 Amount of charges

Sec. 39. The amount to be charged for the care and treatment of patients or residents in

a health center established under this chapter shall be an amount sufficient to cover the operating cost of the health center. The board of managers shall set the per diem or room and board rates for each division of the health center and the clinic or ancillary service charges.

[Pre-1992 Revision Citation: 12-4-6-14.]

As added by P.L.2-1992, SEC.24.

IC 12-30-7-40 Health center board of managers; prosecution and defense of suits

Sec. 40. The board of managers may prosecute and defend suits in its own name. A suit may be brought against the board of managers in any court with jurisdiction in the county. A notice or summons concerning a suit against the board of managers shall be served upon the administrator.

[Pre-1992 Revision Citation: 12-4-6-15 part.]

As added by P.L.2-1992, SEC.24.

IC 12-30-7-41 Health center board of managers; other powers and duties necessary to administration of chapter

Sec. 41. The board of managers has all other rights and powers and shall perform all other duties that are necessary to administer this chapter.

[Pre-1992 Revision Citation: 12-4-6-15 part.]

As added by P.L.2-1992, SEC.24.

IC 12-30-7-42 Immunity from personal liability

Sec. 42. The:

(1) members of the board of managers;

(2) administrator; and

(3) the officers and employees of the health center;

are not personally liable, except to the county, for an official act done or omitted in connection with the performance of their respective duties under this chapter.

[Pre-1992 Revision Citation: 12-4-6-16.]

As added by P.L.2-1992, SEC.24.

IC 12-31 ARTICLE 31. REPEALED

Repealed by P.L.138-2014, SEC.4.

IC 12-32 ARTICLE 32. RESTRICTIONS ON PUBLIC BENEFITS

Ch. 1. Restrictions on Public Benefits to Illegal Aliens

IC 12-32-1 Chapter 1. Restrictions on Public Benefits to Illegal Aliens

12-32-1-1 "Agency"
12-32-1-2 "Federal public benefit"
12-32-1-3 "State or local public benefit"
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12-32-1-10 Adopt rules

IC 12-32-1-1 "Agency"

Sec. 1. As used in this chapter, "agency" means any state administration, agency, authority, board, bureau, commission, committee, council, department, division, institution, office, service, or other similar body of state government.

As added by P.L.171-2011, SEC.13.

IC 12-32-1-2 "Federal public benefit"

Sec. 2. As used in this chapter, "federal public benefit" has the meaning set forth in 8 U.S.C. 1611.

As added by P.L.171-2011, SEC.13.

IC 12-32-1-3 "State or local public benefit"

Sec. 3. (a) As used in this chapter, "state or local public benefit" has the meaning set forth in 8 U.S.C. 1621.

(b) The term includes:

(1) a postsecondary education award, including a scholarship, a grant, or financial aid; and

(2) the resident tuition rate (as determined by the state educational institution).

As added by P.L.171-2011, SEC.13.

IC 12-32-1-4 Enforced without discrimination

Sec. 4. This chapter shall be enforced without regard to race, religion, gender, ethnicity, or national origin.

As added by P.L.171-2011, SEC.13.

IC 12-32-1-5 Verification required; exceptions; health care provider alternative

Sec. 5. (a) Notwithstanding any other provision of law and except as otherwise provided under federal law and subsections (b), (d), (e), and (f), an agency or a political subdivision shall verify, in the manner required under section 6 of this chapter, the eligibility of any individual who:

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

(2) applies for state or local public benefits or federal public benefits that are provided by the agency or the political subdivision.

(b) A health care provider (as defined in IC 16-18-2-163(a)) is not required to verify the

eligibility of an individual as required under subsection (a) if the health care provider is providing health care services for the treatment of an emergency medical condition (as defined in 42 U.S.C. 1396b(v)(3)).

(c) With regard to a state or local public benefit or a federal public benefit that covers health care services, a health care provider (as defined in IC 16-18-2-163) satisfies the requirements of this chapter if the health care provider complies with the eligibility verification policies and procedures for providing the benefit that is established by the:

(1) office of the secretary of family and social services; or

(2) federal Department of Health and Human Services.

(d) A state educational institution is not required to verify the eligibility of an individual as required under subsection (a) if all the following apply:

(1) The individual is eligible to pay the resident tuition rate of the state educational institution.

(2) The individual is not applying for any state or local public benefit or federal public benefit other than the resident tuition rate that:

(A) is provided by the state educational institution; and

(B) would require verification under this chapter.

(3) The individual was enrolled in a state educational institution on or before July 1, 2011.

(e) An agency or a political subdivision is not required to verify the eligibility of an individual as required under subsection (a) if all the following apply:

(1) The individual is applying for a scholarship, a grant, or financial aid for postsecondary education.

(2) The individual is not applying for any state or local public benefit or federal public benefit other than the benefit described in subdivision (1) that:

(A) is provided by the agency or political subdivision; and

(B) would require verification under this chapter.

(3) The individual is:

(A) an international student with bona fide legal status; and

(B) enrolled in a state educational institution.

(f) An agency or a political subdivision is not required under subsection (a) to verify the eligibility of an individual for benefits under programs described in 8 U.S.C. 1615(b)(2)(A), including the special supplemental food program for women, infants, and children administered by the Indiana department of health.

As added by P.L.171-2011, SEC.13. Amended by P.L.180-2013, SEC.1; P.L.213-2023, SEC.5.

IC 12-32-1-6 Execute verification; maintain verification

Sec. 6. An agency or a political subdivision required to verify the eligibility of an individual under section 5 of this chapter shall do the following:

(1) Require the individual to execute a verification stating under penalty of perjury that the individual:

(A) is a United States citizen;

(B) is a qualified alien (as defined under 8 U.S.C. 1641); or

(C) meets the following:

(i) The individual is authorized by the federal government to work in the United States as provided under section 6.5 of this chapter.

(ii) The individual is executing the verification only for the purpose of applying for a professional or occupational license (as defined section 6.5(a) of this chapter).

(2) Maintain a verification executed in accordance with subdivision (1) for at least five (5) years.

As added by P.L.171-2011, SEC.13. Amended by P.L.172-2018, SEC.1.

IC 12-32-1-6.5 Eligibility for professional or occupational license

Sec. 6.5. (a) As used in this section, "professional or occupational license" means:

(1) an unlimited license, permit, certificate, or certificate of registration;

(2) a temporary, limited, or probationary license, permit, certificate, or certificate of registration;

(3) an intern permit; or

(4) a provisional license;

issued by a state agency or political subdivision that regulates a profession or occupation.

(b) As used in this section, "state agency" means an agency, a board, a commission, a department, a bureau, or any other entity of the executive, legislative, or judicial department of state government.

(c) An individual who is authorized by the federal government to work in the United States is eligible for a professional or occupational license issued by a state agency or political subdivision if the individual meets all the requirements, other than the requirement under 8 USC 1621(a), to obtain or renew the professional or occupational license.

As added by P.L.172-2018, SEC.2.

IC 12-32-1-7 Crime to make false, fictitious, or fraudulent statement or representation in verification

Sec. 7. A person who knowingly or intentionally makes a false, fictitious, or fraudulent statement or representation in a verification required by this chapter commits a Level 6 felony.

As added by P.L.171-2011, SEC.13. Amended by P.L.158-2013, SEC.184.

IC 12-32-1-8 Variation of requirements

Sec. 8. An agency may adopt a variation of the requirements set forth in this chapter to provide for an adjudication in the case of unique individual circumstances under which the procedures set forth in this chapter would impose unusual hardship on a legal resident of Indiana.

As added by P.L.171-2011, SEC.13.

IC 12-32-1-9 State board of accounts; adopt rules; variation of requirements

Sec. 9. The state board of accounts:

(1) shall adopt rules under IC 4-22-2, applicable to all political subdivisions, to carry out this chapter; and

(2) may adopt a variation of the requirements set forth in this chapter, applicable to all political subdivisions, to provide for an adjudication in the case of unique individual circumstances under which the procedures set forth in this chapter would impose an unusual hardship on a legal resident of Indiana.

As added by P.L.171-2011, SEC.13.

IC 12-32-1-10 Adopt rules

Sec. 10. An agency may adopt rules under IC 4-22-2 to carry out this chapter.

As added by P.L.171-2011, SEC.13.