

# HOUSE BILL No. 1474

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## DIGEST OF INTRODUCED BILL

**Citations Affected:** IC 4-21.5-3-6; IC 12-7-2; IC 12-8; IC 12-9.1-4; IC 12-10; IC 12-11; IC 12-12-7-5; IC 16-39-2-6; IC 34-30-2.1; IC 35-52-12-2.

**Synopsis:** FSSA matters. Sets forth the powers and duties of the office of the secretary of family and social services (office of the secretary) concerning Medicaid home and community based services waivers. Defines "home and community based services waiver". Requires a provider of services under a home and community based services waiver to follow any waiver requirements under federal law and developed by the office of the secretary. Establishes requirements for home and community based services waivers. Relocates provisions requiring reimbursement for assisted living services for individuals who are aged and disabled and receiving services under a Medicaid waiver. Specifies that: (1) these provisions apply to a home and community based services waiver that included assisted living services as an available services before July 1, 2025; (2) these provisions apply to an individual receiving services under a home and community based services waiver; and (3) reimbursement is required for certain services that are part of the individual's home and community based service plan. Relocates provisions establishing limitations concerning assisted living services provided in a home and community based services program. Relocates a provision requiring the office of the secretary to annually determine any state savings generated by home and community based services. Removes a provision allowing the division of aging to adopt rules concerning an appeals process for a housing with services establishment provider's determination that the provider is unable to meet the health needs of a resident and allows the office of the secretary to adopt rules concerning the appeals process. Requires an individual who provides attendant care services for compensation  
(Continued next page)

**Effective:** July 1, 2025.

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## Barrett

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January 21, 2025, read first time and referred to Committee on Public Health.

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## Digest Continued

from Medicaid to register with the office of the secretary. Removes the requirement that the division of aging administer programs established under Medicaid waivers for in-home services for treatment of medical conditions. Provides that provisions of law concerning the statewide waiver ombudsman apply to an individual who has a disability and receives services administered by the bureau of disabilities services. (Current law specifies that these provisions apply to an individual who has a developmental disability and receives services under the federal home and community based services program.) Specifies that these provisions do not apply to an individual served by the long term care ombudsman program. Changes references from "statewide waiver ombudsman" to "statewide bureau of disabilities services ombudsman". Allows the division of disability and rehabilitative services (division) to charge each authorized service provider that employs a direct service professional an annual fee. Establishes the direct support professional training program fund (fund). Provides that the annual service provider fees collected by the division shall be deposited into the fund and may only be used for specified purposes. Requires the unit of services for the deaf and hard of hearing and the division (rather than the unit and the board of interpreters) to adopt rules creating standings for interpreters. Removes provisions concerning the board of interpreters. Repeals a provision providing that licensed home health agencies and licensed personal services agencies are approved to provide certain services under a Medicaid waiver granted to the state under federal law that provides services for treatment of medical conditions. Repeals provisions requiring the division of aging to submit a plan, before October 1, 2017, to the general assembly to expand the scope and availability of home and community based services for individuals who are aged and disabled. Makes conforming amendments. Makes a continuing appropriation.



Introduced

First Regular Session of the 124th General Assembly (2025)

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

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

Conflict reconciliation: Text in a statute in *this style type* or ~~this style type~~ reconciles conflicts between statutes enacted by the 2024 Regular Session of the General Assembly.

## HOUSE BILL No. 1474

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A BILL FOR AN ACT to amend the Indiana Code concerning human services and to make an appropriation.

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

1 SECTION 1. IC 4-21.5-3-6, AS AMENDED BY P.L.241-2023,  
2 SECTION 2, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE  
3 JULY 1, 2025]: Sec. 6. (a) Notice shall be given under this section  
4 concerning the following:  
5 (1) A safety order under IC 22-8-1.1.  
6 (2) Any order that:  
7 (A) imposes a sanction on a person or terminates a legal right,  
8 duty, privilege, immunity, or other legal interest of a person;  
9 (B) is not described in section 4 or 5 of this chapter or  
10 IC 4-21.5-4; and  
11 (C) by statute becomes effective without a proceeding under  
12 this chapter if there is no request for a review of the order  
13 within a specified period after the order is issued or served.  
14 (3) A notice of program reimbursement or equivalent  
15 determination or other notice regarding a hospital's



1 reimbursement issued by the office of Medicaid policy and  
 2 planning or by a contractor of the office of Medicaid policy and  
 3 planning regarding a hospital's year end cost settlement.

4 (4) A determination of audit findings or an equivalent  
 5 determination by the office of Medicaid policy and planning or by  
 6 a contractor of the office of Medicaid policy and planning arising  
 7 from a Medicaid postpayment or concurrent audit of a hospital's  
 8 Medicaid claims.

9 (5) A license suspension or revocation under:

10 (A) IC 24-4.4-2;

11 (B) IC 24-4.5-3;

12 (C) IC 28-1-29;

13 (D) IC 28-7-5;

14 (E) IC 28-8-4.1; or

15 (F) IC 28-8-5.

16 (6) An order issued by the secretary or the secretary's designee  
 17 against providers regulated by the **office of the secretary, the**  
 18 division of aging, or the bureau of disabilities services and not  
 19 licensed by the Indiana department of health under IC 16-27 or  
 20 IC 16-28.

21 (b) When an agency issues an order described by subsection (a), the  
 22 agency shall give notice to the following persons:

23 (1) Each person to whom the order is specifically directed.

24 (2) Each person to whom a law requires notice to be given.

25 A person who is entitled to notice under this subsection is not a party  
 26 to any proceeding resulting from the grant of a petition for review  
 27 under section 7 of this chapter unless the person is designated as a  
 28 party in the record of the proceeding.

29 (c) The notice must include the following:

30 (1) A brief description of the order.

31 (2) A brief explanation of the available procedures and the time  
 32 limit for seeking administrative review of the order under section  
 33 7 of this chapter.

34 (3) Any other information required by law.

35 (d) An order described in subsection (a) is effective fifteen (15) days  
 36 after the order is served, unless a statute other than this article specifies  
 37 a different date or the agency specifies a later date in its order. This  
 38 subsection does not preclude an agency from issuing, under  
 39 IC 4-21.5-4, an emergency or other temporary order concerning the  
 40 subject of an order described in subsection (a).

41 (e) If a petition for review of an order described in subsection (a) is  
 42 filed within the period set by section 7 of this chapter and a petition for



1 stay of effectiveness of the order is filed by a party or another person  
 2 who has a pending petition for intervention in the proceeding, an  
 3 administrative law judge shall, as soon as practicable, conduct a  
 4 preliminary hearing to determine whether the order should be stayed in  
 5 whole or in part. The burden of proof in the preliminary hearing is on  
 6 the person seeking the stay. The administrative law judge may stay the  
 7 order in whole or in part. The order concerning the stay may be issued  
 8 after an order described in subsection (a) becomes effective. The  
 9 resulting order concerning the stay shall be served on the parties and  
 10 any person who has a pending petition for intervention in the  
 11 proceeding. It must include a statement of the facts and law on which  
 12 it is based.

13 SECTION 2. IC 12-7-2-18.1, AS ADDED BY P.L.149-2023,  
 14 SECTION 4, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE  
 15 JULY 1, 2025]: Sec. 18.1. "Assisted living services", for purposes of  
 16 ~~IC 12-10-11.5~~; **IC 12-8-1.6**, has the meaning set forth in  
 17 ~~IC 12-10-11.5-8(a)~~; **IC 12-8-1.6-1**.

18 SECTION 3. IC 12-7-2-22, AS AMENDED BY THE TECHNICAL  
 19 CORRECTIONS BILL OF THE 2025 GENERAL ASSEMBLY, IS  
 20 AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2025]:

21 Sec. 22. "Board" **means has** the following **meaning**:

22 (1) For purposes of IC 12-8-6.5-14, the meaning set forth in  
 23 IC 12-8-6.5-14(a).

24 **(2) For purposes of IC 12-8-6.5-14.1, the meaning set forth in**  
 25 **IC 12-8-6.5-14.1(a).**

26 **(3) For purposes of IC 12-8-6.5-14.3, the meaning set forth in**  
 27 **IC 12-8-6.5-14.3(a).**

28 **(4) For purposes of IC 12-8-6.5-15, the meaning set forth in**  
 29 **IC 12-8-6.5-15(a).**

30 ~~(2)~~ **(5)** For purposes of IC 12-10-10 and IC 12-10-11, the  
 31 community and home options to institutional care for the elderly  
 32 and disabled board established by IC 12-10-11-1.

33 ~~(3)~~ **(6)** For purposes of IC 12-11-14, the meaning set forth in  
 34 IC 12-11-14-3.

35 ~~(4)~~ **(7)** For purposes of ~~IC 12-12-7-5~~; the meaning set forth in  
 36 ~~IC 12-12-7-5(a)~~.

37 ~~(5)~~ **(8)** **(7)** For purposes of IC 12-15-35, the meaning set forth in  
 38 IC 12-15-35-2.

39 SECTION 4. IC 12-7-2-107.7 IS ADDED TO THE INDIANA  
 40 CODE AS A **NEW** SECTION TO READ AS FOLLOWS  
 41 [EFFECTIVE JULY 1, 2025]: **Sec. 107.7. "Home and community**  
 42 **based services waiver", for purposes of IC 12-8-1.6, has the**



1 **meaning set forth in IC 12-8-1.6-2.**

2 SECTION 5. IC 12-7-2-117.1, AS AMENDED BY P.L.141-2006,  
3 SECTION 20, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE  
4 JULY 1, 2025]: Sec. 117.1. **(a) "Individual in need of self-directed  
5 in-home care", for purposes of IC 12-8-1.7, has the meaning set  
6 forth in IC 12-8-1.7-2.**

7 **(b) "Individual in need of self-directed in-home care", for purposes  
8 of IC 12-10-17.1, has the meaning set forth in IC 12-10-17.1-6.**

9 SECTION 6. IC 12-7-2-122.6 IS ADDED TO THE INDIANA  
10 CODE AS A NEW SECTION TO READ AS FOLLOWS  
11 [EFFECTIVE JULY 1, 2025]: **Sec. 122.6. "Level of services", for  
12 purposes of IC 12-8-1.6, has the meaning set forth in IC 12-8-1.6-3.**

13 SECTION 7. IC 12-7-2-135.3 IS AMENDED TO READ AS  
14 FOLLOWS [EFFECTIVE JULY 1, 2025]: Sec. 135.3. **(a)  
15 "Ombudsman", for purposes of IC 12-10-13, has the meaning set forth  
16 in IC 12-10-13-4.5.**

17 **(b) "Ombudsman", for purposes of IC 12-11-13, has the  
18 meaning set forth in IC 12-11-13-2.**

19 SECTION 8. IC 12-7-2-149.1, AS AMENDED BY P.L.10-2019,  
20 SECTION 55, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE  
21 JULY 1, 2025]: Sec. 149.1. "Provider" means the following:

22 (1) For purposes of IC 12-10-7, the meaning set forth in  
23 IC 12-10-7-3.

24 (2) For purposes of the following statutes, an individual, a  
25 partnership, a corporation, or a governmental entity that is  
26 enrolled in the Medicaid program under rules adopted under  
27 IC 4-22-2 by the office of Medicaid policy and planning:

28 (A) IC 12-14-1 through IC 12-14-8.

29 (B) IC 12-15, except IC 12-15-32, IC 12-15-33, and  
30 IC 12-15-34.

31 (C) IC 12-17.6.

32 (3) Except as provided in subdivisions (4) and (6), for purposes  
33 of IC 12-17.2, a person who operates a child care center or child  
34 care home under IC 12-17.2.

35 (4) For purposes of IC 12-17.2-3.5, a person that:

36 (A) provides child care; and

37 (B) is directly paid for the provision of the child care under the  
38 federal Child Care and Development Fund voucher program  
39 administered under 45 CFR 98 and 45 CFR 99.

40 The term does not include an individual who provides services to  
41 a person described in clauses (A) and (B), regardless of whether  
42 the individual receives compensation.



- 1 (5) For purposes of IC 12-21-1 through IC 12-29-2, an  
 2 organization:  
 3 (A) that:  
 4 (i) provides mental health services, as defined under 42  
 5 U.S.C. 300x-2(c);  
 6 (ii) provides addiction services; or  
 7 (iii) provides children's mental health services;  
 8 (B) that has entered into a provider agreement with the  
 9 division of mental health and addiction under IC 12-21-2-7 to  
 10 provide services in the least restrictive, most appropriate  
 11 setting; and  
 12 (C) that is operated by one (1) of the following:  
 13 (i) A city, town, county, or other political subdivision of the  
 14 state.  
 15 (ii) An agency of the state or of the United States.  
 16 (iii) A political subdivision of another state.  
 17 (iv) A hospital owned or operated by a unit of government  
 18 or a building authority that is organized for the purpose of  
 19 constructing facilities to be leased to units of government.  
 20 (v) A corporation incorporated under IC 23-7-1.1 (before its  
 21 repeal August 1, 1991) or IC 23-17.  
 22 (vi) An organization that is exempt from federal income  
 23 taxation under Section 501(c)(3) of the Internal Revenue  
 24 Code.  
 25 (vii) A university or college.  
 26 (6) For purposes of IC 12-17.2-2-10, the following:  
 27 (A) A person described in subdivision (4).  
 28 (B) A child care center licensed under IC 12-17.2-4.  
 29 (C) A child care home licensed under IC 12-17.2-5.  
 30 **(7) For purposes of IC 12-11-13, an authorized provider entity**  
 31 **that delivers services administered by the bureau of**  
 32 **disabilities services.**  
 33 SECTION 9. IC 12-8-1.6 IS ADDED TO THE INDIANA CODE  
 34 AS A NEW CHAPTER TO READ AS FOLLOWS [EFFECTIVE  
 35 JULY 1, 2025]:  
 36 **Chapter 1.6. Medicaid Home and Community Based Services**  
 37 **Waivers**  
 38 **Sec. 1. As used in this chapter, "assisted living services" refers**  
 39 **to services covered under a home and community based services**  
 40 **waiver and provided in any of the following entities:**  
 41 **(1) A residential care facility licensed under IC 16-28.**  
 42 **(2) Any other housing with services establishment.**



1           **Sec. 2. (a) As used in this chapter, "home and community based**  
2 **services waiver" refers to a federal Medicaid waiver granted to the**  
3 **state under 42 U.S.C. 1396n(c) to provide home and community**  
4 **based long term care services and supports to individuals with**  
5 **disabilities.**

6           **(b) The term does not include home and community services**  
7 **offered as part of the approved Medicaid state plan.**

8           **Sec. 3. As used in this chapter, "level of services" means a**  
9 **determination of the type of services an individual may receive**  
10 **under a Medicaid waiver based on the individual's impairment and**  
11 **dependence and the corresponding reimbursement rate for the**  
12 **determined level of care.**

13           **Sec. 4. (a) The office of the secretary has all powers necessary**  
14 **and convenient to administer a home and community based**  
15 **services waiver.**

16           **(b) The office of the secretary shall do the following:**

17           **(1) Administer money appropriated or allocated to the office**  
18 **of the secretary by the state, including money appropriated or**  
19 **allocated for a home and community based services waiver.**

20           **(2) Take any action necessary to implement a home and**  
21 **community based services waiver, including applying to the**  
22 **United States Department of Health and Human Services for**  
23 **approval to amend or renew the waiver, implement a new**  
24 **Medicaid waiver, or amend the Medicaid state plan.**

25           **(3) Ensure that a home and community based services waiver**  
26 **is subject to funding available to the office of the secretary.**

27           **(4) Ensure, in coordination with the budget agency, that the**  
28 **cost of a home and community based services waiver does not**  
29 **exceed the total amount of funding available by the budget**  
30 **agency, including state and federal funds, for the Medicaid**  
31 **programs established to provide services under a home and**  
32 **community based services waiver.**

33           **(5) Establish and administer a program for a home and**  
34 **community based services waiver to provide an eligible**  
35 **individual with care that does not cost more than services**  
36 **provided to a similarly situated individual residing in an**  
37 **institution.**

38           **(6) Within the limits of available resources, provide service**  
39 **coordination services to individuals receiving services under**  
40 **a home and community based services waiver, including the**  
41 **development of an individual service plan that:**

42           **(A) addresses an individual's needs;**





- 1           **(B) considers the individual's family resources and access**  
 2           **to community and natural support; and**  
 3           **(C) is consistent with the person centered care approach**  
 4           **for receiving services under a waiver.**  
 5           **(7) Monitor services provided by a provider that:**  
 6           **(A) provides services to an individual using funds provided**  
 7           **by the office of the secretary or under the authority of the**  
 8           **office of the secretary; or**  
 9           **(B) entered into one (1) or more provider agreements to**  
 10           **provide services under a home and community based**  
 11           **services waiver.**  
 12           **(8) Establish and administer a confidential complaint process**  
 13           **for:**  
 14           **(A) an individual receiving; or**  
 15           **(B) a provider described in subdivision (7) providing;**  
 16           **services under a home and community based services waiver.**  
 17           **(c) The office of the secretary may do the following:**  
 18           **(1) At the office's discretion, delegate any of its authority**  
 19           **under this chapter to any division or office within the office of**  
 20           **the secretary.**  
 21           **(2) Issue administrative orders under IC 4-21.5-3-6 regarding**  
 22           **the provision of a home and community based services**  
 23           **waiver.**  
 24           **Sec. 5. (a) The office of the secretary shall establish:**  
 25           **(1) eligibility criteria for an individual to receive; and**  
 26           **(2) certification criteria for a provider of;**  
 27           **services under a home and community based services waiver.**  
 28           **(b) The eligibility criteria established under subsection (a) may**  
 29           **vary based on the targeted need of each home and community**  
 30           **based services waiver.**  
 31           **(c) An individual who is determined by the office of the**  
 32           **secretary to be ineligible for services under a home and community**  
 33           **based services waiver may appeal the determination under**  
 34           **IC 4-21.5.**  
 35           **Sec. 6. The office of the secretary shall serve as the placement**  
 36           **authority for individuals receiving services under a home and**  
 37           **community based services waiver and an individual service plan.**  
 38           **Sec. 7. Subject to the availability of applicable waiver slots and**  
 39           **funding, the office of the secretary shall provide access to home**  
 40           **and community based services that are appropriate and necessary**  
 41           **for an individual determined to be eligible by the office of the**  
 42           **secretary for services under a home and community based services**



1 waiver.

2 **Sec. 8. A provider of services under a home and community**  
 3 **based services waiver shall follow any waiver requirements under**  
 4 **federal law and developed by the office of the secretary, including**  
 5 **the planning process, service plan, and home and community based**  
 6 **setting requirements set forth in 42 CFR 441.301.**

7 **Sec. 9. A home and community based services waiver, including**  
 8 **the delivery and receipt of services provided under the home and**  
 9 **community based services waiver, must meet the following**  
 10 **requirements:**

- 11 (1) **Be provided under public supervision.**  
 12 (2) **Be individualized and designed to meet the needs of**  
 13 **individuals eligible to receive services under the home and**  
 14 **community based services waiver.**  
 15 (3) **Meet applicable state and federal standards.**  
 16 (4) **Be provided by qualified personnel.**  
 17 (5) **Be provided, to the extent appropriate, with services**  
 18 **provided under the home and community based services**  
 19 **waiver that are provided in a home and community based**  
 20 **setting where nonwaiver individuals receive services.**  
 21 (6) **Be provided in accordance with an individual's service**  
 22 **plan.**

23 **Sec. 10. (a) This section applies to a home and community based**  
 24 **services waiver that included assisted living services as an available**  
 25 **service before July 1, 2025.**

- 26 **(b) As used in this section, "office" includes the following:**  
 27 (1) **The office of the secretary of family and social services.**  
 28 (2) **A managed care organization that has contracted with the**  
 29 **office of Medicaid policy and planning under IC 12-15.**  
 30 (3) **A person that has contracted with a managed care**  
 31 **organization described in subdivision (2).**

32 **(c) Under a home and community based services waiver that**  
 33 **provides services to an individual who is aged or disabled, the**  
 34 **office shall reimburse for the following services provided to the**  
 35 **individual by a provider of assisted living services, if included in**  
 36 **the individual's home and community based service plan:**

- 37 (1) **Assisted living services.**  
 38 (2) **Integrated health care coordination.**  
 39 (3) **Transportation.**

40 **(d) If the office approves an increase in the level of services for**  
 41 **a recipient of assisted living services, the office shall reimburse the**  
 42 **provider of assisted living services for the level of services for the**



1 increase as of the date that the provider has documentation of  
2 providing the increase in the level of services.

3 (e) The office may reimburse for any home and community  
4 based services provided to a Medicaid recipient beginning on the  
5 date of the individual's Medicaid application.

6 (f) The office may not do any of the following concerning  
7 assisted living services provided in a home and community based  
8 services program:

9 (1) Require the installation of a sink in the kitchenette within  
10 any living unit of an entity that participated in the Medicaid  
11 home and community based services program before July 1,  
12 2018.

13 (2) Require all living units within a setting that provides  
14 assisted living services to comply with physical plant  
15 requirements that are applicable to individual units occupied  
16 by a Medicaid recipient.

17 (3) Require a provider to offer only private rooms.

18 (4) Require a housing with services establishment provider to  
19 provide housing when:

20 (A) the provider is unable to meet the health needs of a  
21 resident without:

22 (i) undue financial or administrative burden; or

23 (ii) fundamentally altering the nature of the provider's  
24 operations; and

25 (B) the resident is unable to arrange for services to meet  
26 the resident's health needs.

27 (5) Require a housing with services establishment provider to  
28 separate an agreement for housing from an agreement for  
29 services.

30 (6) Prohibit a housing with services establishment provider  
31 from offering studio apartments with only a single sink in the  
32 unit.

33 (7) Preclude the use of a shared bathroom between adjoining  
34 or shared units if the participants consent to the use of a  
35 shared bathroom.

36 (8) Reduce the scope of services that may be provided by a  
37 provider of assisted living services under the aged and  
38 disabled Medicaid waiver in effect on July 1, 2021.

39 (g) The office of the secretary may adopt rules under IC 4-22-2  
40 that establish the right, and an appeals process, for a resident to  
41 appeal a provider's determination that the provider is unable to  
42 meet the health needs of the resident as described in subsection



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**(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.**

**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.**

**Sec. 12. The office of the secretary may adopt rules under IC 4-22-2 to implement this chapter.**

**SECTION 10. IC 12-8-1.7 IS ADDED TO THE INDIANA CODE AS A NEW CHAPTER TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2025]:**

**Chapter 1.7. Individuals in Need of Self-Directed In-Home Care**

**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.**

**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**



1 attendant care services;

2 (4) chooses to self-direct a paid personal services attendant to  
3 perform attendant care services; and

4 (5) assumes the responsibility to initiate self-directed in-home  
5 care and exercise judgment regarding the manner in which  
6 those services are delivered, including the decision to employ,  
7 train, and dismiss a personal services attendant.

8 **Sec. 3.** As used in this chapter, "personal services attendant"  
9 means an individual who is registered to provide attendant care  
10 services under this chapter and who has entered into a contract  
11 with an individual and acts under the individual's direction to  
12 provide attendant care services that could be performed by the  
13 individual if the individual were physically capable.

14 **Sec. 4.** The office of the secretary shall have self-directed care  
15 options and services available for an eligible individual who:

16 (1) receives services under a home and community based  
17 services waiver (as defined in IC 12-8-1.6-2); and

18 (2) chooses self-directed care services.

19 **Sec. 5. (a)** An individual may not provide attendant care services  
20 for compensation from Medicaid for an individual in need of  
21 self-directed in-home care services unless the individual is  
22 registered under this chapter.

23 (b) Except in instances of extraordinary care, an individual who  
24 is a legally responsible relative of an individual in need of  
25 self-directed in-home care, including a parent of a minor individual  
26 and a spouse, is precluded from providing attendant care services  
27 for compensation under this chapter.

28 **Sec. 6. (a)** The office of the secretary shall register an individual  
29 to provide services under this chapter who provides the following:

30 (1) A personal resume containing information concerning the  
31 individual's qualifications, work experience, and any  
32 credentials the individual may hold. The individual must  
33 certify that the information contained in the resume is true  
34 and accurate.

35 (2) The individual's:

36 (A) limited criminal history check from the Indiana central  
37 repository for criminal history information under  
38 IC 10-13-3;

39 (B) expanded criminal history check (as defined in  
40 IC 20-26-2-1.5); or

41 (C) criminal history check from another source allowed by  
42 law.



1 (3) If applicable, the individual's state nurse aide registry  
 2 report from the Indiana department of health. This  
 3 subdivision does not require an individual to be a nurse aide.

4 (4) Three (3) letters of reference.

5 (5) Proof that the individual is at least eighteen (18) years of  
 6 age.

7 (6) Any other information required by the office of the  
 8 secretary.

9 (b) A registration is valid for two (2) years. A personal services  
 10 attendant may renew the personal services attendant's registration  
 11 by updating any information in the file that has changed. The  
 12 limited criminal history check and state nurse aide registry report  
 13 required under subsection (a)(2) and (a)(3) must be updated every  
 14 two (2) years.

15 (c) The office of the secretary shall maintain a file for each  
 16 personal services attendant that contains:

17 (1) comments related to the provision of attendant care  
 18 services submitted by an individual in need of self-directed  
 19 in-home care who has employed the personal services  
 20 attendant; and

21 (2) the items described in subsection (a)(1) through (a)(4).

22 (d) Upon request, the office of the secretary shall provide to an  
 23 individual in need of self-directed in-home care the following:

24 (1) Without charge, a list of personal services attendants who  
 25 are registered with the office of the secretary and available  
 26 within the requested geographic area.

27 (2) A copy of the information of a specified personal services  
 28 attendant who is on file with the office of the secretary under  
 29 subsection (c). The office of the secretary may charge a fee for  
 30 shipping, handling, and copying expenses.

31 (e) The limited criminal history check requirement described in  
 32 subsection (a)(2) may be satisfied by fulfilling the components of an  
 33 expanded criminal history check under IC 20-26-2-1.5 and is  
 34 subject to the conditions described in IC 16-27-2-4(c).

35 Sec. 7. The case manager of an individual in need of  
 36 self-directed in-home care shall maintain an attending physician's  
 37 written opinion in a case file that is maintained for the individual  
 38 by the case manager.

39 Sec. 8. (a) A personal services attendant who is hired by the  
 40 individual in need of self-directed in-home care is an employee of  
 41 the individual in need of self-directed in-home care.

42 (b) The office of the secretary is not liable for any actions of a



1 personal services attendant or an individual in need of self-directed  
2 in-home care.

3 (c) A personal services attendant and an individual in need of  
4 self-directed in-home care are each liable for any negligent or  
5 wrongful act or omission in which the person personally  
6 participates.

7 Sec. 9. (a) Except as provided in subsection (b), an individual in  
8 need of self-directed in-home care is responsible for recruiting,  
9 hiring, training, paying, certifying any employment related  
10 documents, dismissing, and supervising in the individual's home  
11 during service hours a personal services attendant who provides  
12 attendant care services for the individual.

13 (b) If an individual in need of self-directed in-home care is:

14 (1) less than twenty-one (21) years of age; or

15 (2) unable to direct in-home care because of a brain injury or  
16 mental deficiency;

17 the individual's parent, spouse, or legal guardian or a person  
18 possessing a valid power of attorney for the individual may make  
19 employment, care, and training decisions and certify any  
20 employment related documents on behalf of the individual.

21 (c) An individual in need of self-directed in-home care or an  
22 individual under subsection (b) and the individual's case manager  
23 shall develop an authorized care plan. The authorized care plan  
24 must include a list of weekly services or tasks that must be  
25 performed to comply with the authorized care plan.

26 Sec. 10. The individual in need of self-directed in-home care and  
27 the personal services attendant must each sign a contract, in a form  
28 approved by the office of the secretary, that includes, at a  
29 minimum, the following provisions:

30 (1) The responsibilities of the personal services attendant.

31 (2) The frequency the personal services attendant will provide  
32 attendant care services.

33 (3) The duration of the contract.

34 (4) The hourly wage of the personal services attendant. The  
35 wage may not be less than the federal minimum wage or more  
36 than the rate that the recipient is eligible to receive under a  
37 Medicaid home and community based services waiver.

38 (5) Reasons and notice agreements for early termination of  
39 the contract.

40 Sec. 11. (a) The office of the secretary shall amend or implement  
41 a home and community based services waiver (as defined in  
42 IC 12-8-1.6-2) to provide for the payment for attendant care



1 services provided by a personal services attendant for an  
 2 individual in need of self-directed in-home care under this chapter,  
 3 including any related record keeping and employment expenses.

4 (b) The office of the secretary shall not, to the extent permitted  
 5 by federal law, consider as income money paid under this chapter  
 6 to or on behalf of an individual in need of self-directed in-home  
 7 care to enable the individual to employ registered personal services  
 8 attendants for purposes of determining the individual's income  
 9 eligibility for services under this chapter or IC 12-8-1.6.

10 Sec. 12. The office of the secretary shall adopt rules under  
 11 IC 4-22-2 concerning the following:

12 (1) The method of payment to a personal services attendant  
 13 who provides authorized services under this chapter.

14 (2) Record keeping requirements for personal attendant  
 15 services.

16 (3) The receipt, review, and investigation of complaints  
 17 concerning the:

18 (A) neglect;

19 (B) abuse;

20 (C) mistreatment; or

21 (D) misappropriation of property;

22 of an individual in need of self-directed in-home care by a  
 23 personal services attendant.

24 (4) Establishing notice and administrative hearing procedures  
 25 in accordance with IC 4-21.5.

26 (5) Appeal procedures, including judicial review of  
 27 administrative hearings.

28 (6) Procedures to place a personal services attendant who has  
 29 been determined to have been guilty of:

30 (A) neglect;

31 (B) abuse;

32 (C) mistreatment; or

33 (D) misappropriation of property;

34 of an individual in need of self-directed in-home care on the  
 35 state nurse aide registry.

36 (7) Any rules necessary to implement this chapter.

37 SECTION 11. IC 12-9.1-4-1, AS ADDED BY P.L.141-2006,  
 38 SECTION 38, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE  
 39 JULY 1, 2025]: Sec. 1. The division shall administer money  
 40 appropriated or allocated to the division by the state, including money  
 41 appropriated or allocated from the following:

42 (1) The federal Older Americans Act (42 U.S.C. 3001 et seq.).





1 (2) The United States Department of Agriculture (7 U.S.C. 612C  
 2 et seq.).  
 3 ~~(3) Medicaid waiver in-home services for the elderly and disabled~~  
 4 ~~(42 U.S.C. 1396 et seq.) for treatment of medical conditions:~~  
 5 ~~(4) (3) Money appropriated or allocated to the division to~~  
 6 ~~administer a program under this title.~~  
 7 ~~(5) (4) Other funding sources that are designated by the general~~  
 8 ~~assembly or available from the federal government under grants~~  
 9 ~~that are consistent with the duties of the division.~~  
 10 SECTION 12. IC 12-9.1-4-2, AS ADDED BY P.L.141-2006,  
 11 SECTION 38, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE  
 12 JULY 1, 2025]: Sec. 2. The division shall administer the following  
 13 programs:  
 14 (1) Programs established under any of the following statutes:  
 15 (A) This article.  
 16 (B) IC 12-10.  
 17 (2) Programs under IC 12-30, to the extent the division has  
 18 responsibilities for programs under IC 12-30.  
 19 ~~(3) Medicaid waivers for in-home services for treatment of~~  
 20 ~~medical conditions:~~  
 21 SECTION 13. IC 12-9.1-4-3 IS REPEALED [EFFECTIVE JULY  
 22 1, 2025]. Sec. 3: Notwithstanding any other law:  
 23 ~~(1) home health agencies licensed under IC 16-27-1 are approved~~  
 24 ~~to provide home health services; and~~  
 25 ~~(2) personal services agencies licensed under IC 16-27-4 are~~  
 26 ~~approved to provide personal services;~~  
 27 ~~under any federal waiver granted to the state under 42 U.S.C. 1315 or~~  
 28 ~~42 U.S.C. 1396n that provides services for treatment of medical~~  
 29 ~~conditions:~~  
 30 SECTION 14. IC 12-10-11.5-6 IS REPEALED [EFFECTIVE JULY  
 31 1, 2025]. Sec. 6: (a) The office of the secretary of family and social  
 32 services shall annually determine any state savings generated by home  
 33 and community based services under this chapter by reducing the use  
 34 of institutional care:  
 35 (b) The secretary shall annually report to the governor, the budget  
 36 agency, the budget committee, the interim study committee on public  
 37 health, behavioral health, and human services established by  
 38 IC 2-5-1.3-4, and the executive director of the legislative services  
 39 agency the savings determined under subsection (a): A report under  
 40 this subsection to the executive director of the legislative services  
 41 agency must be in an electronic format under IC 5-14-6.  
 42 (c) Savings determined under subsection (a) may be used to fund the



1 state's share of additional home and community based Medicaid waiver  
2 slots.

3 SECTION 15. IC 12-10-11.5-8 IS REPEALED [EFFECTIVE JULY  
4 1, 2025]. Sec. 8: (a) As used in this chapter, "assisted living services"  
5 refers to services covered under a waiver and provided in any of the  
6 following entities:

7 (1) A residential care facility licensed under IC 16-28.

8 (2) Any other housing with services establishment.

9 (b) As used in this section, "level of services" means a  
10 determination of the type of services an individual may receive under  
11 a Medicaid waiver based on the individual's impairment and  
12 dependence and the corresponding reimbursement rate for the  
13 determined level of care.

14 (c) As used in this section, "office" includes the following:

15 (1) The office of the secretary of family and social services.

16 (2) A managed care organization that has contracted with the  
17 office of Medicaid policy and planning under IC 12-15.

18 (3) A person that has contracted with a managed care organization  
19 described in subdivision (2).

20 (d) Under a Medicaid waiver that provides services to an individual  
21 who is aged or disabled, the office shall reimburse for the following  
22 services provided to the individual by a provider of assisted living  
23 services:

24 (1) Assisted living services.

25 (2) Integrated health care coordination.

26 (3) Transportation.

27 (e) If the office approves an increase in the level of services for a  
28 recipient of assisted living services, the office shall reimburse the  
29 provider of assisted living services for the level of services for the  
30 increase as of the date that the provider has documentation of providing  
31 the increase in the level of services.

32 (f) The office may reimburse for any home and community based  
33 services provided to a Medicaid recipient beginning on the date of the  
34 individual's Medicaid application.

35 (g) The office may not do any of the following concerning assisted  
36 living services provided in a home and community based services  
37 program:

38 (1) Require the installation of a sink in the kitchenette within any  
39 living unit of an entity that participated in the Medicaid home and  
40 community based service program before July 1, 2018.

41 (2) Require all living units within a setting that provides assisted  
42 living services to comply with physical plant requirements that



- 1 are applicable to individual units occupied by a Medicaid  
 2 recipient.  
 3 (3) Require a provider to offer only private rooms.  
 4 (4) Require a housing with services establishment provider to  
 5 provide housing when:  
 6 (A) the provider is unable to meet the health needs of a  
 7 resident without:  
 8 (i) undue financial or administrative burden; or  
 9 (ii) fundamentally altering the nature of the provider's  
 10 operations; and  
 11 (B) the resident is unable to arrange for services to meet the  
 12 resident's health needs.  
 13 (5) Require a housing with services establishment provider to  
 14 separate an agreement for housing from an agreement for  
 15 services.  
 16 (6) Prohibit a housing with services establishment provider from  
 17 offering studio apartments with only a single sink in the unit.  
 18 (7) Preclude the use of a shared bathroom between adjoining or  
 19 shared units if the participants consent to the use of a shared  
 20 bathroom.  
 21 (8) Reduce the scope of services that may be provided by a  
 22 provider of assisted living services under the aged and disabled  
 23 Medicaid waiver in effect on July 1, 2021.  
 24 (h) The division may adopt rules under IC 4-22-2 that establish the  
 25 right, and an appeals process, for a resident to appeal a provider's  
 26 determination that the provider is unable to meet the health needs of  
 27 the resident as described in subsection (g)(4). The process:  
 28 (1) must require an objective third party to review the provider's  
 29 determination in a timely manner; and  
 30 (2) may not be required if the provider is licensed by the Indiana  
 31 department of health and the licensure requirements include an  
 32 appellate procedure for such a determination.  
 33 SECTION 16. IC 12-10-17.1-6, AS AMENDED BY P.L.99-2007,  
 34 SECTION 68, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE  
 35 JULY 1, 2025]: Sec. 6. As used in this chapter, "individual in need of  
 36 self-directed in-home care" means an individual with a disability, or  
 37 person responsible for making health related decisions for the  
 38 individual with a disability, who:  
 39 (1) is approved to receive Medicaid waiver services under 42  
 40 U.S.C. 1396n(c); or is a participant in the community and home  
 41 options to institutional care for the elderly and disabled program  
 42 under IC 12-10-10;



- 1 (2) is in need of attendant care services because of impairment;
- 2 (3) requires assistance to complete functions of daily living,
- 3 self-care, and mobility, including those functions included in
- 4 attendant care services;
- 5 (4) chooses to self-direct a paid personal services attendant to
- 6 perform attendant care services; and
- 7 (5) assumes the responsibility to initiate self-directed in-home
- 8 care and exercise judgment regarding the manner in which those
- 9 services are delivered, including the decision to employ, train, and
- 10 dismiss a personal services attendant.

11 SECTION 17. IC 12-10-17.1-10, AS ADDED BY P.L.141-2006,  
 12 SECTION 44, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE  
 13 JULY 1, 2025]: Sec. 10. (a) An individual may not provide attendant  
 14 care services for compensation from ~~Medicaid~~ or the community and  
 15 home options to institutional care for the elderly and disabled program  
 16 for an individual in need of self-directed in-home care services unless  
 17 the individual is registered under section 12 of this chapter.

18 (b) An individual who is a legally responsible relative of an  
 19 individual in need of self-directed in-home care, including a parent of  
 20 a minor individual and a spouse, is precluded from providing attendant  
 21 care services for compensation under this chapter.

22 SECTION 18. IC 12-10-17.1-17, AS ADDED BY P.L.141-2006,  
 23 SECTION 44, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE  
 24 JULY 1, 2025]: Sec. 17. The individual in need of self-directed  
 25 in-home care and the personal services attendant must each sign a  
 26 contract, in a form approved by the division, that includes, at a  
 27 minimum, the following provisions:

- 28 (1) The responsibilities of the personal services attendant.
- 29 (2) The frequency the personal services attendant will provide
- 30 attendant care services.
- 31 (3) The duration of the contract.
- 32 (4) The hourly wage of the personal services attendant. The wage
- 33 may not be less than the federal minimum wage or more than the
- 34 rate that the recipient is eligible to receive under a ~~Medicaid~~
- 35 ~~home and community based services waiver~~ or the community
- 36 and home options to institutional care for the elderly and disabled
- 37 program for attendant care services.
- 38 (5) Reasons and notice agreements for early termination of the
- 39 contract.

40 SECTION 19. IC 12-10-17.1-18, AS ADDED BY P.L.141-2006,  
 41 SECTION 44, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE  
 42 JULY 1, 2025]: Sec. 18. (a) ~~The office shall amend the home and~~



1 community based services waiver program under the state Medicaid  
2 plan to provide for the payment for attendant care services provided by  
3 a personal services attendant for an individual in need of self-directed  
4 in-home care under this chapter, including any related record keeping  
5 and employment expenses.

6 (b) The office shall not, to the extent permitted by federal law,  
7 consider as income money paid under this chapter to or on behalf of an  
8 individual in need of self-directed in-home care to enable the  
9 individual to employ registered personal services attendants, for  
10 purposes of determining the individual's income eligibility for services  
11 under this chapter.

12 SECTION 20. IC 12-10-17.1-20, AS ADDED BY P.L.141-2006,  
13 SECTION 44, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE  
14 JULY 1, 2025]: Sec. 20. (a) The division and office may adopt rules  
15 under IC 4-22-2 that are necessary to implement this chapter.

16 (b) The office shall apply for any federal waivers necessary to  
17 implement this chapter.

18 SECTION 21. IC 12-10-19 IS REPEALED [EFFECTIVE JULY 1,  
19 2025]. (Home and Community Based Services).

20 SECTION 22. IC 12-11-1.1-1, AS AMENDED BY P.L.241-2023,  
21 SECTION 6, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE  
22 JULY 1, 2025]: Sec. 1. (a) The bureau of disabilities services is  
23 established within the division.

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

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

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



- 1 under IC 12-11-2.1-2.
- 2 (d) The bureau shall approve entities to provide community based  
3 services and supports as follows:
- 4 (1) The bureau shall ensure that an entity approved to provide day  
5 services, identified day habilitation, including facility based or  
6 community based habilitation, prevocational services, or  
7 employment services under home and community based services  
8 waivers (**as defined in IC 12-8-1.6-2**) is accredited by an  
9 approved national accrediting body described in subsection (j).
- 10 (2) The bureau shall ensure that an entity approved to provide  
11 residential habilitation and support services under home and  
12 community based services waivers (**as defined in IC 12-8-1.6-2**)  
13 is accredited by an approved national accrediting body.
- 14 (e) Subject to subsection (k), the bureau shall initially approve,  
15 reapprove, and monitor community based residential, habilitation, and  
16 employment service providers that provide alternatives to placement of  
17 individuals with a developmental disability in state institutions and  
18 health facilities licensed under IC 16-28 for individuals with a  
19 developmental disability. The services must simulate, to the extent  
20 feasible, patterns and conditions of everyday life that are as close as  
21 possible to the conditions in which individuals without disabilities  
22 participate. The community based service categories include the  
23 following:
- 24 (1) Supervised group living programs, which serve at least four  
25 (4) individuals and not more than eight (8) individuals, are funded  
26 by Medicaid, and are licensed by the division.
- 27 (2) Supported living service arrangements to meet the unique  
28 needs of individuals in integrated settings. Supported living  
29 service arrangements providing residential services may not serve  
30 more than four (4) unrelated individuals in any one (1) setting.  
31 However, a program that:
- 32 (A) is in existence on January 1, 2013, as a supervised group  
33 living program described in subdivision (1); and  
34 (B) has more than four (4) individuals residing as part of the  
35 program;  
36 may convert to a supported living service arrangement under this  
37 subdivision and continue to provide services to up to the same  
38 number of individuals in the supported living setting.
- 39 (f) To the extent that services described in subsection (e) are  
40 available and meet the individual's needs, an individual is entitled to  
41 receive services in the least restrictive environment possible.
- 42 (g) Community based services under subsection (e)(1) or (e)(2)



- 1 must consider the needs of and provide choices and options for:  
 2 (1) individuals with a developmental disability; and  
 3 (2) families of individuals with a developmental disability.  
 4 (h) The bureau shall administer a system of service coordination to  
 5 carry out this chapter.  
 6 (i) The bureau may issue orders under IC 4-21.5-3-6 against a  
 7 provider that violates rules issued by the bureau for programs in which  
 8 the provider is providing services in accordance with section 11 of this  
 9 chapter.  
 10 (j) For purposes of subsections (d) and (k), "approved national  
 11 accrediting body" means any of the following:  
 12 (1) The Commission on Accreditation of Rehabilitation Facilities  
 13 (CARF), or its successor.  
 14 (2) The Council on Quality and Leadership In Supports for People  
 15 with Disabilities, or its successor.  
 16 (3) The Joint Commission on Accreditation of Healthcare  
 17 Organizations (JCAHO), or its successor.  
 18 (4) The ISO-9001 human services QA system.  
 19 (5) The Council on Accreditation, or its successor.  
 20 (6) An independent national accreditation organization approved  
 21 by the secretary.  
 22 (k) An entity that is accredited by an approved national accrediting  
 23 body is not subject to reapproval surveys or routine monitoring surveys  
 24 by the division or bureau, including any reapproval survey under a  
 25 home and community based services waiver **(as defined in**  
 26 **IC 12-8-1.6-2)**. However, the bureau may perform validation surveys  
 27 and complaint investigations of an entity accredited by an approved  
 28 national accrediting body.  
 29 (l) The bureau shall monitor services provided by the following:  
 30 (1) An entity that provides services to an individual with funds  
 31 provided by the bureau or under the authority of the bureau.  
 32 (2) An entity that has entered into a provider agreement under  
 33 IC 12-15-11 to provide Medicaid in-home waiver services.  
 34 (m) The bureau shall establish and administer a complaint process  
 35 for the following:  
 36 (1) An individual who receives services from an entity with funds  
 37 provided through the bureau or under the authority of the bureau.  
 38 (2) An entity that has entered into a provider agreement under  
 39 IC 12-15-11 to provide Medicaid in-home waiver services.  
 40 SECTION 23. IC 12-11-13-1 IS AMENDED TO READ AS  
 41 FOLLOWS [EFFECTIVE JULY 1, 2025]: Sec. 1. **(a) Except as**  
 42 **provided in subsection (b)**, this chapter applies only to an individual



1 who:

- 2 (1) has a developmental disability; and  
 3 (2) receives services ~~under a waiver under the federal home and~~  
 4 ~~community based services program.~~ **administered by the**  
 5 **bureau.**

6 **(b) This chapter does not apply to an individual served by the**  
 7 **long term care ombudsman program established under**  
 8 **IC 12-10-13.**

9 SECTION 24. IC 12-11-13-2 IS AMENDED TO READ AS  
 10 FOLLOWS [EFFECTIVE JULY 1, 2025]: Sec. 2. As used in this  
 11 chapter, "ombudsman" refers to the statewide ~~waiver bureau of~~  
 12 **disabilities services** ombudsman established by section 3 of this  
 13 chapter. The term includes individuals approved to act in the capacity  
 14 of ombudsmen by the statewide ~~waiver bureau of disabilities services~~  
 15 **ombudsman.**

16 SECTION 25. IC 12-11-13-3 IS AMENDED TO READ AS  
 17 FOLLOWS [EFFECTIVE JULY 1, 2025]: Sec. 3. The statewide ~~waiver~~  
 18 **bureau of disabilities services** ombudsman position is established  
 19 within the division.

20 SECTION 26. IC 12-11-13-7 IS AMENDED TO READ AS  
 21 FOLLOWS [EFFECTIVE JULY 1, 2025]: Sec. 7. (a) An ombudsman  
 22 must be provided access to the following:

- 23 (1) An individual described in section 1 of this chapter.  
 24 (2) An entity that provides ~~waiver~~ services to an individual  
 25 described in section 1 of this chapter.  
 26 (3) Records of an individual described in section 1 of this chapter,  
 27 including records held by an entity that provides services to the  
 28 individual.  
 29 (4) If an individual described in section 1 of this chapter is  
 30 incapable of giving consent, as determined by the attending  
 31 physician or as otherwise determined under state law, the name,  
 32 address, and telephone number of the individual's legal  
 33 representative.

34 Except as provided in subsections (c) and (d), the ombudsman must  
 35 obtain consent under subsection (b) before having access to the records  
 36 described in subdivision (3).

37 (b) Consent to have access to an individual's records shall be given  
 38 in one (1) of the following forms:

- 39 (1) In writing by the individual.  
 40 (2) Orally by the individual in the presence of a witness.  
 41 (3) In writing by the legal representative of the individual if:  
 42 (A) the individual is incapable of giving consent, as





- 1 determined by the attending physician or as otherwise  
 2 determined under state law; and  
 3 (B) the legal representative has the authority to give consent.  
 4 (c) If consent to have access to an individual's records cannot be  
 5 obtained under subsection (b), an ombudsman may inspect the records  
 6 of the individual if the individual is incapable of giving consent, as  
 7 determined by the attending physician or as otherwise determined  
 8 under state law, and:  
 9 (1) has no legal representative;  
 10 (2) has a legal representative but the legal representative cannot  
 11 be contacted within three (3) days; or  
 12 (3) has a legal representative but the legal representative does not  
 13 have the authority to give consent to have access to the records.  
 14 (d) If an ombudsman has:  
 15 (1) been denied access to an individual's records by the  
 16 individual's legal representative;  
 17 (2) reasonable cause to believe that the individual's legal  
 18 representative is not acting in the best interests of the individual;  
 19 and  
 20 (3) received written approval from the state ombudsman;  
 21 the ombudsman may inspect the records of the individual.  
 22 SECTION 27. IC 12-11-13-8 IS AMENDED TO READ AS  
 23 FOLLOWS [EFFECTIVE JULY 1, 2025]: Sec. 8. A provider of ~~waiver~~  
 24 services or an employee of a provider of ~~waiver~~ services is immune  
 25 from:  
 26 (1) civil or criminal liability; and  
 27 (2) actions taken under a professional disciplinary procedure;  
 28 for the release or disclosure of records to the ombudsman under this  
 29 chapter.  
 30 SECTION 28. IC 12-11-13-10, AS AMENDED BY P.L.99-2007,  
 31 SECTION 86, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE  
 32 JULY 1, 2025]: Sec. 10. The ombudsman shall do the following:  
 33 (1) Promote effective coordination among the following:  
 34 (A) Programs that provide legal services for individuals with  
 35 a ~~developmental~~ disability.  
 36 (B) The division.  
 37 (C) Providers of ~~waiver~~ services to individuals with  
 38 ~~developmental~~ disabilities.  
 39 (D) Providers of other necessary or appropriate services.  
 40 (2) Ensure that the identity of an individual described in section  
 41 1 of this chapter will not be disclosed without:  
 42 (A) the individual's written consent; or



- 1 (B) a court order.
- 2 SECTION 29. IC 12-11-13-15 IS AMENDED TO READ AS
- 3 FOLLOWS [EFFECTIVE JULY 1, 2025]: Sec. 15. The division shall:
- 4 (1) establish a statewide toll free telephone line continuously open
- 5 to receive complaints regarding individuals described in section
- 6 1 of this chapter; and
- 7 (2) forward all complaints received from the toll free telephone
- 8 line to the ~~statewide waiver~~ ombudsman.
- 9 SECTION 30. IC 12-11-16-7 IS ADDED TO THE INDIANA
- 10 CODE AS A NEW SECTION TO READ AS FOLLOWS
- 11 [EFFECTIVE JULY 1, 2025]: **Sec. 7. (a) Subject to subsections (b)**
- 12 **and (c), the division may charge each authorized service provider**
- 13 **that employs a direct service professional an annual fee.**
- 14 **(b) The division shall do the following:**
- 15 **(1) Develop a fee structure that accounts for variances in an**
- 16 **authorized service provider's direct support professional**
- 17 **workforce.**
- 18 **(2) Determine the amount of a fee described in subsection (a)**
- 19 **using the fee structure developed by the division under**
- 20 **subdivision (1).**
- 21 **(c) The division may not charge an authorized service provider**
- 22 **described in subsection (a) a total amount for annual fees that**
- 23 **exceeds two thousand dollars (\$2,000).**
- 24 **(d) Fees collected under this section shall be deposited into the**
- 25 **direct support professional training program fund established by**
- 26 **section 8 of this chapter.**
- 27 **(e) The division may adopt rules under IC 4-22-2 necessary to**
- 28 **implement this section.**
- 29 SECTION 31. IC 12-11-16-8 IS ADDED TO THE INDIANA
- 30 CODE AS A NEW SECTION TO READ AS FOLLOWS
- 31 [EFFECTIVE JULY 1, 2025]: **Sec. 8. (a) The direct support**
- 32 **professional training program fund is established for the purpose**
- 33 **of providing funding for the training program established under**
- 34 **this chapter. The division shall administer the fund.**
- 35 **(b) The fund consists of the following:**
- 36 **(1) Money deposited in the fund under section 7 of this**
- 37 **chapter.**
- 38 **(2) All earnings on investments in the fund.**
- 39 **(c) Money in the fund may only be used for the following:**
- 40 **(1) Costs associated with:**
- 41 **(A) operating the training program established under this**
- 42 **chapter; and**



- 1           **(B) operating or making changes to the direct support**  
 2           **professional registry established under section 2 of this**  
 3           **chapter.**
- 4           **(2) Costs to make changes to the training curriculum**  
 5           **described in section 3 of this chapter.**
- 6           **(3) Expenses of administering the fund.**
- 7           **(d) The treasurer of state shall invest the money in the fund not**  
 8           **currently needed to meet the obligations of the fund in the same**  
 9           **manner as other public funds may be invested. Interest that**  
 10           **accrues from these investments shall be deposited in the fund.**
- 11           **(e) Money in the fund at the end of a state fiscal year does not**  
 12           **revert to the state general fund.**
- 13           **(f) Money in the fund is continuously appropriated for the**  
 14           **purposes specified in this section.**
- 15           SECTION 32. IC 12-12-7-5 IS AMENDED TO READ AS  
 16           FOLLOWS [EFFECTIVE JULY 1, 2025]: Sec. 5. ~~(a) As used in this~~  
 17           ~~section, "board" refers to the board of interpreter standards:~~
- 18           ~~(b) The unit shall establish a board of interpreter standards:~~
- 19           ~~(c) The unit and the board division shall adopt rules under~~  
 20           ~~IC 4-22-2 creating standards (including ethical standards and grievance~~  
 21           ~~procedures) for interpreters and an enforcement mechanism for the~~  
 22           ~~interpreter standards.~~
- 23           ~~(d) Funding for the board must come solely from the unit's existing~~  
 24           ~~budget.~~
- 25           SECTION 33. IC 16-39-2-6, AS AMENDED BY P.L.137-2021,  
 26           SECTION 27, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE  
 27           JULY 1, 2025]: Sec. 6. (a) Without the consent of the patient, the  
 28           patient's mental health record may only be disclosed as follows:
- 29           (1) To individuals who meet the following conditions:
- 30           (A) Are employed by:
- 31           (i) the provider at the same facility or agency;
- 32           (ii) a managed care provider (as defined in IC 12-7-2-127);
- 33           or
- 34           (iii) a health care provider or mental health care provider, if  
 35           the mental health records are needed to provide health care  
 36           or mental health services to the patient.
- 37           (B) Are involved in the planning, provision, and monitoring of  
 38           services.
- 39           (2) To the extent necessary to obtain payment for services  
 40           rendered or other benefits to which the patient may be entitled, as  
 41           provided in IC 16-39-5-3.
- 42           (3) To the patient's court appointed counsel and to the Indiana



- 1 protection and advocacy services commission.
- 2 (4) For research conducted in accordance with IC 16-39-5-3 and
- 3 the rules of the division of mental health and addiction, the rules
- 4 of the division of disability and rehabilitative services, the rules
- 5 of the provider, or the rules of the Indiana archives and records
- 6 administration and the oversight committee on public records.
- 7 (5) To the division of mental health and addiction for the purpose
- 8 of data collection, research, and monitoring managed care
- 9 providers (as defined in IC 12-7-2-127) who are operating under
- 10 a contract with the division of mental health and addiction.
- 11 (6) To the extent necessary to make reports or give testimony
- 12 required by the statutes pertaining to admissions, transfers,
- 13 discharges, and guardianship proceedings.
- 14 (7) To a law enforcement agency if any of the following
- 15 conditions are met:
- 16 (A) A patient escapes from a facility to which the patient is
- 17 committed under IC 12-26.
- 18 (B) The superintendent of the facility determines that failure
- 19 to provide the information may result in bodily harm to the
- 20 patient or another individual.
- 21 (C) A patient commits or threatens to commit a crime on
- 22 facility premises or against facility personnel.
- 23 (D) A patient is in the custody of a law enforcement officer or
- 24 agency for any reason and:
- 25 (i) the information to be released is limited to medications
- 26 currently prescribed for the patient or to the patient's history
- 27 of adverse medication reactions; and
- 28 (ii) the provider determines that the release of the
- 29 medication information will assist in protecting the health,
- 30 safety, or welfare of the patient.
- 31 Mental health records released under this clause must be
- 32 maintained in confidence by the law enforcement agency
- 33 receiving them.
- 34 (8) To a coroner or medical examiner, in the performance of the
- 35 individual's duties.
- 36 (9) To a school in which the patient is enrolled if the
- 37 superintendent of the facility determines that the information will
- 38 assist the school in meeting educational needs of the patient.
- 39 (10) To the extent necessary to satisfy reporting requirements
- 40 under the following statutes:
- 41 (A) IC 12-10-3-10.
- 42 (B) IC 12-24-17-5.



- 1 (C) IC 16-41-2-3.  
 2 (D) IC 16-50-1-8.  
 3 (E) IC 31-25-3-2.  
 4 (F) IC 31-33-5-4.  
 5 (G) IC 34-30-16-2.  
 6 (H) IC 35-46-1-13.
- 7 (11) To the extent necessary to satisfy release of information  
 8 requirements under the following statutes:  
 9 (A) IC 12-24-11-2.  
 10 (B) IC 12-24-12-3, IC 12-24-12-4, and IC 12-24-12-6.  
 11 (C) IC 12-26-11.
- 12 (12) To another health care provider in a health care emergency.  
 13 (13) For legitimate business purposes as described in  
 14 IC 16-39-5-3.  
 15 (14) Under a court order under IC 16-39-3.  
 16 (15) With respect to records from a mental health or  
 17 developmental disability facility, to the United States Secret  
 18 Service if the following conditions are met:  
 19 (A) The request does not apply to alcohol or drug abuse  
 20 records described in 42 U.S.C. 290dd-2 unless authorized by  
 21 a court order under 42 U.S.C. 290dd-2(b)(2)(c).  
 22 (B) The request relates to the United States Secret Service's  
 23 protective responsibility and investigative authority under 18  
 24 U.S.C. 3056, 18 U.S.C. 871, or 18 U.S.C. 879.  
 25 (C) The request specifies an individual patient.  
 26 (D) The director or superintendent of the facility determines  
 27 that disclosure of the mental health record may be necessary  
 28 to protect a person under the protection of the United States  
 29 Secret Service from serious bodily injury or death.  
 30 (E) The United States Secret Service agrees to only use the  
 31 mental health record information for investigative purposes  
 32 and not disclose the information publicly.  
 33 (F) The mental health record information disclosed to the  
 34 United States Secret Service includes only:  
 35 (i) the patient's name, age, and address;  
 36 (ii) the date of the patient's admission to or discharge from  
 37 the facility; and  
 38 (iii) any information that indicates whether or not the patient  
 39 has a history of violence or presents a danger to the person  
 40 under protection.
- 41 (16) To the statewide ~~waiver~~ **bureau of disabilities services**  
 42 ombudsman established under IC 12-11-13, in the performance



1 of the ombudsman's duties.  
 2 (b) If a licensed mental health professional, a licensed paramedic,  
 3 a representative of a mobile integrated healthcare program (as  
 4 described in IC 16-31-12), or a representative of a mental health  
 5 community paramedicine program in the course of rendering a  
 6 treatment intervention, determines that a patient may be a harm to  
 7 himself or herself or others, the licensed mental health professional, the  
 8 licensed paramedic, the representative of the mobile integrated  
 9 healthcare program (as described in IC 16-31-12), or the representative  
 10 of the mental health community paramedicine program may request a  
 11 patient's individualized mental health safety plan from a psychiatric  
 12 crisis center, psychiatric inpatient unit, or psychiatric residential  
 13 treatment provider. Each psychiatric crisis center, psychiatric inpatient  
 14 unit, and psychiatric residential treatment provider shall, upon request  
 15 and without the consent of the patient, share a patient's individualized  
 16 mental health safety plan that is in the standard format established by  
 17 the division of mental health and addiction under IC 12-21-5-6 with the  
 18 following individuals who demonstrate proof of licensure and commit  
 19 to protecting the information in compliance with state and federal  
 20 privacy laws:

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

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

31 (c) After information is disclosed under subsection (a)(15) and if the  
 32 patient is evaluated to be dangerous, the records shall be interpreted in  
 33 consultation with a licensed mental health professional on the staff of  
 34 the United States Secret Service.

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

37 SECTION 34. IC 34-30-2.1-129.4 IS ADDED TO THE INDIANA  
 38 CODE AS A **NEW** SECTION TO READ AS FOLLOWS  
 39 [EFFECTIVE JULY 1, 2025]: **Sec. 129.4. IC 12-8-1.7-8(b)**  
 40 **(Concerning actions of a personal services attendant or an**  
 41 **individual in need of self-directed in-home care).**

42 SECTION 35. IC 34-30-2.1-137, AS ADDED BY P.L.105-2022,



1 SECTION 12, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE  
2 JULY 1, 2025]: Sec. 137. IC 12-11-13-8 (Concerning disclosure of  
3 records to the statewide ~~waiver~~ **bureau of disabilities services**  
4 ombudsman by providers of ~~waiver~~ services and employees of  
5 providers).

6 SECTION 36. IC 34-30-2.1-138, AS ADDED BY P.L.105-2022,  
7 SECTION 12, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE  
8 JULY 1, 2025]: Sec. 138. IC 12-11-13-12 (Concerning the statewide  
9 ~~waiver~~ **bureau of disabilities services** ombudsman).

10 SECTION 37. IC 35-52-12-2, AS ADDED BY P.L.169-2014,  
11 SECTION 2, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE  
12 JULY 1, 2025]: Sec. 2. IC 12-11-13-16 defines a crime concerning  
13 statewide ~~waiver~~ **bureau of disabilities services** ombudsman.

14 SECTION 38. [EFFECTIVE JULY 1, 2025] **(a) An individual**  
15 **who:**

16 **(1) is registered under IC 12-10-17.1, before its amendment by**  
17 **this act; and**

18 **(2) provides services under a home and community based**  
19 **services waiver;**

20 **is deemed registered under IC 12-8-1.7, as added by this act.**

21 **(b) This SECTION expires July 1, 2027.**

