

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 2012 Regular Session of the General Assembly.

## SENATE ENROLLED ACT No. 267

AN ACT to amend the Indiana Code concerning human services.

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

SECTION 1. IC 4-24-6-4 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2013]: Sec. 4. (a) This section does not apply to a patient

- (1) in a state developmental center listed in IC ~~12-24-1-1~~;
- (2) in an institution listed in IC 12-24-1-3 if the patient is in a unit that is a Medicaid certified intermediate care facility for the mentally retarded.

(b) Any interest or income derived from the deposit or investment of funds held in trust for any patient or inmate shall be transferred from such trust fund to a special fund to be known as the "patients' recreation fund" or "inmates' recreation fund"; provided, that in the event a trust fund has been established in any institution, which trust fund is in existence on July 1, 1957, and there is a deficiency in the amount of money that properly belongs in such trust fund, the income derived from any trust fund established under the provisions of this chapter shall be paid into the trust fund until the deficiency has been fully paid.

SECTION 2. IC 5-10-8-7.1 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2013]: Sec. 7.1. (a) As used in this section, "covered individual" means an individual who is:

- (1) covered under a self-insurance program established under section 7(b) of this chapter to provide group health coverage; or
- (2) entitled to health services under a contract with a prepaid

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health care delivery plan that is entered into or renewed under section 7(c) of this chapter.

(b) As used in this section, "~~pervasive developmental~~ **"autism spectrum disorder"** means a neurological condition, including Asperger's syndrome and autism, as defined in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association.

(c) A self-insurance program established under section 7(b) of this chapter to provide health care coverage must provide a covered individual with coverage for the treatment of a ~~pervasive developmental~~ **an autism spectrum** disorder. Coverage provided under this section is limited to treatment that is prescribed by the covered individual's treating physician in accordance with a treatment plan. A self-insurance program may not deny or refuse to issue coverage on, refuse to contract with, or refuse to renew, refuse to reissue, or otherwise terminate or restrict coverage on, an individual under an insurance policy or health plan solely because the individual is diagnosed with a ~~pervasive developmental~~ **an autism spectrum** disorder.

(d) A contract with a prepaid health care delivery plan that is entered into or renewed under section 7(c) of this chapter must provide a covered individual with services for the treatment of a ~~pervasive developmental~~ **an autism spectrum** disorder. Services provided under this section are limited to treatment that is prescribed by the covered individual's treating physician in accordance with a treatment plan. A prepaid health care delivery plan may not deny or refuse to provide services to, or refuse to renew, refuse to reissue, or otherwise terminate or restrict services to, an individual solely because the individual is diagnosed with a ~~pervasive developmental~~ **an autism spectrum** disorder.

(e) The coverage required by subsection (c) and services required by subsection (d) may not be subject to dollar limits, deductibles, copayments, or coinsurance provisions that are less favorable to a covered individual than the dollar limits, deductibles, copayments, or coinsurance provisions that apply to physical illness generally under the self-insurance program or contract with a prepaid health care delivery plan.

SECTION 3. IC 12-7-2-19, AS AMENDED BY P.L.99-2007, SECTION 41, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2013]: 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,

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refers to the characteristics of a neurological disorder that is described in the **most recent edition of the** Diagnostic and Statistical Manual of Mental Disorders ~~Fourth Edition, Washington, of the~~ American Psychiatric Association. ~~1994, pages 70 and 71.~~

SECTION 4. IC 12-7-2-182 IS REPEALED [EFFECTIVE JULY 1, 2013]. ~~Sec. 182. "State developmental center", for purposes of IC 12-11-2.1, refers to an institution listed in IC 12-24-1-1.~~

SECTION 5. IC 12-7-2-184, AS AMENDED BY P.L.141-2006, SECTION 25, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2013]: 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) Fort Wayne State Developmental Center.~~
- ~~(4) (3) Larue D. Carter Memorial Hospital.~~
- ~~(5) (4) Logansport State Hospital.~~
- ~~(6) (5) Madison State Hospital.~~
- ~~(7) (6) Richmond State Hospital.~~

SECTION 6. IC 12-9-2-5 IS REPEALED [EFFECTIVE JULY 1, 2013]. ~~Sec. 5. The director has administrative control of and responsibility for the state owned and operated developmental centers as provided in IC 12-24-1-1.~~

SECTION 7. IC 12-11-1.1-8 IS REPEALED [EFFECTIVE JULY 1, 2013]. ~~Sec. 8. The budget agency shall annually:~~

- ~~(1) calculate; and~~
- ~~(2) report to the budget committee;~~

~~any savings realized from the transfer or discharge of individuals with developmental disabilities from a state developmental center to a community based resident setting.~~

SECTION 8. IC 12-11-2.1-4, AS AMENDED BY P.L.99-2007, SECTION 79, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2013]: 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 ~~a state developmental center or~~ an intermediate care facility.

SECTION 9. IC 12-11-2.1-5, AS AMENDED BY P.L.99-2007, SECTION 80, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2013]: Sec. 5. When authorizing services for an individual

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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) a state developmental center;
  - ~~(B)~~ (A) an intermediate care facility; or
  - ~~(C)~~ (B) a nursing facility.

SECTION 10. IC 12-11-2.1-8 IS REPEALED [EFFECTIVE JULY 1, 2013]. ~~Sec. 8. If an individual with a developmental disability committed to a state developmental center is placed on outpatient status under IC 12-26-14, the bureau shall monitor the individual's compliance with the individual's service plan during the period that the individual is in outpatient status.~~

SECTION 11. IC 12-24-1-1 IS REPEALED [EFFECTIVE JULY 1, 2013]. ~~Sec. 1. The director of the division of disability and rehabilitative services has administrative control of and responsibility for the following state institutions:~~

- ~~(1) Fort Wayne State Developmental Center.~~
- ~~(2) Any other state owned or operated developmental center.~~

SECTION 12. IC 12-24-11-3, AS AMENDED BY P.L.99-2007, SECTION 118, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2013]: 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 ~~the managed care provider~~, 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.

SECTION 13. IC 12-24-12-2 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2013]: Sec. 2. The division shall contract with ~~managed care providers~~ **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.



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SECTION 14. IC 12-24-12-3 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2013]: 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 ~~or a managed care provider~~ 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 ~~managed care provider~~ or community mental health center under subsection (a) recommends or requires that an individual receive treatment from another treatment provider, the ~~managed care provider~~ or 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 ~~managed care provider~~ **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.

SECTION 15. IC 12-24-12-4 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2013]: Sec. 4. (a) If a ~~managed care provider~~ **community mental health center** is aware of problems with continuity of care for a discharged or placed individual, the ~~managed care provider~~ **community mental health center** shall contact:

- (1) the discharged or placed individual;
- (2) the treatment provider;
- (3) the residential provider; or



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(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 **managed care provider community mental health center** shall report these findings to the director.

SECTION 16. IC 12-24-12-10, AS AMENDED BY P.L.114-2012, SECTION 33, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2013]: 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.

~~(3) For an individual entering an addictions program, an addictions treatment provider that is certified by the division of mental health and addiction.~~

(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 placed under the supervision of the division for addictions treatment under IC 12-23-7 and IC 12-23-8.

(5) An individual transferred from the department of correction under IC 11-10-4.

SECTION 17. IC 12-24-19-7 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2013]: 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.

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(b) The transitional care program shall assist consumers in making a smooth adjustment to community living and operate in collaboration with a ~~managed care provider~~ **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.

SECTION 18. IC 12-26-12-1 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2013]: 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 ~~or a managed care provider~~ to notify the person who filed a petition with respect to an individual committed to the community mental health center. ~~or the managed care provider.~~

SECTION 19. IC 16-38-4-1 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2013]: Sec. 1. As used in this chapter, "birth problems" means one (1) or more of the following conditions:

- (1) A structural deformation.
- (2) A developmental malformation.
- (3) A genetic, inherited, or biochemical disease.
- (4) A condition of a chronic nature, including central nervous system hemorrhage or infection of the central nervous system, that may result in a need for long term health care.
- (5) ~~A pervasive developmental~~ **An autism spectrum** disorder that

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is recognized in a child before the child becomes five (5) years of age.

(6) A fetal alcohol spectrum disorder that is recognized before a child becomes five (5) years of age.

(7) Any other severe disability that is:

(A) designated in a rule adopted by the state department; and

(B) recognized in a child after birth and before the child becomes three (3) years of age.

SECTION 20. IC 16-38-4-8, AS AMENDED BY P.L.93-2006, SECTION 14, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2013]: Sec. 8. (a) The state department shall establish a birth problems registry for the purpose of recording all cases of birth problems that occur in Indiana residents and compiling necessary and appropriate information concerning those cases, as determined by the state department, in order to:

(1) conduct epidemiologic and environmental studies and to apply appropriate preventive and control measures;

(2) inform the parents of children with birth problems:

(A) at the time of discharge from the hospital; or

(B) if a birth problem is diagnosed during a physician or hospital visit that occurs before the child is:

(i) except as provided in item (ii), three (3) years of age at the time of diagnosis; or

(ii) five (5) years of age at the time of diagnosis if the disorder is a ~~pervasive developmental~~ **an autism spectrum** disorder or a fetal alcohol spectrum disorder;

about physicians, care facilities, and appropriate community resources, including local step ahead agencies and the infants and toddlers with disabilities program (IC 12-12.7-2); or

(3) inform citizens regarding programs designed to prevent or reduce birth problems.

(b) The state department shall record in the birth problems registry:

(1) all data concerning birth problems of children that are provided from the certificate of live birth; and

(2) any additional information that may be provided by an individual or entity described in section 7(a)(2) of this chapter concerning a birth problem that is:

(A) designated in a rule adopted by the state department; and

(B) recognized:

(i) after the child is discharged from the hospital as a newborn;

(ii) before the child is five (5) years of age if the child is

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diagnosed with a ~~pervasive developmental~~ **an autism spectrum** disorder or a fetal alcohol spectrum disorder; and  
 (iii) before the child is three (3) years of age for any diagnosis not specified in item (ii).

(c) The state department shall:

- (1) provide a physician and a local health department with necessary forms for reporting under this chapter; and
- (2) report in an electronic format under IC 5-14-6 to the legislative council any birth problem trends that are identified through the data collected under this chapter.

SECTION 21. IC 27-8-14.2-3 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2013]: Sec. 3. As used in this chapter, "~~pervasive developmental~~ **an autism spectrum** disorder" means a neurological condition, including Asperger's syndrome and autism, as defined in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association.

SECTION 22. IC 27-8-14.2-4 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2013]: Sec. 4. (a) An accident and sickness insurance policy that is issued on a group basis must provide coverage for the treatment of a ~~pervasive developmental~~ **an autism spectrum** disorder of an insured. Coverage provided under this section is limited to treatment that is prescribed by the insured's treating physician in accordance with a treatment plan. An insurer may not deny or refuse to issue coverage on, refuse to contract with, or refuse to renew, refuse to reissue, or otherwise terminate or restrict coverage on an individual under an insurance policy solely because the individual is diagnosed with a ~~pervasive developmental~~ **an autism spectrum** disorder.

(b) The coverage required under this section may not be subject to dollar limits, deductibles, or coinsurance provisions that are less favorable to an insured than the dollar limits, deductibles, or coinsurance provisions that apply to physical illness generally under the accident and sickness insurance policy.

SECTION 23. IC 27-8-14.2-5 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2013]: Sec. 5. (a) An insurer that issues an accident and sickness insurance policy on an individual basis must offer to provide coverage for the treatment of a ~~pervasive developmental~~ **an autism spectrum** disorder of an insured. Coverage provided under this section is limited to treatment that is prescribed by the insured's treating physician in accordance with a treatment plan. An insurer may not deny or refuse to issue coverage on, refuse to contract with, or refuse to renew, refuse to reissue, or otherwise terminate or

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restrict coverage on an individual under an insurance policy solely because the individual is diagnosed with a ~~pervasive developmental~~ **an autism spectrum** disorder.

(b) The coverage that must be offered under this section may not be subject to dollar limits, deductibles, or coinsurance provisions that are less favorable to an insured than the dollar limits, deductibles, or coinsurance provisions that apply to physical illness generally under the accident and sickness insurance policy.

SECTION 24. IC 27-13-7-14.7 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2013]: Sec. 14.7. (a) As used in this section, "~~pervasive developmental~~ **an autism spectrum** disorder" means a neurological condition, including Asperger's syndrome and autism, as defined in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association.

(b) A group contract with a health maintenance organization that provides basic health care services must provide services for the treatment of a ~~pervasive developmental~~ **an autism spectrum** disorder of an enrollee. Services provided to an enrollee under this subsection are limited to services that are prescribed by the enrollee's treating physician in accordance with a treatment plan. A health maintenance organization may not deny or refuse to provide services to, or refuse to renew, refuse to reissue, or otherwise terminate or restrict coverage under a group contract to services to an individual solely because the individual is diagnosed with a ~~pervasive developmental~~ **an autism spectrum** disorder.

(c) The services required under subsection (b) may not be subject to dollar limits, deductibles, copayments, or coinsurance provisions that are less favorable to an enrollee than the dollar limits, deductibles, copayments, or coinsurance provisions that apply to physical illness generally under the contract with the health maintenance organization.

(d) A health maintenance organization that enters into an individual contract that provides basic health care services must offer to provide services for the treatment of a ~~pervasive developmental~~ **an autism spectrum** disorder of an enrollee. Services provided to an enrollee under this subsection are limited to services that are prescribed by the enrollee's treating physician in accordance with a treatment plan. A health maintenance organization may not deny or refuse to provide services to, or refuse to renew, refuse to reissue, or otherwise terminate or restrict coverage under an individual contract to services to an individual solely because the individual is diagnosed with a ~~pervasive developmental~~ **an autism spectrum** disorder.

(e) The services that must be offered under subsection (d) may not

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be subject to dollar limits, deductibles, copayments, or coinsurance provisions that are less favorable to an enrollee than the dollar limits, deductibles, copayments, or coinsurance provisions that apply to physical illness generally under the contract with the health maintenance organization.

SECTION 25. IC 34-18-2-24 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2013]: Sec. 24. "Psychiatric hospital" means a private institution licensed under IC 12-25 and public institutions under the administrative control of the director of a division as designated by ~~IC 12-24-1-1~~ or IC 12-24-1-3.

SECTION 26. [EFFECTIVE JULY 1, 2013] (a) **As used in this SECTION, "commission" refers to the commission on mental health and addiction established by IC 12-21-6.5-2.**

(b) **During the 2013 legislative interim, the commission shall review, discuss revisions regarding, and make recommendations regarding the continued implementation of the children's social, emotional, and behavioral health plan, as developed under IC 20-19-5. The commission shall consider comments and recommendations from governmental agencies and interested parties.**

(c) **This SECTION expires December 31, 2013.**

SECTION 27. [EFFECTIVE JULY 1, 2013] (a) **As used in this SECTION, "commission" refers to the commission on mental health and addiction established by IC 12-21-6.5-2.**

(b) **During the 2013 legislative interim, the commission shall review the operation of existing mental health crisis intervention teams operating in Indiana and make recommendations concerning the best practices necessary to encourage the creation and development of mental health crisis intervention teams in Indiana.**

(c) **This SECTION expires December 31, 2013.**

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President of the Senate

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President Pro Tempore

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Speaker of the House of Representatives

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Governor of the State of Indiana

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