

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 2017 Regular Session of the General Assembly.

SENATE ENROLLED ACT No. 421

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 12-7-2-110.7 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2018]: Sec. 110.7. "Housing with services establishment", for purposes of **IC 12-10-11.5 and** IC 12-10-15, has the meaning set forth in IC 12-10-15-3.

SECTION 2. IC 12-10-11.5-1, AS AMENDED BY P.L.35-2016, SECTION 14, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2018]: Sec. 1. As used in this chapter, "institution" means any of the following:

- (1) A health facility licensed under IC 16-28 **as a comprehensive care facility.**
- (2) An intermediate care facility for individuals with intellectual disabilities.

SECTION 3. IC 12-10-11.5-8, AS ADDED BY P.L.224-2017, SECTION 1, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2018]: Sec. 8. (a) ~~To the extent permitted under federal law,~~ **As used in this section, "assisted living services" refers to services covered under the waiver and provided in any of the following entities:**

- (1) **A residential care facility licensed under IC 16-28.**
- (2) **Any other housing with services establishment.**
- (b) **Under a Medicaid waiver that provides services to an individual who is aged or disabled,** the office shall reimburse ~~under~~



Medicaid for assisted living services. in a home and community based services program for individuals who are aged or disabled.

(b) If the division determines that a provider is out of compliance with state or federal home and community based setting requirements because of requirements of the provider's license, the division shall provide written guidance to the agency issuing the provider license in order to assist in the amendment of the licensure requirements to comply with federal and state home and community based setting requirements.

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

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

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

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

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

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

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

(i) undue financial or administrative burden; or

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

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

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

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

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



(e) The division may adopt rules under IC 4-22-2 that establish the right, and an appeals process for, a resident to appeal a provider's determination that the provider is unable to meet the health needs of the resident as described in subsection (d)(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 state department of health and the licensure requirements include an appellate procedure for such a determination.**

(f) Before December 31, 2018, the office shall:

- (1) implement a process for; and**
- (2) resume enrollment of;**

a provider with specialized and secure settings for individuals with Alzheimer's disease or other dementia, within a portion of or throughout the setting, to become a provider under a home and community based services program. At least forty-five (45) days before the adoption of an enrollment process under this subsection, the office shall consult with home and community based services providers, case managers, care managers, and persons with expertise in Alzheimer's disease or other dementia. The office's failure to adopt an enrollment process under this subsection shall not prevent the office from processing a provider application.

SECTION 4. IC 12-10-11.5-9 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2018]: Sec. 9. If the division performs inspections for compliance with state and federal home and community based services requirements, the division shall issue written findings to the person inspected not later than thirty (30) calendar days after the date of inspection.



President of the Senate

President Pro Tempore

Speaker of the House of Representatives

Governor of the State of Indiana

Date: _____ Time: _____

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