

Indiana

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Licensure Term Residential Care Facilities

Opening Statement Two Indiana agencies have jurisdiction over the services generally described as assisted living. The Indiana State Department of Health (ISDH) regulates the licensure requirements for residential care facilities. A health facility that provides residential nursing care or administers medications prescribed by a physician must be licensed as a residential care facility. The Indiana Family and Social Services Administration (FSSA), through the Division of Aging, maintains a registry of establishments filing disclosures for Housing with Services Establishments. A facility that provides services, such as room, meals, laundry, activities, housekeeping, and limited assistance in activities of daily living (ADLs), without providing administration of medication or residential nursing care, is not required to be licensed.

The Housing with Services Establishments Act has been in effect since 1998 and requires any residential care facility or any entity providing assisted living services that does not require licensure to register with the Division of Aging of the FSSA and disclose its name, address, and telephone number. This is not a certification or licensure process, but instead helps the FSSA to learn about the number and types of facilities in Indiana.

Legislative and Regulatory Update There have not been any recent changes to Indiana statutes or administrative code affecting assisted living.

Definition Residential Care Facility means a health care facility that provides residential nursing care. Residential nursing care may include, but is

not limited to, the following:

(1) Identifying human responses to actual or potential health conditions;

(2) Deriving a nursing diagnosis;

(3) Executing a minor regimen based on a nursing diagnosis or executing minor regimens as prescribed by a physician, physician assistant, chiropractor, dentist, optometrist, podiatrist, or nurse practitioner; and

(4) Administering, supervising, delegating, and evaluating nursing activities.

Disclosure Items

Facilities must provide the resident or the resident’s representative a copy of the contract between the resident and the facility prior to admission, which must include a statement describing the facility’s licensure status as well as other information, such as facility services and information on charges, among other items. Facilities also must provide each resident with a copy of the annual disclosure document that the facility files with the Division of Aging, pursuant to the Housing with Services Establishments Act. Residential care facilities must advise residents, upon admission, of the resident’s rights specified in Indiana law and regulation. Residential care facilities that provide specialized care for individuals with Alzheimer’s disease or dementia must prepare a disclosure statement on a required form.

Facility Scope of Care

Residential care facilities must provide personal care and assistance with ADLs based upon individual needs and preferences. The facility must provide, arrange, or make available three well-planned meals a day, seven days a week. The facility must also provide appropriate activities programming and provide and/or coordinate scheduled transportation to community-based activities. A residential care facility may provide residential nursing care and administer medications prescribed by a physician.

Third Party Scope of Care

A resident has the right to choose his or her own attending physician and contract for on-site health care services including home health, hospice, and personal care.

Admission and Retention Policy

The resident must be discharged if the resident:

(1) is a danger to self or others;

(2) requires 24-hour, comprehensive nursing care or comprehensive

nursing oversight;

(3) requires less than 24-hour comprehensive nursing care, comprehensive nursing oversight or rehabilitative therapies and has not entered into a contract with an appropriately licensed provider of the resident's choice to provide those services;

(4) is not medically stable; or

(5) meets any two of the following three criteria: (a) requires total assistance with eating; (b) requires total assistance with toileting; or (c) requires total assistance with transferring.

Resident Assessment

While there is no required form, an evaluation of the individual needs of each resident must be initiated prior to admission and must be updated at least semi-annually and when there is a substantial change in the resident's condition. The minimum scope and content of the resident evaluation must include, but is not limited to: (1) the resident's physical, cognitive, and mental status; (2) the resident's independence in ADLs; (3) the resident's weight taken on admission and semi-annually thereafter; and (4) if applicable, the resident's ability to self-administer medications. Following the evaluation, the residential care facility must identify and document the services to be provided and specify the scope, frequency, need, and preference of the resident for such services.

Medication Management

Each facility shall choose whether it administers medication and/or provides residential nursing care. These policies shall be outlined in the facility policy manual and clearly stated in the admission agreement. The administration of medications and the provision of residential nursing care shall be as ordered by the resident's physician and shall be supervised by a licensed nurse on the premises or on call. Medication shall be administered by licensed nursing personnel or qualified medication aides. Administration of medications means preparation and/or distribution of prescribed medications. Administration does not include reminders, cues, and/or opening of medication containers or assistance with eye drops, such as steadying the resident's hand, when requested by a resident.

Square Feet Requirements

Private resident units must be a minimum of 100 square feet and multiple-occupancy resident units must provide a minimum of 80 square feet per resident.

Residents Allowed Per Room

For facilities and additions to facilities for which construction plans are submitted for approval after July 1, 1984, resident rooms shall not contain more than four residents' beds.

Bathroom Requirements

For facilities licensed after April 1, 1997, each unit must have a private toilet, lavatory, and tub or shower. Facilities licensed prior to April 1, 1997 must abide by certain resident to bathtub/shower and resident to toilet/lavatory ratios as set forth in regulation.

Life Safety

No life safety code surveys are required for residential care facilities. The state fire marshal's office surveys these facilities for fire safety precautions. Sanitation and safety standards must be in accordance with ISDH Residential Care Facility rules.

Unit and Staffing Requirements for Serving Persons with Dementia

If a facility locks, secures, segregates, or provides a special program or special unit for residents with Alzheimer's disease, related disorders, or dementia, and advertises to the public that it is offering a special care unit, it must prepare a written disclosure statement on a required form that includes, but is not limited to, information on the following:

- (1) The mission or philosophy concerning the needs of residents with dementia;
- (2) The criteria used to determine that a resident may move into a special care unit;
- (3) The process for the assessment, establishment, and implementation of a plan for special care;
- (4) Information about staff including number of staff available and training provided;
- (5) The frequency and types of activities for residents with dementia;
- (6) Guidelines for using physical and chemical restraints;
- (7) An itemization of the health facility's charges and fees for special care; and
- (8) Any other features, services, or characteristics that distinguish the care provided in special care.

This form must be filed with the FSSA Division of Aging annually and made available to anyone seeking information on services for individuals with dementia. Facilities required to submit an Alzheimer's and dementia special care unit disclosure form must designate a qualified director for the special care unit.

Staff who have contact with residents in dementia units must have

(additionally) a minimum of six hours of dementia-specific training within six months and three hours annually thereafter to meet the needs of cognitively impaired residents. In facilities required to submit an Alzheimer's and dementia special care unit disclosure form, a designated director must have specified work experience.

Staffing Requirements

Staff shall be sufficient in number, qualifications, and training in accordance with applicable state laws and rules to meet the 24-hour scheduled and unscheduled needs of the residents and services provided. The number, qualifications, and training of staff shall depend on skills required to provide for the specific needs of the residents.

A minimum of one awake staff person, with current CPR and first aid certificates, shall be on site at all times. If 50 or more residents of the facility regularly receive residential nursing services and/or administration of medication, at least one nursing staff person shall be on site at all times. Residential facilities with more than 100 residents regularly receiving residential nursing services and/or administration of medication shall have at least one additional nursing staff person awake and on duty at all times for every 50 residents.

Any unlicensed employee providing more than limited assistance with ADLs must either be a certified nurse aide or a home health aide.

Administrator Education/Training

Administrators must have either a comprehensive care facility administrator's license or a residential care/assisted living facility administrator's license. Administrators must complete:

- (1) A baccalaureate or higher degree in any subject from an accredited institution of higher learning; or
- (2) An associate degree in health care from an accredited institution of higher learning and a specialized course of study in long-term health care administration approved by the Indiana State Board of Health Facility Administrators for nursing facility administrators or a specialized course of study in residential care administration for assisted living administrators; or
- (3) A specialized course of study in long-term health care administration approved by the Indiana State Board of Health Facility Administrators if obtaining a nursing facility administrator's license. Those obtaining a residential care/assisted living administrator's license must complete a specialized course in

residential care administration approved by the Indiana State Board of Health Facility Administrators.

(4) A 1,040-hour administrator-in-training program supervised by a board certified preceptor if obtaining a nursing facility administrator's license. Those obtaining a residential care/assisted living administrator's license must complete an 860-hour administrator-in-training program supervised by a board-certified preceptor. A waiver of the educational and six-month administrator-in-training requirements for the nursing facility and residential care/assisted living administrator's license may be granted if the individual qualifies under the Indiana State Board of Health Facility Administrators equivalents.

Administrators must complete 40 hours of continuing education biannually.

Staff Education/Training

Prior to working independently, each employee must be given an orientation that must include specific information. There must be an organized in-service education and training program planned in advance for all personnel in all departments at least annually. For nursing personnel, this shall include at least eight hours per calendar year; for non-nursing personnel, it shall include at least four hours per calendar year. The facility must maintain complete records of all trainings.

**Entity Approving
CE Program**

Health Facility Administrators Board

**Medicaid Policy and
Reimbursement**

Assisted living services are available under the state's Aged and Disabled and Traumatic Brain Injury 1915(c) waivers. All providers of these services must have a Residential Care Facility license from ISDH.

Citations

Family and Social Services Administration. Medicaid Waivers.
<http://www.in.gov/fssa/da/3476.htm>

Indiana Code, Title 12, Article 10, Chapter 5.5: Alzheimer's and Dementia Special Care Disclosure. [2014]
<https://iga.in.gov/legislative/laws/2014/ic/titles/012/articles/010/chapters/5.5/>

Indiana Administrative Code, Title 410, 16.2-5: Residential Care Health Facility Regulations. Indiana State Department of Health, Division of Long Term Care. [2008]
<http://www.in.gov/legislative/iac/T04100/A00162.PDF?>

Indiana State Department of Health website: information and

contacts for Residential Care Facility Licensing Program.
<http://www.in.gov/isdh/20227.htm>