Indiana

Agency Department of Health, Division of Long Term Care

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Web Site https://www.in.gov/health/long-term-carenursing-homes/residential-care-facility-licensing-program/

Opening Statement	Two Indiana agencies have jurisdiction over the services generally described as assisted living: Department of Health (IDOH) and Family and Social Services Administration (FFSA). IDOH reuglates 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. FSSA, through the Division of Aging, maintans 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 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.
Licensure Term	Residential Care Facilities
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 as described above.
Regulatory and Legislative Update	There have been no recent legislative or regulatory updates that affect assisted living in the past year.
Move-in Requirements Including Required Disclosures/Notifications	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.
Limitations of Services	The resident must be discharged if the resident: (1) is a danger to the resident or others; (2) requires twenty-four (24) hour per day comprehensive nursing care or comprehensive nursing oversight; (3) requires less than twenty-four (24) hour per day 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 at least two (2) of the following three (3) criteria unless the resident is medically stable and the health facility can meet the resident ' s needs: (A) Requires total assistance with eating. (B) Requires total assistance with toileting. (C) Requires total assistance with transferring.

Resident Assessment Requirements and Frequency	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.
Staff Scheduling Requirements	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 Alzheimer's disease, a related disorder, or dementia; (2) The criteria used to determine that a resident may placement, transfer, or discharge into/from a special care unit; (3) The process for the assessment, establishment, and implementation of a plan for special care, including how and when changes are made to a plan of 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.

Facilities that are required to submit an Alzheimer's and dementia special care unit disclosure must designate a director for the Alzheimer's and dementia special care unit. The director shall have a minimum of one year of work experience with dementia or Alzheimer's residents within the previous five years. The director shall have a minimum of 12 hours of dementia-specific training within three months of initial employment as the director and 6 hours annually thereafter to: meet the needs or preferences, or both, of cognitively impaired residents; and gain understanding of the current standards of care for residents with dementia.

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/Director Education and Training Requirements	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 (Board) 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. They must complete 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.
Direct Care Staff Education and 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.
Quality Requirements	(a) Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being in accordance with the comprehensive assessment and care plan. (b) To ensure each resident receives proper care and treatment, the facility shall assist the resident in making appropriate appointments and in arranging for transportation to and from the office of the practitioner specializing in the needed treatment. A facility must maintain a quality assessment and assurance committee consisting of the following: (1) The director of nursing services. (2) A physician designated by the facility. (3) At least three (3) other members of the facility's staff. (b) The quality assessment and assurance committee shall do the following: (1) Meet at least quarterly to identify issues with respect to which quality assessment and assurance activities are necessary. (2) Develop and implement appropriate plans of action to correct identified issues. (c) For purposes of IC 16-28-5-1, a breach of: (1) subsection (a) is a deficiency; and (2) subsection (b) is a noncompliance.
Infection Control Requirements	(a) The facility must establish and maintain an infection control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of diseases and infection. (b) The facility must establish an infection control program under which it does the following: (1) Investigates, controls, and prevents infections in the facility, including, but not limited to, a surveillance system to: (A) monitor, investigate, document, and analyze the occurrence of nosocomial infection; (B) recommend corrective action; and (C) review findings at least quarterly. The system shall enable the facility to analyze clusters and/or significant increases in the rate of infection. (2) Decides what procedures (such as isolation) should be applied to an individual resident, including, but not limited to, written, current infection control program policies and procedures for an isolation/precautions system to prevent the spread of infection that

isolates the infectious agent and includes full implementation of universal precautions.
(3) Maintains a record of incidents and corrective actions related to infections.
(4) Provides orientation and in-service education on infection prevention and control, including universal precautions.
(5) Provides a resident health program, including, but not limited to, appropriate personal hygiene and immunization.
(6) Provides an employee health program, including appropriate handling of an infected employee as well as employee exposure.
(7) Reports communicable disease to public health authorities.

(c) A diagnostic chest x-ray completed no more than six (6) months prior to admission shall be required.
(d) Prior to admission, each resident shall be required to have a health assessment, including history of significant past or present infectious diseases and a statement that the resident shows no evidence of tuberculosis in an infectious stage as verified upon admission and yearly thereafter.
(e) In addition, a tuberculin skin test shall be completed within three (3) months prior to admission or upon admission and read at forty-eight (48) to seventy-two (72) hours. The result shall be recorded in millimeters of induration with the date given, date read, and by whom administered and read.
(f) The baseline tuberculin skin testing should employ the two-step method. For residents who have not had a documented negative tuberculin skin test result during the preceding twelve (12) months, the baseline tuberculin skin testing should employ the two-step method. If the first step is negative, a second test should be performed within one (1) to three (3) weeks after the first test. The frequency of repeat testing will depend on the risk of infection with tuberculosis.
(g) All residents who have a positive reaction to the tuberculin skin test shall be required to have a chest x-ray and other physical and laboratory examinations in order to complete a diagnosis.
(h) All skin testing for tuberculosis shall be done using the Mantoux method (5 TU PPD) administered by persons having documentation of training from a department-approved course of instruction in intradermal tuberculin skin testing, reading, and recording.
(i) Persons with a documented history of a positive tuberculin skin test, adequate treatment for disease, or preventive therapy for infection, shall be exempt from further skin testing. In lieu of a tuberculin skin test, these persons should have an annual risk assessment for the development of symptoms suggestive of tuberculosis, including, but not limited to, cough, fever, night

	sweats, and weight loss. If symptoms are present, the individual shall be evaluated immediately with a chest x-ray. (j) When the infection control program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident only to the degree needed to isolate the infecting organism. (k) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food if direct contact will transmit the disease. An employee with signs and symptoms of a communicable disease, including, but not limited to, an infected or draining skin lesion shall be handled according to a facility's policy regarding direct contact with residents, their food, or resident care items until the condition is resolved. Persons with suspected or proven active tuberculosis will not be permitted to work until determined to be noninfectious and documentation is provided for the employee record. (l) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice. (m) For purposes of IC 16-28-5-1, a breach of: (1) subsection (a) is an offense; (2) subsection (b)(1), (b)(2), (j), (k), or (l) is a deficiency; and (3) subsection (b)(3), (c), (d), (e), (f), (g), (h), or (i) is a noncompliance.
Emergency Preparedness	(a) The facility must have detailed written plans and procedures to meet all potential emergencies and disasters. (b) The facility must train all employees in emergency procedures when they begin to work in the facility, periodically review the procedures with existing staff, and carry out unannounced staff drills using those procedures. (c) Fire exit drills in facilities shall include the transmission of a fire alarm signal and simulation of emergency fire conditions except that the movement of infirm or bedridden residents to safe areas or to the exterior of the building is not required. Drills shall be conducted at least four (4) times a year at regular intervals throughout the year, on each shift to familiarize all facility personnel with signals and emergency action required under varied conditions. At least twelve (12) drills shall be held every year. When drills are conducted between 9 p.m. and 6 a.m., a coded announcement may be used instead of audible alarms. (d) At least annually, a facility shall attempt to hold a fire and disaster drill in conjunction with the local fire department. A record of all training and drills shall be documented with the names and signatures of the personnel present. (e) For purposes of IC 16-28-5-1, a breach of: (1) subsection (a) is an offense; (2) subsection (b) or (c) is a deficiency; and (3) subsection (d) is a noncompliance.

Medicaid Policy and Reimbursement	Assisted living services are available under the state's Aged and Disabled and Traumatic Brain Injury Section 1915(c) waivers. All providers of these services must have a Residential Care Facility license from IDOH.
Life Safety Requirements	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 IDOH Residential Care Facility rules.
Citations	Family and Social Services Administration. (n.d.) Aged and Disabled Waiver. https://www.in.gov/medicaid/members/home-and-community-based-services/aged-and-disabled-waiver/ Family and Social Services Administration. (n.d.) Medicaid HCBS, Indiana Home- and Community-Based Services Waivers. http://www.in.gov/fssa/da/3476.htm Indiana General Assembly. (2023) 2023 Code, Title 12, Article 10, Chapter 5.5: Alzheimer's and Dementia Special Care Disclosure. https://iga.in.gov/laws/2023/ic/titles/12#12-10-5.5 Indiana Administrative Code. (2019) Title 410, 16.2 Health Facilities; Licensing and Operational Standards. https://www.in.gov/health/files/A00162.pdf Senate Bill 202. (2021) Regular Session. https://legiscan.com/IN/text/SB0202/id/2370900/Indiana-2021-SB0202-Enrolled.pdf Indiana Department of Health (n.d.) Residential Care. https://www.in.gov/health/ltc/facility-licensing-and-certification/residential/