

STANDARDS ESTABLISHED AND METHODS USED
TO ASSURE HIGH QUALITY CAREINDIVIDUAL PROVIDERS

Following are the criteria used and steps taken to assure high quality of care by individual providers of Medicaid:

1. Physicians and Dentists

Requirement is licensing by the state. This is verified by the records of the State Board of Health or Dental.

2. Corporations, Partnership and Medical Clinics

The group is required to submit a list of all providers who are associated with it. The license of each is verified as in paragraph 1.

3. Chiropractors, Osteopaths, Physical Therapists, Hearing Aid Dealers

They must be licensed by the State Board of Health. License is verified.

4. Miscellaneous Suppliers

Shoe companies, rental services, water softner services, oxygen, etc. - These providers are required to sign a Medicaid Agreement.

5. Nurses

The Indiana State Board of Nurses Registration and Nursing Education must license them. The license is verified.

6. Optometrists

Optometry Registration and Examination Board must license them. The license is verified.

7. Audiologists

Speech and Hearing Therapists must hold a Certificate of Clinical Competence in Audiology from the American Speech and Hearing Association, or have completed the academic and practicum requirements and be in the process of accumulating the necessary supervised work experience required for the certificate. The status is verified.

8. Pharmacists

The pharmacist must be licensed by the Indiana State Pharmacy Board. License is verified.

9. Independent Laboratories

Laboratories must be certified by the State Board of Health. License is verified.

10. Doctors' Laboratories

Only a Medicaid agreement is required because of the physician's qualifications.

11. Psychologist

Must be licensed by the Psychology Board of the State Board of Medical Examiners. License status is verified.

12. Mental Health Clinic, Child Guidance Center, Rehabilitation Center, Family Planning Center, County Social Service Center, Speech and Hearing Center

These providers must provide the following information:

- a. What service will be offered?
- b. Name, position and qualifications of each staff member.
- c. How many hours per week will each staff member be employed?
- d. How is the facility funded?
- e. How are recipients made aware of available services?

This data is reviewed and required credentials (licenses, etc.) are verified.

13. Out-of-State Providers

A Medicaid agreement is required of all out-of-state providers and suppliers and their licensure or certificate is checked with the boards of their respective states.

14. Nurse Practitioners

Must be licensed as a Registered Nurse by the Indiana Health Professions Bureau and must hold a certificate as a Nurse Practitioner from a certifying body that is nationally recognized.

CERTIFICATION REQUIREMENTS
FOR MEDICAID APPROVED FACILITIES
(Title XIX, Social Security Act)
AUGUST 19, 1972

I. General:

The Indiana State Department of Public Welfare is the single state agency designated by statute as responsible for administration of the Medical Assistance Program (Medicaid) as specified in Title XIX of the Social Security Act, as amended, and as such, may certify applying health facilities as providers of specified categories of health care after finding such applicants eligible to provide such care. Pursuant to an agreement between the State Department of Public Welfare and the Indiana State Board of Health, the State Board of Health will confirm that the standards outlined below, as required by Federal Legislation and Federal Regulations to be included in the state plan administered by the State Department of Public Welfare, have been met by a facility which has applied for such certification or certifications. Unless the applicable Federal Requirements have been met and current certification by the State Department of Public Welfare is in effect, vendor payments cannot be made to providers or suppliers of health care for recipients of public assistance.

II. Skilled Nursing Homes (Refs: Federal Social Security Act, Title XIX, as amended; 42 CFR 449; 42 CFR 450; 42 CFR 452; 42 CFR 405; Indiana's Welfare Act Code (1971) 12-1 and Health Facility Regulations, State of Indiana.

A. Certification as a Skilled Nursing Home under the provisions of Title XIX, Social Security Act. Health Facilities desiring to participate as Skilled Nursing Homes shall:

1. Meet the Indiana State licensure regulations for Comprehensive Care of the Indiana Health Facilities Council as revised or amended and current and subsequent regulations of the Department of Health, Education, and Welfare as specified by the state plan.
2. Meet the requirements established for extended care under Title XVIII, Social Security Act (Medicare).
3. Supply to the State Board of Health for the State Department of Public Welfare full and complete information, and promptly report any changes which would affect the current accuracy of such information, as to the identity:

- a. Of each person having (directly or indirectly) an ownership interest of 10 percentum or more in such skilled nursing home.
 - b. In case a skilled nursing home is organized as a corportation, of each officer and director of the corportation, and
 - c. In case a skilled nursing home is organized as a partnership, of each partner.
 - d. All facilities which are certified as Skilled Nursing Homes under Title XIX of the Social Security Act must have present and available on the premises all pertinent records pertaining to the operation and management of the facility, including pay records, time cards, etc.
4. Have written agreements with one or more general hospital(s) participating in Title XIX (Medicaid) under which such hospital or hospitals will provide needed diagnostic and other services to patients of such skilled nursing homes and under which such hospitals agree to accept acutely ill patients of such skilled nursing homes who are in need of hospital care.
 5. All facilities which are certified as Skilled Nursing Homes under Title XIX of the Social Security Act, and have less than 40 patients, must show one hour of Nursing Home Administrator's time per patient per week. All homes with 40 patients must have a full time (40 hours per week) Nursing Home Administrator.
 6. All facilities which are certified as Skilled Nursing Homes shall have a full time (40 hours per week) Director of Nursing who shall be a Registered Nurse currently licensed in Indiana and whose duty shall be to supervise all nursing care within the facility. The Director of Nurses time shall not be included in direct patient care hours.
 7. All facilities which are certified as Skilled Nursing Homes under Title XIX of the Social Security Act must document that they have a constructive and meaningful program of activities available for the psychological, social, and spiritual needs of their residents.
 8. The direction and management of the facility or distinct part are such as to assure that the services required by

the residents are organized and administered in such manner that such services are, in fact, available within a financially accountable unit having assigned staff, to the residents on a regular basis and that such are provided efficiently and with consideration.

- III. Intermediate Care Facilities (Ref: Federal Social Security Act, Title XIX, Section 1905, as amended; 42 CFR 442; Indiana's Welfare Act, Code 12-1 and Health Facility Regulations, State of Indiana). The requirements below have been arranged so that facilities presently licensed as comprehensive nursing care health facilities or residential care facilities may identify those services and policies which each must establish or provide.
- A. Comprehensive Nursing Care Health Facility to be certified as an Intermediate Care Facility shall:
1. Have licensure as a comprehensive nursing care health facility from the Indiana State Board of Health providing 1.5 hours of nursing care per patient per 24 hour period.
 2. All facilities which are certified as Intermediate Care Facilities and have less than 40 patients shall show one hour of Administrator's time per patient per week. All facilities with 40 patients must have a full time (40 hours per week) Administrator.
 - ** 3. All facilities, or distinct parts of facilities which are certified as Intermediate Care Facilities, shall have a full time (40 hours per week) Registered Nurse or a Licensed Practical Nurse working on the day shift. In such cases where full time personnel is not available, two qualified individuals may be employed to provide the forty (40) hours of coverage.
 4. Provide individual storage facilities for the clothing and personal articles of each patient.
 5. Have on file within the facility written policies providing for and/or pertaining to at least the following areas of operation:
 - ** a. Provisions for the continuing supervision of each resident by his physician who sees him as needed and in no case, less often than sixty (60) days.
 - b. Assurance that arrangements exist for the services of a physician in the event of an emergency when a resident's own physician cannot be reached.
 - * c. Assurance that no more than four residents occupy the same room.
- * This requirement will not be enforced at present, and not until such time as this Department announces that it is effective.

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- d. Assurance that the menus for medically prescribed diets are planned by a professionally qualified dietician or, are reviewed and approved by the attending physician.
- e. Assurance that the types and amounts of protection and personal service needed by each resident are a matter of record and are known to all staff members who have personal contact with the resident.
- f. Admission, transfer and discharge of residents:
 1. Only those persons are accepted into the facility whose needs can be met within the accommodations and services the facility provides and who require more than mere room, board and laundry;
 2. As changes occur in their physical or mental condition, necessitating service or care not regularly provided by the facility, residents are transferred promptly to hospitals, skilled nursing homes, or other appropriate facilities;
 3. The resident, his next of kin, if any, and responsible agency are consulted in advance of the discharge of any resident, and case work services or other means are utilized to assure that adequate arrangements exist for meeting his needs through other resources.
- g. Personal care and protection services.
 1. See III A 4 e above.
 2. There is, at all times, a responsible staff member actively on duty in the facility, and immediately accessible to all residents, to whom residents can report injuries, symptoms of illness, or emergencies, and who is immediately responsible for assuring that appropriate action is taken promptly.
 3. Assistance is provided, as needed by individual residents, with routine activities of daily living including such services as help in bathing, dressing, grooming, and management of personal affairs such as shopping.
 4. Continuous supervision is provided for residents whose mental condition is such that their personal safety requires such supervision.

- h. Social Services. Services to assist residents in dealing with social and related problems are available to all residents through one or more caseworkers on the staff of the facility; and/or, in case of recipients of assistance, through caseworkers on the staff of the assistance agency; or through other arrangements.
All facilities which are certified as intermediate Care Facilities shall document that they have a constructive and meaningful program of activities available for the psychological, social and spiritual needs of the residents.
- i. Activities. Activities are regularly available for all residents, including social recreational activities involving active participation by the residents, entertainment of appropriate frequency and character, and opportunities for participation in community activities as possible and appropriate.
- j. Food Services. At least three meals a day are served in one or more dining areas separate from sleeping quarters, and tray service is provided for residents temporarily unable to leave their rooms. The meals must constitute a nutritionally adequate diet, as established in the Health Facilities Council regulations HHF 33. See III A 4 d above.
- k. Pharmaceutical services. An agreement with a registered pharmacist exists to the effect that at least every 30 days he will examine the facility's medicine procedures and storage facilities. Under no circumstances may bulk legend drugs be stored or maintained in the facility.
- l. Nursing services. See III A 3 above and provide under the direction and general supervision of the registered professional nurse or licensed practical nurse in charge, guidance and assistance for each resident in carrying out his personal health program to assure that preventive measures, treatments, and medications prescribed by the physician are properly carried out and recorded.
- m. Administration and management. The direction and management of the facility or distinct part are such as to assure that the services required by residents are organized and administered in such manner that such services are, in fact, available within a financially accountable unit having assigned staff, to the residents on a regular basis and that such services are provided efficiently and with consideration.
- n. Clinical records. An individual health record for each resident including.

1. The name, address, and telephone number of his physician.
 2. A record of the physician's findings and recommendations in the pre-admission evaluation of the individual's condition, subsequent reevaluation, and all orders and recommendations of the physician for care of the resident.
6. Supply to the State Board of Health for the State Department of Public Welfare full and complete information, and promptly report any changes which would effect the current accuracy of such information, as to the identity:
- a. Of each person having (directly or indirectly) an ownership interest of 10 percentum or more in such intermediate care home.
 - b. In case an intermediate care facility is organized as a corporation, of each officer and director of the corporation, and
 - c. In case an intermediate home is organized as a partnership of each partner.
7. All facilities which are certified as Intermediate Care Facilities under Title XIX of the Social Security Act must have present and available on the premises all pertinent records pertaining to the operation and management of the facility, including: pay records, time cards, etc.
- B. Residential Care Health Facility to be certified as an Intermediate Care Facility must:
1. Meet the requirements outlined in Section III A. 2 through 7 above.
 2. Have licensure as a residential care health facility from the Indiana State Board of Health.
 3. Employ a nursing care staff to supply 1.5 hours of nursing care per patient per 24 hours.
 4. Provide a well-lighted nurses' desk or station in a central location in the nursing area.
 5. Provide a well lighted medicine cabinet located in or adjacent to the nurses' station. In addition, a refrigerator shall be

provided for pharmaceuticals requiring refrigeration.

6. Provide adequate soiled and clean utility areas. These areas may be in separate rooms or may be separated by a partition in the same room.
 - a. The soiled utility area shall contain a clinical rim, flushing sink or other equipment suitable for cleaning bed pans if such facilities are not located in both rooms adjacent to each patient room.
 - b. The clean utility room or area will contain a sink and work counter, a utensil sanitizer and storage cabinets. An auto-sterilizer may be placed in the clean utility room or area.

IV. Dual Certification - Skilled Nursing Home/Intermediate Care Facility. A facility may be certified as an eligible provider for both skilled nursing home care and for intermediate care.

- A. Facilities with multiple Medicaid certification or certification of a single distinct part for Medicaid participation shall:
 1. Operate the Skilled Nursing Home section or unit as a distinct, identifiable part of the facility. See IV C and iiA8.
 2. Operate the Intermediate Care section (s) or unit (s) as a distinct, identifiable part (s) of its facility. See paragraph C below and iii5m.
 3. Each distinct part will contain only beds and related services for residents housed therein.
 4. Such distinct part will be staffed separately as set forth in sections III A3, IIIB3.
- B. A facility with dual certification must function as two distinct parts except that the following services or facilities may be shared:
 1. Management
 2. Maintenance
 3. Laundry
 4. Recreation facilities
 5. Food services
 6. Administration including Director of Nursing.

7. Social services
 8. A nursing station may be shared when it is centrally located with respect to both distinct parts and:
 - a. Records are maintained for patients in a separate file with regard to their respective levels of care.
 - b. Separate storage facilities for medicine are maintained for the two levels of care (refrigeration facilities may be shared).
 9. Clean and soiled utility rooms may be shared when they are centrally located and determined to be adequate for both parts.
- C. A distinct part is identified as an entire unit such as:
1. An entire ward
 2. An entire wing
 3. An entire floor
 4. Any grouping of rooms or beds within a ward, wing, or floor which are contiguous, are at the same level of care, and are identifiable as such.
 5. An entire building

PROVIDER ENROLLMENT REQUIREMENTS FOR PROVIDERS OF TRANSPORTATION

All providers must comply with applicable local, state and federal statutes, rules and regulations, and must complete and sign a provider agreement. The following additional requirements apply:

- A. Professional Ambulance Service. In accordance with IC 16-1-39, vehicles and staff which provide emergency and stretcher services must be certified by the Emergency Medical Services (EMS) Commission and must maintain such certification throughout the period of participation.
- B. Common transportation carriers except for taxicab and not-for-profit transportation entities. Each provider applicant or enrolled provider must submit proof of and maintain throughout its period of participation the following:
 - (1) Certification by the Indiana Motor Carrier Authority (I.M.C.A.).
 - (2) Insurance coverage as required by the I.M.C.A.
 - (3) Appropriate and valid drivers licenses for all drivers.
- (C) Taxicab transportation entities. Each provider applicant or enrolled provider must submit proof of and maintain throughout its period of participation the following:
 - (1) Written acknowledgement by local or county officials of whether there are existing ordinances governing taxi services and written verification from local or county officials that taxicab services operating in the local vicinity are in compliance with those ordinances.
 - (2) Livery insurance as indicated by existing local ordinances, or in the absence of such ordinances a minimum of \$25,000/50,000 public livery insurance covering all vehicles used in the business.
 - (3) Appropriate and valid drivers licenses for all drivers.
- (D) Not-for-Profit transportation entities. Each provider applicant or enrolled provider must submit proof of and maintain throughout its period of participation the following:
 - (1) An acknowledgement from state or federal officials of their status as a not-for-profit entity.
 - (2) A minimum of \$500,000 combined single limit commercial automobile liability insurance.
 - (3) Appropriate and valid drivers licenses for all drivers.

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(E) Family Member Transportation. Each family member transportation provider must:

- (1) Possess a valid drivers license as required by state law.
- (2) Possess coverage of the minimum amount of automobile insurance as required by state law.
- (3) Utilize as the vehicle for transporting family members, only a vehicle which has been duly licensed and registered.

(F) Providers of bus, train, airline or other air transport services. All providers must meet all certification and insurance requirements established by law.

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