

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

OMB No.: 0938-

State/Territory Indiana

Citation

4.13 Required Provider Agreement

With respect to agreements between the Medicaid agency and each provider furnishing services under the plan:

42 CFR 431.107

- (a) For all providers, the requirements of 42 CFR 431.107 and 42 CFR Part 442, Subparts A and B (if applicable) are met.

In accordance with 42 CFR 442, Subpart B, the agency may refuse to execute an agreement with a certified nursing facility for additional beds when:

- (1) An existing nursing facility undergoes a change in ownership that results in an increase in the number of Medicaid certified beds eligible for reimbursement.
- (2) The overall occupancy rate for all facilities in the geographic region is less than 95%.

In accordance with 42 CFR 442, Subpart B, the agency may not refuse to execute an agreement with a certified nursing facility when:

- (3) The nursing facility closes a building and replaces it with a new building with no more Medicaid certified beds than were contained in the previous building.
- (4) The nursing facility is owned by the State of Indiana.
- (5) The nursing facility is under development on December 15, 2005 to add, construct or convert certified beds. In determining whether the facility is under development on December 15, 2005, the office shall consider
 - (A) whether:
 - (i) architectural plans have been completed;
 - (ii) funding has been received;
 - (iii) zoning requirements have been met;
 - (iv) construction plans for the project have been approved by the state department of health and department of fire and building safety; and
 - (B) any other evidence that the office determines is an indication that the nursing facility is under development.
- (6) The nursing facility is part of a continuing care retirement community that is required to file a disclosure statement under IC 23-2-4.

TN No. 05-015
Supersedes
TN No. 91-018

Approval Date SEP 01 2006

Effective Date December 15, 2005
HCFA ID: 7982E

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

OMB No.: 0938-

State/Territory Indiana

- 42 CFR Part 483
1919 of the Act (b) For providers of NF services, requirements of 42 CFR Part 483, Subpart B, and section 1919 of the Act are also met.
- 42 CFR Part 483,
Subpart D (c) For provider of ICF/MR services, the requirements of participation in 42 CFR Part 483, Subpart D are also met.
- 1902 of the Act (d) For each provider that is eligible under the plan to furnish ambulatory prenatal care to pregnant women during a presumptive eligibility period, all the requirements of section 1920(b)(2) and (c) are met.
- Not applicable. Ambulatory prenatal care is not provided to pregnant women during a presumptive eligibility period.

TN No. 05-015
Supersedes
TN No. 91-018

Approval Date SEP 01 2006

Effective Date December 15, 2005

HCFA ID: 7982E

Revision: HCFA-PM-91-9
October 1991

(MB)

OMB No.:

State/Territory: Indiana

Citation

1902 (a)(58)

1902(w)

4.13 (e)

For each provider receiving funds under the plan, all the requirements for advance directives of section 1902(w) are met:

- (1) Hospitals, nursing facilities, providers of home health care or personal care services, hospice programs, managed care organizations, prepaid inpatient health plans, prepaid ambulatory health plans (unless the PAHP excludes providers in 42 CFR 489.102), and health insuring organizations are required to do the following:
 - (a) Maintain written policies and procedures with respect to all adult individuals receiving medical care by or through the provider or organization about their rights under State law to make decisions concerning medical care, including the right to accept or refuse medical or surgical treatment and the right to formulate advance directives.
 - (b) Provide written information to all adult individuals on their policies concerning implementation of such rights;
 - (c) Document in the individual's medical records whether or not the individual has executed an advance directive;
 - (d) Not condition the provision of care or otherwise discriminate against an individual based on whether or not the individual has executed an advance directive;
 - (e) Ensure compliance with requirements of State Law (whether

TN # 03-031

Supersedes

TN # 91-24

Approval Date _____

Effective Date 8/13/03

Revision: HCFA-PM-91-9
October 1991

(MB)

OMB No.:

State/Territory: _____ Indiana _____

statutory or recognized by the courts) concerning advance directives; and

- (f) Provide (individually or with others) for education for staff and the community on issues concerning advance directives.
- (2) Providers will furnish the written information described in paragraph (1)(a) to all adult individuals at the time specified below:
- (a) Hospitals at the time an individual is admitted as an inpatient.
- (b) Nursing facilities when the individual is admitted as a resident.
- (c) Providers of home health care or personal care services before the individual comes under the care of the provider;
- (d) Hospice program at the time of initial receipt of hospice care by the individual from the program; and
- (e) Managed care organizations, health insuring organizations, prepaid inpatient health plans, and prepaid ambulatory health plans (as applicable) at the time of enrollment of the individual with the organization.
- (3) Attachment 4.34A describes law of the State (whether statutory or as Recognized by the courts of the State) concerning advance directives.

_____ Not applicable. No State law
Or court decision exist regarding
advance directives.

TN # 03-031
Supersedes
TN # 91-24

Effective Date 8/13/03

Approval Date _____