

The following is provided (by the Indiana State Department of Health, Long Term Care Division) in order to furnish some basic guidelines about the deferent levels of care that may be found in Indiana. It is intended to provide information about acceptable practices at each level of care as well as information about how each type of facility may be staffed and what reimbursement mechanisms are in place. This document is based on the now licensed residential care rules, as well as other existing laws and rules.

Assisted Living Facility

Assisted Living is a term used by the public to refer to either a licensed or an unlicensed facility. As used herein, it refers to an unlicensed facility. In general, if a facility provides medical care it must be licensed as a residential facility. If the facility does not meet the definition of health facility as found in Indiana law¹ it is not licensed or regulated by the Indiana State Department of Health. In order to use the term "assisted living" to describe itself, a provider must file certain disclosure information with the Family and Social Services Administration and its contacts with residents must meet certain statutory requirements.

Acceptable Practices that may be performed in an unlicensed facility include the following:

- 1) Mobility - using one hand or steadying (one-person minimal assist). Residents who are wheelchair bound but independent except for slight (one person) assistance in transfer are acceptable, It is not acceptable if a resident who cannot bear any weight must be lifted to move from a sitting to a standing or other sitting position.
- 2) Dressing - using one person to assist is permissible, including help with fasteners, over-the-head, etc, for those who are arthritic is permissible. It is not acceptable if a resident must be totally dressed.
- 3) Bathing - using one person to assist is permissible including helping with soaping a washcloth, washing backs and feet, assistance in leaving the tub or shower area, etc. it is not acceptable if a resident must be totally bathed.
- 4) Eating - using one person to assist in cutting meat, opening milk cartons, etc. is permissible. It is not acceptable if a resident must be fed.
- 5) Toileting - using one person to provide limited assistance with care before and after use of the toilets, commode, bedpan or urinal, changing a pad or soiled clothing is permissible. It is not acceptable if a resident is incontinent and needs total assistance. Resident cannot be lifted on or off toilet although slight assistance is permissible.

6) Medication administration - medications cannot be stored in central location, nor can they be set up in medication boxes except by a third party (home health agency, pharmacy, family member, etc.) Residents can be assisted with:

- Opening a bottle .
- Administering eye drops (steady only, not touching the bottle or applying pressure) Applying topical creams and ointments (steady only)
- Providing reminders for insulin (note: facility can publish list of steps so that assistance can be provided in reading the list for the process while the resident self-administers the insulin)
- Taking medications (if boxes are locked (for the resident's protection, the keys must be located in the resident's room) keys can be retrieved and given to residents by staff but residents must be able to unlock medication box
- O₂ - assistance can be provided in filing the tanks and changing tubing on the tanks, but not with actual oxygen flow-resident or family member must be able to flip a switch for administration and change the flow of oxygen.
- Catheters - no Foley care of any type; one can assist in steadying or provide limited assistance in emptying of catheter bag.
- Provide and apply Band-Aids but cannot change dressings.
- CPR and first aid administration are left up to the individual facility. Although these facilities are not subject to ISDH regulation, ISDH recommends that there be at least one person on duty at all times who is trained in CPR It is appropriate to Administer basic first aid.

Staffing Requirements - There are no staffing requirements for licensed assisted living facilities.

Reimbursement - Private Payment Sources.

Note: Home health agencies can go into licensed or unlicensed facilities to provide medical care if an individual resident contacts with the home health agency.

Residential Care Facility

A residential Care Facility is licensed and can provide some health care Services.

Acceptable Practices include the following:

- 1) Assistance with self-maintained exdwelling and indwelling catheter care and intermittent catheterization for a chronic condition.
- 2) Prophylactic and palliative skins care including application of creams or ointments for treatment of minor skin problems.
- 3) Routine dressing that does not require packing or irrigation, but is for abrasions, skin tears, closed surgical wounds. and chronic skin conditions.
- 4) General maintenance care of ostomy including routine change of bag with care and maintenance of surrounding tissue.
- 5) Restorative nursing assistance including passing and/or active assisted range of motion.
- 6) Toileting care will include assistants in use of adult briefs and cues for bowel and bladder training.
- 7) Routine blood glucose testing involving a finger-stick method.
- 8) Enema and digital stool removal therapies
- 9) General maintenance care in connection with braces, splints and plaster casts.
- 10) Observation of self-maintained prosthetic device.
- 11) Administration of subcutaneous or intra-muscular injections.
- 12) Metered dose inhalers, nebulizers/aerosol self-administered by a resident and routine administration of medical gasses after a therapy regimen has been established.

Staffing Requirements - In general, the facility must have sufficient staff to meet the needs of the resident. Specific staffing requirements in rule are as follows:

- The administrator must hold a health facility administrator license.
- There must be an awake staff person with current CPR and first aid certificates on-site at all times.
- If fifty (50) or more residents regularly receive residential nursing services and/or administration of medication, at least one (1) nursing staff person (an RN, LPN, or certified nurse aide) must be on-site at all time. At least one (1) additional nursing staff person for every additional fifty (50) residents.
- An employee providing more than limited assistance with activities of daily living must be either a certified nurse aide or a home health aide.
- Medication must be administered by a RN, LPN, or a qualified medication aide (QMA).
- Food service menus must be approved by a dietician and a dietician must, at a minimum, provide consultant services.
- If a facility controls, handles and administers medications, the facility must use a consultant pharmacist.
- Activities director (30 minutes of staff time per resident per week).
- Person designated to maintain medical records.

Reimbursement - Private Pay, State-Funded Room and Board Assistance Program, Assisted Living Medicaid waiver.

^{1.} Health facility" ("means a building, a structure, an institution or other place for the reception, accommodation, board, care, or treatment extending beyond a continuous twenty-four (24) hour period in a week of more than four (4) individuals who need or desire such services because of physical or mental illness, infirmity or impairment. IC 1 6-18-2-167 (a) (certain exemptions apply, for example, care given by family members or other licensed entities.)