

# INDIANA

## Overview

Indiana does not have licensing or certification requirements for adult day services (ADS). The Indiana Family and Social Services Administration, Division of Aging is responsible for approval of the ADS programs it administers--through the Medicaid 1915(c) Aged and Disabled Waiver and Traumatic Brain Injury Waiver programs, and the non-Medicaid CHOICE (Community and Home Options to Institutional Care for the Elderly and Disabled) program.

To serve participants in all publicly-funded programs, ADS providers must meet Medicaid waiver standards and guidelines, which are described in this profile.

## Definitions

**Adult day services** are community-based group programs designed to meet the needs of adults with impairments through individual care plans. These structured, comprehensive, non-residential programs provide health, social, recreational, and therapeutic activities, supervision, support services, and personal care. By supporting families and other caregivers, ADS enable participants to live in the community.

ADS must be provided in a congregate, protective setting. Participants attend on a planned basis--from a minimum of 3 hours to a maximum of 10 hours per day. Services are offered at three levels, which are determined by the extent of services needed: Basic (level 1), Enhanced (level 2), and Intensive (level 3).

## Parameters for Who Can Be Served

Participants in publicly-funded programs must meet the eligibility criteria for those programs. The CHOICE program serves adults who have a disability due to a mental or physical impairment, and are at risk of losing independence. Medicaid waiver program participants must meet nursing home level of care eligibility criteria.

## Inspection and Monitoring

The Division of Aging conducts an on-site inspection before an ADS provider is enrolled as a provider in one or more of its programs. On-site inspections are conducted every 3 years thereafter to ensure continued compliance with standards and guidelines.

Medicaid also conducts surveys to ensure compliance with program requirements every 3 years.

## Required and Optional Services

All ADS programs furnish socialization, social activities, nutrition services, and supervision to ensure safety. They also monitor participants' health and functioning at a basic level to determine if the program can continue to meet participants' health and functional needs. The table below lists additional required and optional services.

Required and Optional Services	Adult Day Services	
	Required	Optional
ADL Assistance	X	
Health Education and Counseling	X	
Health Monitoring	X	
Medication Administration	X	
Nursing Services	X	
Physical Therapy, Occupational Therapy, or Speech Therapy	X <sup>1</sup>	
Skilled Nursing Services	X <sup>1</sup>	
Social Services	X	
Transportation		X

1. Services required only for level 3 participants.

## Medication Provisions

The provider and direct care staff should demonstrate an understanding of each participant's medication administration regimen, including the reason the medication is used, medication actions, specific instructions, and common side effects.

Participants must have a physician/nurse practitioner's written order approving self-medication. For "as needed" or "PRN" medications, the prescriber's orders must be followed exactly as they are written; specifically, when, how much, and how often a medication may be administered. For some participants, provider assistance and oversight of their self-medication may be needed.

## Staffing Requirements

**Type of Staff.** The *administrator* or *program director* must appoint a staff person to supervise the program during the director's absence. Staff must be adequate in number and skills to provide essential services.

**Basic (level 1).** A *registered nurse (RN)* or *licensed practical nurse (LPN)* with RN oversight must be available as a consultant and for health education needs, assessments, medication oversight or administration, health promotion, prevention of illness, and health screening.

*Enhanced (level 2).* An LPN must be on staff full-time with monthly documented RN supervision or an RN half-time to provide health assessment upon admission and ongoing at least every 6 months, dispense or supervise the dispensing of medication, administer or oversee treatments, and maintain medical information for each participant. Personal care must be provided by the nurse or *personal care attendants* who are certified ADS program assistants, certified nursing assistants, qualified medication aides, or home health aides. A degreed *social worker*, certified *therapist*, or related professional must be available for monthly consultation and documentation regarding participants' psychosocial needs.

*Intensive (level 3).* An LPN must be on staff full-time with monthly documented RN supervision or an RN half-time who must be available for all hours of the program and available to fulfill all duties as noted for nurses in the Basic and Enhanced levels. An LPN or RN will provide more intensive nursing interventions as appropriate and/or prescribed, such as colostomy care, tube feeding, injections, dressing changes, catheter care, blood sugar checks, etc. Full-time, qualified staff must be available to attend to participants' psychosocial needs with monthly documented supervision by a licensed social worker, certified therapist, or a related professional.

**Staffing Ratios.** If the ADS program is housed in a building with other services or programs, or is part of a larger organization, the program must have separate identifiable staff available during operational hours. If volunteers are included in the staff ratio they must be professionally trained, certified, and oriented as staff members.

*Basic (level 1).* The staff-to-participant ratio must be a minimum of 1:8.

*Enhanced (level 2).* The staff-to-participant ratio must be a minimum of 1:6.

*Intensive (level 3).* The staff-to-participant ratio must be a minimum of 1:4.

At least two paid staff members must be in the facility and available at all times when more than one participant is present. Volunteers are not included in the staff ratio unless they are professionally trained and/or certified in a health occupation, and oriented and trained as staff members.

## Training Requirements

All staff must receive orientation prior to providing ADS. Topics must include program policies and procedures, participants' rights, evacuation procedures, location of participants' records, emergency contact numbers, and the location of the medication cabinet and key. If volunteers are used as staff, their orientation and training requirements must be the same as paid staff.

**Basic (level 1).** Training is required for all direct care and administrative staff and includes, but is not limited to, the following topics: (1) basic first-aid (medical personnel such as an RN or physician are excluded as this is within their scope of practice); (2) cardiovascular pulmonary resuscitation; (3) working with aged and/or disabled participants; (4) basic information concerning medical treatments, age-related diseases, illnesses, drug interactions, medical terms, functional and behavioral issues, nutrition, and end of life issues; (5) cognitive impairment or other special needs of the population served; and (6) how to lead therapeutic group activities that meet the needs of participants and maximize their independence (for staff providing or assisting with activities).

**Enhanced (level 2).** The training requirements for direct care and administrative staff (if administrative staff are secondary staff available at times or are included in staff-to-participant ratios) include all of the level 1 topics, plus training in personal care services. Personal care assistants must maintain the continuing education requirements unique to their certification and maintain current certificates. Centers providing services to individuals with mild to moderate cognitive impairment must provide training in dementia-specific care to all staff involved with activities programming, and personal care.

**Intensive (level 3).** The training requirements for direct care and administrative staff (if administrative staff are secondary staff available at times or are included in staff-to-participant ratios) include all of the level 1 and level 2 topics, plus the following: (1) in-service training regarding special care needs of populations served, such as appropriate two-person assistance for transfers, moderate to severe cognitive impairments that put participants at high risk of elopement, choking or outbursts, or multiple vital signs monitoring more than once a day; (2) in-service training for personal care assistants on the special care needs of the population served, such as colostomy skin care, enema administration, and tube feeding, commensurate with level of professional training or certification of each assistant; and (3) training for activities staff in modification of therapeutic activities to meet the specialized needs of participants with moderate to severe cognitive impairment and/or higher physical acuity needs.

## Location of Licensing, Certification, or Other Requirements

*Division of Disability and Rehabilitative Services 2012 Waiver Manual.* Indiana Family and Social Services Administration. [October 30, 2012]  
[http://www.in.gov/fssa/files/DDRS\\_Waiver\\_Manual\\_Fall\\_2012.pdf](http://www.in.gov/fssa/files/DDRS_Waiver_Manual_Fall_2012.pdf)

*Provider Approval Request for Agency Providers of Adult Day Services.* Indiana Family and Social Services Administration, Division of Aging. [August 15, 2014]  
[http://www.in.gov/fssa/files/ADS\\_Survey\\_Tool\\_Final.pdf](http://www.in.gov/fssa/files/ADS_Survey_Tool_Final.pdf)

*Home and Community-Based Services Waiver Provider Manual.* Indiana Family and Social Services Administration, Division of Aging. [August 5, 2014]  
<http://provider.indianamedicaid.com/ihcp/manuals/DA%20HCBS%20Waiver%20Provider%20Manual.pdf>

*Aged and Disabled and Traumatic Brain Injury Waiver: Provider Certification--Required Documents.* Indiana Family and Social Services Administration  
[http://www.in.gov/fssa/files/Provider\\_Matrix.PDF](http://www.in.gov/fssa/files/Provider_Matrix.PDF)

## Information Sources

Debbie Pierson  
Assistant Director  
HCBS and Medicaid Waiver  
Division of Aging  
Family and Social Services Administration

# REGULATORY REVIEW OF ADULT DAY SERVICES: FINAL REPORT, 2014 EDITION

## Files Available for This Report

### FULL REPORT

Executive Summary <http://aspe.hhs.gov/daltcp/reports/2014/adultday14es.cfm>  
HTML <http://aspe.hhs.gov/daltcp/reports/2014/adultday14.cfm>  
PDF <http://aspe.hhs.gov/daltcp/reports/2014/adultday14.pdf>

### SEPARATE STATE PROFILES

[**NOTE:** These profiles are available in the full HTML and PDF versions, as well as each state available as a separate PDF listed below.]

Alabama <http://aspe.hhs.gov/daltcp/reports/2014/adultday14-AL.pdf>  
Alaska <http://aspe.hhs.gov/daltcp/reports/2014/adultday14-AK.pdf>  
Arizona <http://aspe.hhs.gov/daltcp/reports/2014/adultday14-AZ.pdf>  
Arkansas <http://aspe.hhs.gov/daltcp/reports/2014/adultday14-AR.pdf>

California <http://aspe.hhs.gov/daltcp/reports/2014/adultday14-CA.pdf>  
Colorado <http://aspe.hhs.gov/daltcp/reports/2014/adultday14-CO.pdf>  
Connecticut <http://aspe.hhs.gov/daltcp/reports/2014/adultday14-CT.pdf>

Delaware <http://aspe.hhs.gov/daltcp/reports/2014/adultday14-DE.pdf>  
District of Columbia <http://aspe.hhs.gov/daltcp/reports/2014/adultday14-DC.pdf>

Florida <http://aspe.hhs.gov/daltcp/reports/2014/adultday14-FL.pdf>

Georgia <http://aspe.hhs.gov/daltcp/reports/2014/adultday14-GA.pdf>

Hawaii <http://aspe.hhs.gov/daltcp/reports/2014/adultday14-HI.pdf>

Idaho <http://aspe.hhs.gov/daltcp/reports/2014/adultday14-ID.pdf>  
Illinois <http://aspe.hhs.gov/daltcp/reports/2014/adultday14-IL.pdf>  
Indiana <http://aspe.hhs.gov/daltcp/reports/2014/adultday14-IN.pdf>  
Iowa <http://aspe.hhs.gov/daltcp/reports/2014/adultday14-IA.pdf>

Kansas <http://aspe.hhs.gov/daltcp/reports/2014/adultday14-KS.pdf>  
Kentucky <http://aspe.hhs.gov/daltcp/reports/2014/adultday14-KY.pdf>

Louisiana <http://aspe.hhs.gov/daltcp/reports/2014/adultday14-LA.pdf>

Maine	<a href="http://aspe.hhs.gov/daltcp/reports/2014/adultday14-ME.pdf">http://aspe.hhs.gov/daltcp/reports/2014/adultday14-ME.pdf</a>
Maryland	<a href="http://aspe.hhs.gov/daltcp/reports/2014/adultday14-MD.pdf">http://aspe.hhs.gov/daltcp/reports/2014/adultday14-MD.pdf</a>
Massachusetts	<a href="http://aspe.hhs.gov/daltcp/reports/2014/adultday14-MA.pdf">http://aspe.hhs.gov/daltcp/reports/2014/adultday14-MA.pdf</a>
Michigan	<a href="http://aspe.hhs.gov/daltcp/reports/2014/adultday14-MI.pdf">http://aspe.hhs.gov/daltcp/reports/2014/adultday14-MI.pdf</a>
Minnesota	<a href="http://aspe.hhs.gov/daltcp/reports/2014/adultday14-MN.pdf">http://aspe.hhs.gov/daltcp/reports/2014/adultday14-MN.pdf</a>
Mississippi	<a href="http://aspe.hhs.gov/daltcp/reports/2014/adultday14-MS.pdf">http://aspe.hhs.gov/daltcp/reports/2014/adultday14-MS.pdf</a>
Missouri	<a href="http://aspe.hhs.gov/daltcp/reports/2014/adultday14-MO.pdf">http://aspe.hhs.gov/daltcp/reports/2014/adultday14-MO.pdf</a>
Montana	<a href="http://aspe.hhs.gov/daltcp/reports/2014/adultday14-MT.pdf">http://aspe.hhs.gov/daltcp/reports/2014/adultday14-MT.pdf</a>
Nebraska	<a href="http://aspe.hhs.gov/daltcp/reports/2014/adultday14-NE.pdf">http://aspe.hhs.gov/daltcp/reports/2014/adultday14-NE.pdf</a>
Nevada	<a href="http://aspe.hhs.gov/daltcp/reports/2014/adultday14-NV.pdf">http://aspe.hhs.gov/daltcp/reports/2014/adultday14-NV.pdf</a>
New Hampshire	<a href="http://aspe.hhs.gov/daltcp/reports/2014/adultday14-NH.pdf">http://aspe.hhs.gov/daltcp/reports/2014/adultday14-NH.pdf</a>
New Jersey	<a href="http://aspe.hhs.gov/daltcp/reports/2014/adultday14-NJ.pdf">http://aspe.hhs.gov/daltcp/reports/2014/adultday14-NJ.pdf</a>
New Mexico	<a href="http://aspe.hhs.gov/daltcp/reports/2014/adultday14-NM.pdf">http://aspe.hhs.gov/daltcp/reports/2014/adultday14-NM.pdf</a>
New York	<a href="http://aspe.hhs.gov/daltcp/reports/2014/adultday14-NY.pdf">http://aspe.hhs.gov/daltcp/reports/2014/adultday14-NY.pdf</a>
North Carolina	<a href="http://aspe.hhs.gov/daltcp/reports/2014/adultday14-NC.pdf">http://aspe.hhs.gov/daltcp/reports/2014/adultday14-NC.pdf</a>
North Dakota	<a href="http://aspe.hhs.gov/daltcp/reports/2014/adultday14-ND.pdf">http://aspe.hhs.gov/daltcp/reports/2014/adultday14-ND.pdf</a>
Ohio	<a href="http://aspe.hhs.gov/daltcp/reports/2014/adultday14-OH.pdf">http://aspe.hhs.gov/daltcp/reports/2014/adultday14-OH.pdf</a>
Oklahoma	<a href="http://aspe.hhs.gov/daltcp/reports/2014/adultday14-OK.pdf">http://aspe.hhs.gov/daltcp/reports/2014/adultday14-OK.pdf</a>
Oregon	<a href="http://aspe.hhs.gov/daltcp/reports/2014/adultday14-OR.pdf">http://aspe.hhs.gov/daltcp/reports/2014/adultday14-OR.pdf</a>
Pennsylvania	<a href="http://aspe.hhs.gov/daltcp/reports/2014/adultday14-PA.pdf">http://aspe.hhs.gov/daltcp/reports/2014/adultday14-PA.pdf</a>
Rhode Island	<a href="http://aspe.hhs.gov/daltcp/reports/2014/adultday14-RI.pdf">http://aspe.hhs.gov/daltcp/reports/2014/adultday14-RI.pdf</a>
South Carolina	<a href="http://aspe.hhs.gov/daltcp/reports/2014/adultday14-SC.pdf">http://aspe.hhs.gov/daltcp/reports/2014/adultday14-SC.pdf</a>
South Dakota	<a href="http://aspe.hhs.gov/daltcp/reports/2014/adultday14-SD.pdf">http://aspe.hhs.gov/daltcp/reports/2014/adultday14-SD.pdf</a>
Tennessee	<a href="http://aspe.hhs.gov/daltcp/reports/2014/adultday14-TN.pdf">http://aspe.hhs.gov/daltcp/reports/2014/adultday14-TN.pdf</a>
Texas	<a href="http://aspe.hhs.gov/daltcp/reports/2014/adultday14-TX.pdf">http://aspe.hhs.gov/daltcp/reports/2014/adultday14-TX.pdf</a>
Utah	<a href="http://aspe.hhs.gov/daltcp/reports/2014/adultday14-UT.pdf">http://aspe.hhs.gov/daltcp/reports/2014/adultday14-UT.pdf</a>
Vermont	<a href="http://aspe.hhs.gov/daltcp/reports/2014/adultday14-VT.pdf">http://aspe.hhs.gov/daltcp/reports/2014/adultday14-VT.pdf</a>
Virginia	<a href="http://aspe.hhs.gov/daltcp/reports/2014/adultday14-VA.pdf">http://aspe.hhs.gov/daltcp/reports/2014/adultday14-VA.pdf</a>
Washington	<a href="http://aspe.hhs.gov/daltcp/reports/2014/adultday14-WA.pdf">http://aspe.hhs.gov/daltcp/reports/2014/adultday14-WA.pdf</a>
West Virginia	<a href="http://aspe.hhs.gov/daltcp/reports/2014/adultday14-WV.pdf">http://aspe.hhs.gov/daltcp/reports/2014/adultday14-WV.pdf</a>
Wisconsin	<a href="http://aspe.hhs.gov/daltcp/reports/2014/adultday14-WI.pdf">http://aspe.hhs.gov/daltcp/reports/2014/adultday14-WI.pdf</a>
Wyoming	<a href="http://aspe.hhs.gov/daltcp/reports/2014/adultday14-WY.pdf">http://aspe.hhs.gov/daltcp/reports/2014/adultday14-WY.pdf</a>