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**TITLE 405 OFFICE OF THE SECRETARY OF
FAMILY AND SOCIAL SERVICES**

LSA Document #06-81(E)

DIGEST

Temporarily adds provisions to Medicaid provider enrollment requirements to specify criteria for the Office of Medicaid Policy and Planning to enter into a provider agreement with a nursing facility and conditions for reimbursement when an existing provider makes changes in certified beds. Authority: IC 4-22-2-37.1(a)(19); IC 12-8-1-12; IC 12-15-11. Effective March 14, 2006.

SECTION 1. (a) As used in this document, “geographic region” or “geographic region of the state” means an area served by one (1) of Indiana’s area agencies on aging.

(b) The office shall rely on information obtained from the Indiana state department of health to determine the following:

- (1) The number of Medicaid certified beds that exist in a geographic region of the state as well as statewide.**
- (2) The overall occupancy rate in a geographic region.**

(c) The office may enter into a Medicaid nursing facility provider agreement only if one (1) or more of the following circumstances exists:

- (1) An existing nursing facility undergoes a change in ownership that does not result in an increase in the number of Medicaid certified beds eligible for reimbursement.**
- (2) An existing nursing facility closes a building and replaces it with a new building containing no more Medicaid certified beds than were contained in the previous building.**
- (3) The overall occupancy rate for all facilities in the geographic region is equal to or greater than ninety-five percent (95%).**
- (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. For purposes of this document, 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; and**
- (iv) construction plans for the project have been approved by the state department of health and the 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.

(7) If an existing nursing facility decertifies any or all of its Medicaid beds, then another facility or facilities in the same geographic area may increase their total number of certified beds eligible for Medicaid reimbursement if the following conditions are met:

- (A) the increase is less than the number of Medicaid beds decertified; and**
- (B) the increase occurs in the calendar quarter following the decertification.**

SECTION 2. Unless the provider satisfies one (1) of the exceptions listed in SECTION 1(c) of this document, Medicaid reimbursement is not available to a Medicaid enrolled nursing facility for Medicaid certified beds that have been added after December 15, 2005, or for Medicaid certified beds that were converted from noncertified beds or acute care beds after the effective date of this document.

SECTION 3. This document expires June 12, 2006.

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