

IC 12-15-32

Chapter 32. Community Residential Facilities for the Developmentally Disabled

IC 12-15-32-1

Facility defined

Sec. 1. As used in this chapter, "facility" means a facility licensed under IC 12-28-5 and certified under Title XIX of the Social Security Act (42 U.S.C. 1396 et seq.) as an intermediate care facility for the mentally retarded.

As added by P.L.2-1992, SEC.9.

IC 12-15-32-2

Reimbursement for cost of services provided; authorization

Sec. 2. The office shall reimburse community residential facilities for the developmentally disabled for the cost of the Medicaid services that are provided by the facility to individuals who are eligible for Medicaid.

As added by P.L.2-1992, SEC.9.

IC 12-15-32-3

Repealed

(Repealed by P.L.78-1994, SEC.4.)

IC 12-15-32-4

Reimbursement rate criteria; necessary factors

Sec. 4. The criteria for reimbursement under this chapter must include the following:

- (1) The method of determining initial rates of reimbursement.
- (2) The method of determining the maximum rate of reimbursement.
- (3) The frequency of rate reviews.
- (4) The method of depreciating the buildings comprising the facilities.
- (5) The establishment of a maximum depreciation expense.
- (6) The inclusion of first aid supplies as a part of the room charge.
- (7) The establishment of maximum costs of equipment purchases or repairs that may be allowed as depreciation expenses.
- (8) The establishment of limitations on allowable interest expenses.
- (9) The establishment of a limit on the duration of financing.

As added by P.L.2-1992, SEC.9. Amended by P.L.78-1994, SEC.3.

IC 12-15-32-4.5

Reimbursement for staff hours of employees

Sec. 4.5. (a) This section applies to a community residential facility for the developmentally disabled licensed as a child rearing residence that:

- (1) is a home exclusively for children;
- (2) has a behavior management program staffed by:
 - (A) a behavior management consultant; or
 - (B) personnel;to develop and monitor behavioral training, developmental training, and support in specific areas for all residents who function on a similar level; and
- (3) does not have more than six (6) beds.

(b) A community residential facility for the developmentally disabled is entitled to Medicaid reimbursement within available appropriations for staff hours of employees:

- (1) hired to work at least two thousand eighty (2,080) paid staff hours per year per employee; and
- (2) when the reimbursement requested is for not more than twelve (12) staff hours per resident per day.

As added by P.L.255-1996, SEC.7.

IC 12-15-32-5

Special interim rates

Sec. 5. The office may establish a special interim rate for each community residential facility to ensure that the reasonable special costs involved in the initial year of operation of a facility are reimbursed.

As added by P.L.2-1992, SEC.9.

IC 12-15-32-6

Facility residents; personal allowance; range of amounts

Sec. 6. The office shall allow a resident of a facility who is receiving Medicaid to retain a personal allowance of fifty-two dollars (\$52) each month.

As added by P.L.2-1992, SEC.9. Amended by P.L.294-2001, SEC.5.

IC 12-15-32-6.5

Payment calculation for federal SSI recipient; exemption from income eligibility consideration

Sec. 6.5. (a) If a resident of a facility:

- (1) is a recipient of assistance under the federal Supplemental Security Income (SSI) program; and
- (2) receives an income that is less than the amount described in section 6 of this chapter;

the office shall pay to the individual an amount equal to the difference between the amount of the monthly personal allowance described in section 6 of this chapter and the amount of income, including assistance under the federal Supplemental Security Income (SSI) program received by the individual.

(b) Money paid to an individual under subsection (a) is exempt from income eligibility consideration.

As added by P.L.294-2001, SEC.6. Amended by P.L.26-2003, SEC.2.

IC 12-15-32-7

Rules; functioning level of resident; personal allowance

Sec. 7. The secretary may adopt rules under IC 4-22-2 to do the following:

- (1) Establish criteria based on the functioning level of the residents.
- (2) Determine the personal allowance to which each resident is entitled.

As added by P.L.2-1992, SEC.9.

IC 12-15-32-8

Personal allowance; income eligibility consideration; exemption

Sec. 8. A personal allowance is exempt from income eligibility consideration by the office.

As added by P.L.2-1992, SEC.9.

IC 12-15-32-9

Personal allowance; individuals employed as part of habilitation plan or working in sheltered workshop or day activity center

Sec. 9. The personal allowance for one (1) month for an individual described in section 6 of this chapter whose employment is part of the individual's habilitation plan or who is working in a sheltered workshop or day activity center is the amount that a person would be entitled to retain under section 6 of this chapter plus an amount equal to one-half (1/2) of the remainder of:

- (1) gross earned income for that month; minus
- (2) the sum of:
 - (A) sixteen dollars (\$16); plus
 - (B) the amount withheld from the individual's paycheck for that month for payment of state income tax, federal income tax, and the tax prescribed by the Federal Insurance Contribution Act (26 U.S.C. 3101 et seq.); plus
 - (C) transportation expenses for that month.

As added by P.L.2-1992, SEC.9.

IC 12-15-32-10

Placement in facility; diagnostic evaluations

Sec. 10. (a) An applicant for Medicaid who desires to be placed in a community residential facility must first receive a diagnostic evaluation to be provided by the division of disability and rehabilitative services.

(b) Subsequent diagnostic evaluations by the division of disability and rehabilitative services shall be provided at least every twelve (12) months to review the individual's need for services.

(c) The office shall consider the evaluations in determining the appropriateness of placement.

As added by P.L.2-1992, SEC.9. Amended by P.L.4-1993, SEC.118; P.L.5-1993, SEC.131; P.L.141-2006, SEC.55.

IC 12-15-32-11

Assessment upon total annual revenue of certain nonstate facilities;

Medicaid assessment account; unavailability of federal matching funds

Sec. 11. (a) The office may assess community residential facilities for the developmentally disabled (as defined in IC 12-7-2-61) and intermediate care facilities for the mentally retarded (ICF/MR) (as defined in IC 16-29-4-2) that are not operated by the state in an amount not to exceed ten percent (10%) of the total annual revenue of the facility for the facility's preceding fiscal year.

(b) The assessments shall be paid to the office of Medicaid policy and planning in equal monthly amounts on or before the tenth day of each calendar month. The office may withhold Medicaid payments to a provider described in subsection (a) that fails to pay an assessment within thirty (30) days after the due date. The amount withheld may not exceed the amount of the assessments due.

(c) Revenue from the assessments shall be credited to a special account within the state general fund to be called the Medicaid assessment account. Money in the account may be used only for services for which federal financial participation under Medicaid is available to match state funds. An amount equivalent to the federal financial participation estimated to be received for services financed from assessments under subsection (a) shall be used to finance Medicaid services provided by facilities described in subsection (a).

(d) If federal financial participation to match the assessments in subsection (a) becomes unavailable under federal law, the authority to impose the assessments terminates on the date that the federal statutory, regulatory, or interpretive change takes effect.

As added by P.L.27-1992, SEC.26. Amended by P.L.2-1993, SEC.102; P.L.291-2001, SEC.216; P.L.6-2002, SEC.6.