

Indiana Direct Service Workforce Regulatory Review

Inventory of Findings

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ABOUT THIS DOCUMENT

The Bowen Center for Health Workforce Research and Policy conducted a comprehensive review of all statutes, rules, and policies that currently govern Indiana's Direct Service Worker (DSW) workforce and identified seven (7) distinct DSW roles in Indiana. This report includes a high-level summary of each of these roles followed by detailed, sourced table of our findings.

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Introduction

The State of Indiana is in the process of Long-Term Services and Supports (LTSS) delivery system redesign and is anticipating expansion of Home and Community-Based Services (HCBS) in the coming years. At the heart of this anticipated expansion are the direct service workers, the front-line caregivers who play a critical role in ensuring the daily independence of older adults and people with disabilities. As part of its reform initiatives, Indiana Family and Social Services Administration (FSSA) partnered with the Bowen Center for Health Workforce Research and Policy (The Bowen Center) in the development of an LTSS Direct Service Workforce Plan. In order to identify opportunities and begin to develop strategies that will enhance and support the direct service workforce in Indiana, the Bowen Center first identified direct support worker roles and completed a regulatory review of related statutes, rules, processes, and references. The purpose of this report is to provide insight into the current landscape of regulations that govern this workforce in Indiana.

Research Approach

The review process began by conducting key informant interviews with State officials from various executive branch agencies or divisions who oversee programming that may include direct service worker roles that provide supportive services and care to people in home and community-based settings and who receive compensation for their services. Of note, workers that primarily work in facility-based settings, such as certified nurse aides, were also included because of the portability of their skills and potential to work in home and community-based settings. A comprehensive review of laws, rules, and policies governing the direct service workforce was conducted from publicly available statutes, training materials, licensure requirements, State-maintained websites (current as of September 2022) and other relevant documents. Key state personnel provided valuable information, insight, and review on multiple drafts of this summary document.

Inventory of Findings

The information attained from the regulatory review can be found in this Inventory of Findings. Within the inventory is a high-level description of each of the distinct direct service worker roles that currently exist in Indiana regulations, followed by a detailed informational table with linked sources. The tables include descriptions of job functions, settings, populations served, and entry/ training requirements for each role. These tables are organized to allow for cross-occupation and cross-department/division comparisons of related regulations.

An Overview of Direct Service Worker Roles in Indiana

Direct services workers support older adults and people with disabilities with daily tasks and activities across settings, from private homes to residential care (such as assisted living) to skilled nursing homes and other settings. The regulatory review revealed seven (7) direct service worker roles in Indiana, housed within three (3) State divisions/departments, and operating under four (4) HCBS Medicaid waivers, that are sufficiently distinct in their training requirements, allowable tasks and services provided.

Methodology

This regulatory review focuses on direct service workers who serve adults receiving Long Term Services and Supports (LTSS) in Home and Community Based Settings (HCBS). These direct service workers serve a broad array of populations, including older adults and adults with disabilities requiring assistance with Activities of Daily Living (ADL) in order to maintain their daily independence. Direct service workers can be found assisting individuals in a variety of settings including private homes, residential group homes, day centers, and assisted living facilities, along with community and workplace settings.

In order to capture a comprehensive snapshot of the regulatory environment governing the State of Indiana's direct service workforce, a three-pronged approach was taken, starting with key informant interviews with State officials, followed by an exhaustive study of relevant, publicly available information, and concluding with an iterative process for state government review. This approach identified seven (7) distinct roles, although it is important to note that the role of Direct Care Staff is not a specific job title given to unlicensed staff under the Division of Aging and shares similarities in population served and settings to PSAides (under IDOH) and DSPs (under DDRS) but is distinct enough in training regulations and scope of practice to warrant its addition as a separate profession.

Key Informant Interviews

Five key informant interviews were conducted between January 26th and February 11th in early 2022 with State officials from the Indiana Family and Social Services Administration (Division of Mental Health and Addiction (DMHA), the Division of Disability and Rehabilitative Services (DDRS), the Division of Aging (DA), and Office of Medicaid Policy and Planning (OMPP)) and the Indiana Department of Health (IDOH). These interviews aimed to identify specific occupations that would be categorized as direct service workers within their department or division's programming, understand state involvement in regulation, identify any administrative process to track/monitor the workforce. Based on these interviews, it was identified that under the working definition of direct service workers, there were no roles under that division that should be included in the review.

Statutes, Rules and Policies

To determine the current landscape of direct service worker requirements as they formally exist, this review surveyed all relevant statutory references outlined in the Indiana Code and applicable rules contained in the Indiana Administrative Code. A deeper understanding of the State's regulatory environment next came from Division/Department policies, reports, training materials, licensure requirements and other documents as well as government websites. A wealth of information was also extracted from Indiana's Medicaid provisions and provider manuals, along with federal code and rules (where applicable). In instances where written rules and policies did not specify worker requirements, information was gleaned from the requirements of the licensed entity employing them such as the case with personal service aides. All documents reviewed are publicly available and linked in the footnotes of the Inventory of Findings tables.

Feedback and Review

Key state personnel were given the opportunity to validate the information contained in the Inventory of Findings and provided feedback on three (3) iterations of this report.

Scope

The scope of this review was limited to direct service workers providing services within the current HCBS Medicaid waiver system in Indiana. Roles that primarily work in facility-based settings, such as CNAs, were also included because of the portability of their skills and potential to work in HCBS.

Limitations

Direct service workers provide services in a wide-variety of situations and settings, some of which are outside the scope of this review. Policies and regulations that may be unique to direct support workers paid through Medicare, the Community and Home Options to Institutional Care (CHOICE) program, Medicaid non-waiver programs and private payers or those who provide care to minors, were not investigated for this report. It is important to note that a lack of uniform terminology across government entities and documentation was a source of confusion which may be a limitation of the findings. Terms referencing job titles, service settings, and allowable tasks are sometimes used interchangeably or the same term refers to different things, for example, “attendant care” is defined differently under IC Title 12 and under IC Title 16.

Direct Support Professional (DSP)

WHO ARE THEY?

Direct Support Professionals (DSPs) fall under the purview of the FSSA's Division of Disability and Rehabilitative Services (DDRS) and play an integral part in the lives of people with intellectual and developmental disabilities. DSPs provide hands-on, supportive care in multiple aspects of daily living for consumers under the Medicaid Section 1915(c) Community Integration and Habilitation (CIH) waiver or the Family Supports (FSW) waiver. They can be found supporting individuals in a variety of home and community-based settings including personal residences, waiver (group) homes, adult day centers, and furnishing vocational support at a consumer's place of employment.

TRAINING AND CREDENTIALING

There is currently no certification or registration requirement to work as a DSP. To date, a state standardized curriculum or competency exam for DSPs working in home and community-based settings has not been developed (but is notably prioritized for development by the HEA 1102/HEA 1488 Task Force for the Assessment of Services and Supports for People with Intellectual and Developmental Disabilities¹). DDRS has developed a set of core competencies and licensed provider agencies are responsible for conducting and documenting training based on them. In addition, DSPs must be familiar with each consumer's Individual Support Plan (ISP) and be trained on the specific needs, treatments, and interventions necessary to support their health and wellbeing. Agencies must also ensure continued competency of their staff through annual in-service competency evaluations and training.

Direct support professionals in home and community-based settings are responsible for a wide variety of supportive and health-related tasks, which they are able to perform independently after their initial training. There is no specified requirement that these tasks be performed under nurse delegation or with ongoing supervision by a licensed healthcare professional. Instead, provider agencies must decide what supervision, training, in-service, and evaluations are necessary to maintain a DSP's skills and to meet the health and safety needs of their consumers. Provider agencies are responsible for maintaining all personnel training and in-service records, which are subject to review by the Bureau of Developmental Disabilities Services (BDDS) during the periodic provider licensing reverification process.

ADDITIONAL CONSIDERATIONS

The rules and regulations outlined in the table below only apply to DSPs in home and community-based settings under a Medicaid Section 1915(c) waiver. It is important to acknowledge that in Indiana, there are distinct regulatory policies which were deemed to be outside the scope of this review. For example, community residential facilities, also referred to as non-waiver group homes or supported living facilities, are small residential facilities that operate similarly to traditional institutional care by providing residents with room & board and all needed support services. While allowable tasks between DSPs working in home and community-based and these facility-based settings are similar, non-waiver homes have a well-developed medication administration curriculum, Core A & Core B, along with a competency checklist and exam. Successful completion of Core A and Core B is required of DSPs in non-waiver homes but is only recommended for DSPs in home and community-based settings.

¹ [Will cite once recommendations are posted on website]

Direct Support Professional (DSP)

Worker Description	
Division	Division of Disability & Rehabilitative Services (DDRS)
Primary Reference Sources	<ul style="list-style-type: none"> - 460 IAC Article 6 – Supported Living Services and Supports - DDRS Home and Community Based Services Waiver - Provider Module - Indiana Direct Support Professional Training - Core A and Core B - IC Title 12 Article 7 – Human Services; General Provisions and Definitions - Division of Disability and Rehabilitative Services (DDRS) Policies: <ul style="list-style-type: none"> - Requirements & Training of Direct Support Professional Staff - Behavioral Support Plan - Personnel Policies & Manuals - Employment of Persons with Convictions of Prohibited Offenses or Non-Residency Status
Job Functions	Direct Support Professionals are unlicensed staff employed by a provider agency, supplying direct services to individuals with intellectual or developmental disabilities in multiple aspects of daily living while providing any of the following services: adult day, day habilitation, facility-based support, participant assistance & care, prevocational, respite, residential habilitation and support, transportation services, and workplace assistance. ²
Healthcare/ Medication Roles	DSPs receive training in medication administration, monitoring side effects, recognizing and preventing dangerous medication interactions and managing individual-specific treatment and interventions. ³
Populations Served	Individuals with intellectual or developmental disabilities. ⁴
Settings	Residential, community and workplace settings.
Supervision	Provider agencies are responsible for general oversight and training of their staff. ⁵
Entry and Training Requirements	
Minimum Employment Requirements	Must be at least eighteen (18) years of age, demonstrate adequate oral and written communication skills, ⁶ present a negative tuberculosis screening, pass a limited criminal background check ⁷ and demonstrate empathy and a willingness to accept supervision. ⁸
Prohibitions	Persons with a felony conviction of certain prohibited offenses, ⁹ without verified United States residency status ¹⁰ or with a finding on the nurse aide registry.

² [DDRS Home and Community Based Services Waivers - Provider Module](#)

³ [460 IAC 6-14-4\(c\)](#) - Training

⁴ [IC 12-7-2-61](#) - Developmental Disability Defined

⁵ [460 IAC 6-16-2\(b\)\(1\)](#) - Adoption of Personnel Policies

⁶ DDRS Policy: [Requirements & Training of Direct Support Professional Staff \(2011\)](#)

⁷ [460 IAC 6-15-2](#) - Maintenance of Personnel Files

⁸ [460 IAC 6-14-5](#) - Requirements for Direct Care Staff

⁹ [460 IAC 6-10-5](#) - Documentation of Criminal Histories

¹⁰ DDRS Policy - [Employment of Persons with Convictions of Prohibited Offenses or Non-Residency Status \(2011\)](#)

Entry and Training Requirements - DSP

Oversight of Training Content	DDRS develops and approves core competency training requirements. ¹¹ Provider agencies are responsible for developing a curriculum that meets these requirements. NOTE: A Licensed Practical Nurse (LPN) or Registered Nurse (RN) must provide any training related to medication administration or healthcare support. ¹²
Course Hours, Training Requirements	<p>Direct Support Professionals must receive training in the DDRS approved core competencies, first aid, and CPR prior to working with a consumer. Core competencies include protection of individuals rights, person centered planning, protection against abuse, neglect or exploitation, health and wellness, and medication administration.¹³ In addition, all DSPs must undergo training in emergency drills, evacuation procedures, and incident reporting procedures,¹⁴ along with individual-specific treatment and interventions for each individual they are working with.¹⁵</p> <p>In 2020, Indiana Developmental Disability Nurses Association Board of Directors and Directors from the DDRS Bureau of Developmental Disability Services (BDDS) approved the Core A & Core B Medication Administration training curriculum. While non-waiver supported living sites and group homes are required to use this new curriculum, it is only recommended for Medicaid Section 1915(c) HCBS waiver providers, who may instead choose to develop their own training.^{16 17}</p>
Behavioral Intervention Training	All providers working with an individual with a behavioral support plan designed by the consumer's behavioral support services provider ¹⁸ should be trained to competency in appropriate physical intervention techniques necessary to provide emergency behavioral supports. ¹⁹
Reciprocity/Testing Out Availability	Not specified
Incumbent Workers/ Grandfathering	Not specified
Certification Length	Not applicable
Continuing Ed Requirements	Annual in-service competency evaluation & training is required in the following areas: protection of individual rights, protection against abuse, neglect, or exploitation, incident reporting, and medication administration, if the provider administers medication to an individual. ²⁰

¹¹ DDRS Policy - [Requirements & Training of Direct Support Professional Staff \(2011\)](#)

¹² [DDRS Home and Community Based Services Waivers - Provider Module](#)

¹³ DDRS Policy - [Requirements & Training of Direct Support Professional Staff \(2011\)](#)

¹⁴ [460 IAC 6-29-6](#) - Safety and Security Training

¹⁵ [460 IAC 6-14-4](#) - Training

¹⁶ Indiana Direct Support Professional Training - [Core A](#)

¹⁷ [Indiana Direct Support Professional Training](#) - Core A and Core B: Introduction

¹⁸ DDRS Policy - [Behavioral Support Plan \(2011\)](#)

¹⁹ [460 IAC 6-18-2](#) - Implementation of Behavioral Support Plan

²⁰ [460 IAC 6-16-3\(b\)\(4\)](#) - Policies and Procedures Documentation

Trainer
Qualifications

Training on the DDRS core competencies shall be provided to DSPs only by qualified trainers who have attained sufficient education, expertise, and knowledge of the subject area.²¹ Medication and health related training must be given by a licensed nurse (LPN or RN).²²

²¹ [460 IAC 6-16-3\(b\)\(3\)](#) – Policies and Procedures Documentation

²² [Indiana Direct Support Professional Training](#) - Core A and Core B: Introduction

Direct Care Staff

WHO ARE THEY?

The FSSA Division of Aging (DA), with some oversight by Indiana Department of Health (IDOH),) governs direct care staff working in home and community-based settings under both the Medicaid Section 1915(c) Aged & Disabled (A&D) or the Traumatic Brain Injury (TBI) waivers. Direct care staff provide essential hands-on care to older adults and persons with disabilities who have physical needs, allowing them to stay in their homes for as long as possible. They can be employed in a consumer's personal residence, in assisted living facilities, in adult day centers and other community settings.

TRAINING AND CREDENTIALING

Similar to DSPs, direct care staff do not have a state certification or registration process. However, differences exist between these roles in other areas. The DA's Administrative Code does not offer guidance on training, curriculum, or scope of practice. As such, standards outlined in the regulatory review were taken largely from Medicaid Section 1915(c) waiver program requirements. Duties can vary depending on the service being delivered, but direct care staff are generally limited to assisting with ADLs, IADLs and other personal care tasks like housekeeping, attendant care, respite care, adult day services, and supported employment.

ADDITIONAL CONSIDERATIONS

The Division of Aging does not have complete regulatory autonomy over their direct care staff, and must instead defer to the higher authority of IDOH regarding certain services and settings. For example, in most instances, due to IDOH licensure requirements, direct care staff are explicitly prohibited from administering medication or providing healthcare services, however, staff employed through Adult Family Care (AFC) providers, who do not operate under IDOH licensure, may provide medication oversight if properly trained. A similar convoluted situation is found in IDOH-licensed Assisted Living Facilities (ALF). In most service settings, direct care staff are required to maintain CPR certification but the DA does not specify any other training or continuing education requirements, leaving content and rigor to the discretion of the provider agency. There is, however, an exception for state licensed ALF-employed direct care staff who must receive initial training in individual rights, incident reporting, emergency procedures, and if applicable, six (6) hours of dementia-specific training. They must also receive four (4) hours of annual in-service training along with an additional three (3) hours of dementia-specific training (if applicable).

Direct Care Staff

Worker Description	
Division	Division of Aging (DA)
Primary Reference Sources	<ul style="list-style-type: none"> – 455 IAC Article 2 – Home & Community Based Services – 410 IAC Article 16.2 – Health Facilities; Licensing and Operational Standards – DA Home and Community Based Services Waiver – Provider Module
Job Functions	DA direct care staff provide hands-on care in any of the following services: homemaker, attendant care, respite care, assisted living, adult day services and supported employment. ²³
Healthcare/ Medication Roles	<p>Permissible healthcare/medication tasks vary depending on the type of service being provided through a Medicaid Section 1915(c) HCBS waiver. For example, direct care staff providing attendant care services are prohibited from setting up and administering medications²⁴, but those providing adult family care may provide medication oversight if instruction is received from a doctor, nurse, or pharmacist on the administration of controlled substances prescribed to the waiver participant.²⁵</p> <p>Of Note: Direct care staff employed in IDOH-licensed assisted living facilities may not provide more than “limited assistance with the activities of daily living,” so they are not authorized to perform healthcare/medication tasks.^{26 27}</p>
Populations Served	Persons aged sixty-five (65) and older and persons with disabilities who have physical needs.
Settings	Assisted living facilities, residential, community, workplace settings. ²⁸
Supervision	Employing agency is responsible for supervising direct care staff. Level 2 & 3 adult day facilities require monthly RN supervision. ²⁹
Entry and Training Requirements	
Minimum Employment Requirements	DA direct care staff must be at least eighteen (18) years of age, be competent to provide services according to the individual's plan of care, have effective communication skills, and provide a negative TB test (annual requirement). ³⁰ In addition, a reference check and a limited background check are required. ³¹
Prohibitions	Persons with a felony conviction of certain prohibited offenses ³² or with a finding on the nurse aide registry. ³³

²³ [DA Home and Community Based Waivers - Provider Module](#)

²⁴ [DA Home and Community Based Waivers - Provider Module](#) | pg. 47

²⁵ [DA Home and Community Based Waivers - Provider Module](#) | pg. 39

²⁶ [410 IAC 16.2-5-1.4 \(Personnel\)](#) | pg. 88

²⁷ [HCBS Statewide Transition Plan](#) - 2016 Presentation

²⁸ [455 IAC Article 2](#) - Home & Community Based Services | pg. 11

²⁹ [DA Home and Community Based Waivers - Provider Module](#) | pg. 35

³⁰ [455 IAC 2-14-1](#) - Maintenance of Personnel Files | pg. 14

³¹ [455 IAC 2-6-2\(a\)\(3\)](#) - General Requirements

³² [455 IAC 2-15-2\(b\)\(2\)](#) - Adoption of Personnel Policies

³³ [455 IAC 2-6-2\(a\)\(4\)](#) - General Requirements

Entry and Training Requirements – Direct Care Staff

Oversight of Training Content	The DA does not specify training requirements. However, providers are expected to provide instruction and must maintain verification of each training session attended including: content, length of the training session, identification of the trainers, and dated signatures of both the trainers and the employee. ³⁴
Course Hours, Training Requirements	CPR certification by an approved entity is required. ³⁵ Other specific training requirements for DA direct care staff are determined by the provider. ³⁶ NOTE: Only direct care staff employed in IDOH-licensed assisted living facilities must receive training on the protection of individual rights, incident reporting, instructions on the needs of specialized populations, a review of facility’s policy manual and emergency procedures, and six (6) hours of dementia-specific training (if applicable). ³⁷
Behavioral Intervention Training	Not specified
Reciprocity/Testing Out Availability	Not specified
Incumbent Workers/ Grandfathering	Not specified
Certification Length	Not applicable
Continuing Ed Requirements	For most home and community-based settings, each provider agency is required to have a process for evaluating employee job performance annually, including a process for obtaining feedback from individuals receiving services from the employee or agent. ³⁸ Direct care staff working with consumers in an IDOH-licensed assisted living facility must complete four (4) hours of in-service per calendar year on topics which include; prevention and control of infection, fire prevention, safety, accident prevention, the needs of specialized populations, and three (3) hours of dementia-specific training (if applicable). ³⁹
Trainer Qualifications	Not specified

³⁴ [455 IAC 2-14-1 \(b\)\(5\)](#) - Personnel Records

³⁵ [455 IAC 2-14-1\(b\)\(4\)](#) - Maintenance of Personnel Files

³⁶ [455 IAC 2-14-1\(b\)\(5\)](#) - Maintenance of Personnel Files

³⁷ [410 IAC 16.2-5-1.4 \(e\)](#) - Personnel

³⁸ [410 IAC 2-15-2\(b\)\(3\)](#) - Adoption of Personnel Policies

³⁹ [410 IAC 16.2-5-1.4 \(e\)\(2\)](#) - Personnel

Independent Personal Service Attendant (IPSA)

WHO ARE THEY?

The Independent Personal Service Attendant (IPSA) is a unique role designed to benefit LTSS consumers who choose to direct their own care. Also known as Consumer-Directed Attendant Care (CDAC), these DSWs do not work for a provider agency but are instead directly hired, trained, and managed by the consumer in need of assistance with basic day-to-day tasks in their home and out in the community. Of note, Indiana has contracted with a third-party vendor, Public Partnerships, LLC, which provides customer service support and fiscal intermediary services consumer such as payroll and budget management.

TRAINING AND CREDENTIALING

According to State statute, the primary job function of an IPSA is to provide attendant care, which is defined in Title 12 of the Indiana Code as including both ADLs and IADLs along with any physician-approved “health related services” that can safely be performed in the consumer’s home. Other than training for health-related tasks, which may be done by a licensed health professional within their scope of practice, consumers are responsible for training their IPSA employee, although Public Partnerships, LLC does maintain a CDAC Toolkit which offers guidance to consumers on recruiting, hiring, and training workers under a Medicaid Section 1915(c) HCBS waiver. It is important to note that there is some discrepancy in allowable tasks for IPSAs that work under a Medicaid Section 1915(c) HCBS waiver and those that are paid through another mechanism (such as the CHOICE program, private pay, etc.). The Medicaid Section 1915(c) HCBS waivers will not reimburse services that include health-related tasks.

ADDITIONAL CONSIDERATIONS

According to Indiana statute, IPSAs are required to register with the State before providing services and every two (2) years after that. In turn, the State should maintain the registry and provide a list of registered IPSAs within a specified geographic area, upon request. The State has contracted with Public Partnerships, LLC, which serves as a third-party fiscal intermediary, to maintain information on current IPSAs. However, there does not appear to be any geographic database to support consumer inquiries.

Independent Personal Service Attendant (IPSA)⁴⁰

AKA: Consumer-Directed Attendant Care (CDAC)

Worker Description	
Division	Division of Aging (DA)
Primary Reference Sources	<ul style="list-style-type: none"> – 455 IAC Article 1 - Aging – 455 IAC Article 2 - Home & Community Based Services – IC Title 12 Article 10 Chapter 17.1 - Individuals in Need of Self-Directed In-Home Care – Consumer-Directed Attendant Care (CDAC): The Guide – Consumer-Directed Attendant Care (CDAC): Toolkit – Self-Directed Care Training For The Provider – Public Partnerships, LLC 's Fiscal Intermediary Service, Employee Instructions
Job Functions	<p>IPSA's provide attendant care services for individuals in need of self-directed care that could be performed by the individual if the individual were physically capable.⁴¹ Attendant care services⁴², as defined in Title 12 of the Indiana Code, includes basic services⁴³ (e.g., mobility assistance, bathing, and personal hygiene, dressing and grooming, feeding, and health related services) and ancillary services⁴⁴ (e.g., homemaker, companion services and assistance with cognitive tasks.)</p> <p>NOTE: Neither medical services⁴⁵ nor medication administration⁴⁶ may be performed by an IPSA under the Medicaid Section 1915(c) HCBS waiver.</p>
Healthcare/ Medication Roles	<p>According to Indiana statute, health-related services are medical activities that, in the written opinion of the attending physician submitted to the case manager of the individual in need of self-directed in-home care, could be performed by the individual (1) if the individual were physically capable and (2) if the medical activities can be safely performed in the home.⁴⁷ Such activities can only be performed by individuals who have received appropriate training from a licensed health professional on how to perform the activity.</p> <p>NOTE: Neither medical services nor medication administration may be performed by an IPSA under a Medicaid Section 1915(c) HCBS waiver.</p>
Populations Served	Persons at least sixty (60) years of age or an individual with a disability who qualifies as having an impairment that places the individual at risk of losing their independence. ⁴⁸
Settings	Self-directed in-home care.

⁴⁰ This DSW role is referred to as a Personal Services Attendant in Title 12 of Indiana Code but is called the Consumer-Directed Attendant Care (CDAC) program in the FSSA program [Toolkit](#).

⁴¹ [IC 12-10-17.1-8](#) - Personal Services Attendant Defined

⁴² [IC 12-10-17.1-3](#) - Attendant Care Services Defined

⁴³ [IC 12-10-17.1-4](#) - Basic Services Defined

⁴⁴ [IC 12-10-17.1-2](#) - Ancillary Services Defined

⁴⁵ [Self-Directed Attendant Care: An Overview for Waiver Program Participants and Providers](#) | pg. 16

⁴⁶ [Consumer Directed Attendant Care \(CDAC\): The Guide](#) | pg. 13

⁴⁷ [IC 12-10-17.1-5](#) - Health Related Services Defined

⁴⁸ [IC 12-10-10-4](#) - Eligible Individual

Worker Description - IPSA

Supervision	<p>The individual receiving services or person responsible for making health-related decisions for the individual assumes the responsibility of initiating self-directed in-home care and exercising judgment on the manner in which those services are delivered, including the decision to employ, train, and dismiss an IPSA.⁴⁹</p> <p>Individuals in need of health-related services may train the IPSA only with the written opinion of a physician submitted to the case manager of the individual. The IPSA may also receive training or instruction from a licensed health professional, within the professional's scope of practice, in how to properly perform the medical activity.⁵⁰</p> <p>NOTE: Neither medical services nor medication administration may be performed by an IPSA under a Medicaid Section 1915(c) HCBS waiver.</p>
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Entry and Training Requirements

Minimum Employment Requirements	<p>Registration with the DA or an organization designated by DA is required and includes: a resume, limited criminal history check, three (3) letters of reference, registration fee (currently \$0) and proof of at least eighteen (18) years of age.^{51 52}</p> <p>Indiana contracts with a third party vendor, Public Partnership, LLC⁵³ to act as the fiscal intermediary in order to eliminate the state acting as an employer for caregivers. , Public Partnership, LLC is responsible for establishing eligible consumers as employers and enrolling service providers as employees, paying the IPSA⁵⁴, withholding taxes, and performing criminal background checks.⁵⁵</p>
Prohibitions	Persons with a felony conviction of certain prohibited offenses. ⁵⁶
Oversight of Training Content	Training is done by the consumer or, for non-HCBS waiver consumers who provide health-related services, training on medical activities that, in the opinion of a physician can be safely performed in the home, should be done by a licensed health professional within their scope of practice. ⁵⁷
Course Hours, Training Requirements	The consumer receiving services is responsible for training the IPSA, although guidance for the consumer is provided in Public Partnership, LLC's CDAC toolkit. ⁵⁸
Behavioral Intervention Training	Not specified
Reciprocity/Testing Out Availability	Not specified

⁴⁹ [455 IAC 1-9-1\(g\)](#) - Personal Services Attendant for Individuals in Need of Self-Directed In-Home Care

⁵⁰ [IC 12-10-17.1-5](#) - Health Related Services Defined

⁵¹ [IC 12-10-17.1-12](#) - Registration by the Division

⁵² [IC 12-10-17.1-10](#) - Registration; Prohibition

⁵³ [Indiana Consumer Directed Attendant Care Program](#)

⁵⁴ [Consumer-Directed Attendant Care \(CDAC\): The Guide](#)

⁵⁵ [PPL's Fiscal Intermediary Service, Employee Instructions](#)

⁵⁶ [455 IAC 2-15-2\(b\)\(2\)](#) - Adoption of Personnel Policies

⁵⁷ [455 IAC 1-9-1\(f\)](#) - Definitions

⁵⁸ [Consumer-Directed Attendant Care \(CDAC\): Toolkit](#)

Entry and Training Requirements - IPSA

Incumbent Workers/ Grandfathering	Not specified
Certification Length	Registration is valid for two (2) years, and a limited criminal history check must be updated every two (2) years. ⁵⁹
Continuing Ed Requirements	Not specified
Trainer Qualifications	For health-related services only, a licensed health professional within their scope of practice may train a non- Medicaid Section 1915(c) HCBS waiver IPSA to perform physician-approved tasks. ^{60,61}

⁵⁹ [IC 12-10-17.1-12\(b\)](#) - Registration by the Division

⁶⁰ [455 IAC 1-9-1\(f\)](#) - Definitions

⁶¹ [IC 12-10-17.1-5](#) - Health Related Services

Personal Service Aide (PSAide)

WHO ARE THEY?

The Indiana Department of Health (IDOH) regulates Personal Services Aides (PSAide) who are employed by state-licensed personal services agencies to provide assistance with ADLs and IADLs to eligible consumers in their homes and in the community under Medicaid Section 1915(c) HCBS waiver. Personal Service Aides are explicitly prohibited from providing healthcare-related tasks beyond offering medication reminders and cues.

TRAINING AND CREDENTIALING

The State provides minimal direct oversight regarding supervision and training beyond a general requirement that employing agencies evaluate and reevaluate the competency of their staff on any task the agency chooses to have that employee perform. In fact, agencies are given wide authority over training. According to Indiana Code, the “agency has the sole discretion to determine if an employee or agent is competent to perform a task.” Indiana does not directly certify or require registration for PSAides. However, personal services agencies must attain a license to operate from IDOH and, as part of this process, agencies must submit their staff competency evaluation and training procedures.

ADDITIONAL CONSIDERATIONS

Indiana Code defines the services that a PSAide may provide as “attendant care” and outlines a general scope of practice which includes assistance with ADLs and IADLs, while restricting the provision of any health-related tasks. Of note, “attendant care” has a different set of standards for independent personal service attendants (IPSAs) in a different section of Indiana Code, which does allow attendants to perform certain physician-approved health-related activities.

Personal Services Aide (PSAide)

Worker Description	
Division	Indiana Department of Health (IDOH)
Primary Reference Sources	<ul style="list-style-type: none"> – IC Title 16 Article 18 – General Provisions and Definitions – IC Title 16 Article 27 – Home Health Agencies – 405 IAC Article 1 – Medicaid Providers and Services – Indiana Initial Application for License to Operate a Personal Services Agency
Job Functions	A PSAide may perform personal services including attendant care services, as defined by IDOH ⁶² (which is different than attendant care as defined by the DA ⁶³), homemaker services, and companion services ⁶⁴ under the auspice of the employer (i.e., personal services agency).
Healthcare/ Medication Roles	A PSAide may provide reminders or cues to take medication, open preset medication containers, and assist in the handling or ingesting of medications. ⁶⁵ Indiana Code explicitly excludes a PSAide from providing “services that require the order of a healthcare professional for the services to be lawfully performed in Indiana.” ⁶⁶
Populations Served	Persons aged sixty-five (65) and older and persons of all ages with disabilities.
Settings	Residential and community settings.
Supervision	The agency has the sole discretion to determine if an employee or agent is competent to perform an attendant care services task. ⁶⁷
Entry and Training Requirements	
Minimum Employment Requirements	Must submit to a national or expanded criminal history background check ⁶⁸ and have a negative TB Test. ⁶⁹
Prohibitions	Persons with a felony conviction of certain prohibited offenses. ⁷⁰
Oversight of Training Content	Personal Services Agency or agency designee. ⁷¹
Course Hours, Training Requirements	<p>Personal Services Aides must be trained for each task they are expected to perform and then evaluated for competency before that task is performed without direct agency supervision.⁷²</p> <p>For agencies offering lift services, employees must be trained at the location where the consumer will need those services with specific instructions on how to safely operate the lift in accordance with the manufacturer's instructions and manual.⁷³</p>

⁶² [IC 16-18-2-28.5](#) - Attendant Care Services (as Defined by IDOH)

⁶³ [IC 12-10-17.1-3](#) - Attendant Care Services (as Defined by DA)

⁶⁴ [IC 16-27-4-4](#) - Personal Services

⁶⁵ [IC 16-18-2-28.5\(b\)\(3\)\(A\)](#) - Attendant Care Services (as Defined by IDOH)

⁶⁶ [IC 16-27-4-4\(b\)\(4\)](#) - Personal Services

⁶⁷ [IC 16-27-4-16\(a\)](#) - Evaluation and Training

⁶⁸ [IC 16-27-2-5](#) - Employees; Prohibition; Criminal Conviction

⁶⁹ [IC 16-27-4-15](#) - Tuberculosis Test

⁷⁰ [IC 16-27-2-5](#) - Employees; Prohibition; Criminal Conviction

⁷¹ [IC 16-27-4-16\(a\)](#) - Evaluation and Training

⁷² [IC 16-27-4-16\(b\)](#) - Evaluation and Training

⁷³ [IC 16-27-4-16\(c\)](#) - Evaluation and Training

Entry and Training Requirements - PSAide

Behavioral Intervention Training	Not specified
Reciprocity/Testing Out Availability	Not specified
Incumbent Workers/ Grandfathering	Not specified
Certification Length	Personal Services Agencies are required to renew each year, but there is no individual certification for employees. ⁷⁴
Continuing Ed Requirements	Personal Services Agencies are responsible for evaluating and re-evaluating employees ⁷⁵ , but there are no state guidelines outlining specific requirements.
Trainer Qualifications	Not specified

⁷⁴ [Indiana Initial Application for License to Operate a Personal Services Agency](#) | pg. 1

⁷⁵ [Indiana Initial Application for License to Operate a Personal Services Agency](#) | pg. 8

Home Health Aide (HHA)

WHO ARE THEY?

Home Health Aides (HHAs) work for a licensed home health agency. HHAs are considered healthcare paraprofessionals who provide assistance with ADLs and IADLs in a consumer's residence and have received additional training in some basic health supportive tasks, such as measuring vitals, monitoring health conditions, assisting with medication, infection control, and emergency procedures. HHAs serve older adults and individuals with disabilities who require LTSS in order to maintain their independence and are supervised by a healthcare professional who makes periodic visits to consumers' residences.

TRAINING AND CREDENTIALING

Home Health Aides employed by federally certified agencies are required to undergo 75 hours of training on 15 broad topics. Training must be taught by a registered nurse or other qualified healthcare professional. Before an HHA can work independently with a consumer, they must demonstrate competency and be included on the State's nurse aide registry. Home health agencies are responsible for creating, administering, and assessing the competency exam. Not all home health agencies in Indiana are federally certified; some are state-only certified. For HHAs working in state-licensed agencies, the number of required hours for initial HHA training are not specified by IDOH. However, HHAs in either agency type is required to have twelve (12) hours of continuing education each year and work at least eight (8) hours in twenty-four (24) months in order to remain on the registry.

ADDITIONAL CONSIDERATIONS

The State of Indiana does not allow for portability of HHA credentials from another state.

While all DSW roles have a provision for TB testing and a criminal background check as part of the hiring process, home health agencies face an additional requirement (and expense), i.e., agencies are required annually to randomly test at least 50% of employees with direct patient contact for the illegal use of controlled substances. Any staff who refuses the drug test or has a positive test result must be either suspended for a minimum of six (6) months or discharged.

While successful completion of a training and competency evaluation program (including sixteen (16) hours of classroom training in federally certified agencies) is required of an HHA before direct patient contact, approved training programs/vendors are not easily identifiable.

Home Health Aide (HHA)

Worker Description	
Division	Indiana Department of Health (IDOH)
Primary Reference Sources	<ul style="list-style-type: none"> – 410 IAC Article 17 – Home Health Agencies – IC 16 Article 27 – Home Health Agencies – IC Title 10 Article 14 – State Police Data and Information Programs – 42 CFR 484 – Home Health Services – 42 CFR 409 – Home Health Services Under Hospital Insurance – Senate Enrolled Act No. 353 - 2022 – State Operations Manual: Home Health Agencies – IDOH Aides Registry: FAQs
Job Functions	Home Health Aides (HHAs) provide hands-on, personal care or supportive services that are needed to maintain the beneficiary’s health or to facilitate treatment of the beneficiary’s illness or injury. Home Health Aides may perform personal care services, simple dressing changes, assistance with medication that is ordinarily self-administered, assistance with activities that are directly supportive of skilled therapy services, routine care of prosthetic and orthotic devices, and incidental services. ⁷⁶
Healthcare/ Medication Roles	Home Health Aides may assist with medications that are ordinarily self-administered and that do not require the skills of a licensed nurse to be provided safely and effectively. ⁷⁷ Medication assistance is defined as providing reminders or cues to take medication, the opening of pre-set medication containers, and assistance in the handling or ingesting of medications, including controlled substances, prescription drugs, eye drops, herbs, supplements, and over-the-counter medications. ⁷⁸
Populations Served	Persons aged sixty-five (65) and older and persons of all ages with disabilities.
Settings	Temporary or permanent residence of the patient, hospice care facilities, and residential care facilities.
Supervision	<p>Indiana regulations requires that an HHA be supervised by a healthcare professional within their scope of practice.⁷⁹ A registered nurse, or therapist in therapy only cases, shall make the initial visit to the patient's residence and a supervisory visit at least every thirty (30) days, either when the HHA is present or absent, to observe the care, to assess relationships, and to determine whether goals are being met.⁸⁰</p> <p>Federal regulations state that for HHA services that include skilled nursing care, a registered nurse (or other skilled service professional) must make an onsite visit to the patient’s home at least every two (2) weeks. For HHA services that do <i>not</i> include skilled nursing care, the supervisory visit must occur at least every sixty (60) days and must occur while the HHA is on-site and providing patient care.⁸¹</p>

⁷⁶ [42 CFR 409.45\(b\)](#) - Centers for Medicaid & Medicare Home Health Services

⁷⁷ [42 CFR 409.45](#) - Dependent Services Requirements

⁷⁸ [410 IAC 17-9-20](#) - Medication Assistance Defined

⁷⁹ [410 IAC 17-14-1\(g\)](#) - Scope of Services

⁸⁰ [410 IAC 17-14-1\(n\)](#) - Scope of services

⁸¹ [42 CFR 484.36\(d\)](#) - Condition of Participation: Home Health Aide Services

Entry and Training Requirements - HHA

Minimum Employment Requirements	<p>Home health aides are selected based on a sympathetic attitude, the ability to read, write, and carry out directions; maturity; and the ability to deal effectively with the demands of the job.⁸²</p> <p>Before any direct patient contact occurs, HHAs must clear a national⁸³ or expanded⁸⁴ criminal history background check,⁸⁵ undergo a physical examination by a physician or nurse practitioner not more than one hundred and eighty (180) days before patient contact to ensure that the employee has a negative TB screening,⁸⁶ and shall be tested for the illegal use of a controlled substance.⁸⁷</p>
Prohibitions	<p>Persons with a felony conviction of certain prohibited offenses.⁸⁸</p> <p>Refusal to submit to a drug test or a positive test result from a drug test is a basis for refusing to hire a job applicant.⁸⁹</p>
Oversight of Training Content	<p>The State of Indiana has two (2) standards for home health agencies: (1) federally certified (Medicare & Medicaid) and (2) state-only certified.⁹⁰ Training requirements for federally certified agencies must follow the federally mandated duration and content training minimums which include classroom and supervised practical training totaling at least seventy-five (75) hours.⁹¹</p> <p>State-only agencies are responsible for establishing their own policies on qualifications and needed training. State-only agencies must ensure that, prior to patient contact, the individuals who furnish HHA services on its behalf have successfully completed a training and competency evaluation program that, at minimum, addresses each of the federally mandated areas of instruction.⁹²</p> <p>In both federally certified and state certified facilities, the home health agency is responsible for establishing their own competency exam.⁹³</p>

⁸² [42 CFR 484.36](#) - Condition of Participation: Home Health Aide Services

⁸³ [IC 10-13-3-12](#) - National Criminal History Background Check

⁸⁴ [IC 20-26-2-1.5](#) - Expanded Criminal History Check

⁸⁵ [410 IAC 17-12-1\(f\)\(3\)](#) - Home Health Agency Administration and Management

⁸⁶ [410 IAC 17-12-1\(h\)](#) - Home Health Agency Administration and Management

⁸⁷ [IC 16-27-2.5](#) - Drug Testing of Employees

⁸⁸ [IC 16-27-2.5](#) - Employees; Prohibition; Criminal Conviction

⁸⁹ [IC 16-27-2.5-1](#) - Drug Testing of Job Applicants; Use as Basis for Refusal to Hire

⁹⁰ [Aides Registry: FAQs](#) | pg. 7

⁹¹ [42 CFR 484.36](#) - Condition of Participation: Home Health Aide Services.

⁹² [410 IAC 17-14-1\(l\)](#) - Scope of Services

⁹³ [Aide Training Certification and Registry](#) - IDOH Website

Entry and Training Requirements - HHA

Course Hours, Training Requirements	<p>Federally certified home health agencies must meet federal minimum requirements, which consist of seventy-five (75) hours of total classroom and practical training time with at least sixteen (16) hours of classroom instruction to be completed before practical training and at least sixteen (16) hours of supervised practical training in required areas of instruction. Areas of instruction include but are not limited to: ambulation and transfer, range of motion, vital signs, personal hygiene, emergency procedures, and communication. Home Health Aides must then pass a competency evaluation with a finding of “satisfactory” before being placed on the state’s nurse aide registry.⁹⁴</p> <p>Home Health Aides employed by state-only certified agencies must successfully complete that agency’s training and competency evaluation program on each of the federally mandated areas of instruction and be placed on the state’s nurse aide registry.⁹⁵</p> <p>State legislation passed in 2022 will require HHAs complete at least six (6) hours of approved dementia training for new employees or least three (3) hours for HHAs that have been employed for at least one (1) year (which is a part of, and not in addition to, state training minimums) if providing care to an individual who has been diagnosed with or experiences symptoms of dementia (such as Alzheimer’s disease) or related cognitive disorder.⁹⁶</p>
Behavioral Intervention Training	Not specified
Reciprocity/Testing Out Availability	<p>Indiana does not transfer HHA licenses from other states.⁹⁷</p> <p>According to federal guidelines, Certified Nurse Aides in good standing meet the requirement to become HHAs.⁹⁸</p>
Incumbent Workers/ Grandfathering	<p>According to federal standards, there are four (4) methods by which a prospective HHA may become qualified:</p> <ol style="list-style-type: none"> 1. The candidate may successfully complete an HHA training and competency evaluation program offered by a qualified home health agency; 2. The candidate may successfully complete a competency evaluation program only if they have successfully completed an appropriate training in the past; 3. A nurse aide who (1) successfully completes a nurse aide training and competency evaluation program; (2) is found to be in good standing in the state nurse aide registry; (3) is considered to have met the training and competency requirements for an HHA, or; 4. The candidate may successfully complete a state administered program that licenses or certifies HHAs and that meets or exceeds the minimum federal requirements.⁹⁹ <p>NOTE: the State of Indiana does not administer a program that certifies HHAs.</p>

⁹⁴ [42 CFR 484.80 \(a\)](#) - Condition of Participation: Home Health Aide Services

⁹⁵ [410 IAC 17-14-1\(l\)](#) - Scope of Services

⁹⁶ [Senate Enrolled Act No. 353](#) - 2022

⁹⁷ [Aides Registry: FAQs](#) | pg. 8

⁹⁸ [42 CFR 484.80 \(a\)](#) - Condition of Participation: Home Health Aide Services

⁹⁹ [State Operations Manual: Home Health Agencies](#) | pg. 52

Entry and Training Requirements - HHA

Certification Length	Every two (2) years the employer/agency must inform the IDOH nurse aide registry if an HHA has performed "nursing & nursing related services" for at least an eight (8) hour shift during the prior twenty-four (24) month consecutive time period ¹⁰⁰ in order for the HHA to remain on the registry.
Continuing Ed Requirements	<p>All HHAs are required to take twelve (12) hours of continuing education each year in at least eight (8) of the twelve (12) federally mandated areas of instruction.^{101 102}</p> <p>An individual is not considered to have completed a training and competency evaluation program, or a competency evaluation program if, since the individual's most recent completion of this program(s), there has been a continuous period of twenty-four (24) consecutive months during none of which the individual furnished HHA services for compensation.¹⁰³</p>
Trainer Qualifications	<p>Federal regulations require the classroom and supervised practical training be performed by a registered nurse who possesses a minimum of two (2) years nursing experience (at least one (1) year of which must be in home healthcare) or by other individuals under the general supervision of the registered nurse.¹⁰⁴</p> <p>In the State of Indiana, training of HHAs must be performed by or under the general supervision of a registered nurse.¹⁰⁵ An HHA training and competency program may be offered by any organization except a home health agency that has a probationary home health agency license.¹⁰⁶</p>

¹⁰⁰ [Home Health Aide Registry Renewal Form](#)

¹⁰¹ [42 CFR 484.36](#) - Condition of Participation: Home Health Aide Services

¹⁰² [410 IAC 17-14-1\(h\)](#) - Scope of Services

¹⁰³ [42 CFR 484.4](#) - Personnel Qualifications

¹⁰⁴ [42 CFR 484.80\(b\)](#) - Condition of Participation: Home Health Aide Services

¹⁰⁵ [Aides Registry: FAQs](#) | pg. 7

¹⁰⁶ [410 IAC 17-14-1\(j\)](#) - Scope of Services

Certified Nurse Aide (CNA)

WHO ARE THEY?

Certified Nurse Aides (CNAs) generally focus less on ADLs and IADLs and more on healthcare support, although they may not provide procedures or medication administration. Certified Nurse Aides work under the direct supervision of a RN or LPN and serve primarily in nursing and LTSS facilities. While their services are not referenced under any of Indiana's four (4) Section 1915(c) Medicaid HCBS waivers, federal regulations stipulate that CNAs in good standing meet the requirement for HHAs employed in federally certified facilities.

TRAINING AND CREDENTIALING

CNAs are subject to both federal and state regulations. Traditional certification training for CNAs is more rigorous than for other DSWs, combining both classroom and practical training for a total of one hundred and five (105) hours, followed by both a written and a skills competency exam. Certification is valid for two (2) years and can be renewed by CNAs who have remained active in the field and obtained twelve (12) in-service hours each year. IDOH developed the required nurse aide training curriculum, vets and oversees CNA training programs, and partnered with Ivy Tech Community College to administer both the written and skills portion of the required competency evaluation.

The path to CNA certification in Indiana offers some flexibility for both in-state workers with relevant training/experience and out-of-state CNAs in good standing. Qualified student nurses and recent nursing school graduates, along with CNAs from other states may bypass the training requirements and qualify for certification by successfully completing one or both competency exams. CNAs in good standing in other states are permitted to work in Indiana for one hundred and twenty (120) days while applying for the nurse aide registry.

Certified Nurse Aide (CNA)

Worker Description	
Division	Indiana Department of Health (IDOH)
Primary Reference Sources	<ul style="list-style-type: none"> – 42 CFR 483 – Requirements for States and Long-Term Care Facilities – 410 IAC Article 16.2 – Health Facilities; Licensing & Operational Standards – IC Title 16 Article 28 – Health Facilities – Administrative Standards for IDOH Nurse Aide Training Program – Certified Nurse Aide (CNA) Renewal Form – IDOH Aides Registry: FAQ – Indiana Nurse Aide Curriculum – IDOH Webpages – Standard 14: Nurse Aide Scope of Practice
Job Functions	Certified Nurse Aides assist with activities of daily living (ADLs) and can provide some supportive healthcare tasks within the current scope of practice policies, under the direct supervision of a licensed practical nurse or registered nurse. ¹⁰⁷
Healthcare/ Medication Roles	<p>Certified Nurse Aides are not permitted to perform invasive procedures, administer medications, perform treatment, or apply or remove any dressings.¹⁰⁸</p> <p>NOTE: Nurse aides can obtain additional training and licensure as a Qualified Medication Aide (see next section).</p>
Populations Served	Persons aged sixty-five (65) and older, persons of all ages with physical, developmental or intellectual disabilities, persons with mental illness, persons with dementia. ¹⁰⁹
Settings	Certified Nurse Aides work primarily in long-term and comprehensive care facilities/nursing homes but may also work in a hospital-based facility, ambulatory outpatient surgical center, and for a home health or hospice agency. ¹¹⁰
Supervision	Must be supervised by a registered nurse or a licensed practical nurse. ¹¹¹
Minimum Employment Requirements	<p>Certified Nurse Aides shall have successfully completed a nurse aide training program approved by the IDOH or shall enroll in the first available approved training program scheduled to commence within sixty (60) days of the date of the nurse aide's employment. A CNA cannot work longer than four (4) months at a facility unless they are deemed competent to provide nursing related services and passed a competency exam.^{112 113}</p> <p>A CNA must have a negative TB test within one (1) month prior to employment (if working in a residential and comprehensive care facilities)¹¹⁴ and submit to a limited criminal background check.¹¹⁵</p>

¹⁰⁷ [Standard 14: Nurse Aide Scope of Practice](#)

¹⁰⁸ [Indiana Nurse Aide Curriculum](#) - Revised in 2015

¹⁰⁹ [410 IAC 16.2-5-1.4\(d\)\(1\)](#) - Personnel

¹¹⁰ [IC 16-28-13-1](#) - Nurse Aide Defined

¹¹¹ [Certified Nurse Aide: Certification and Recertification](#) - IDOH Webpage

¹¹² [410 IAC 16.2-3.1-14\(b\)&\(c\)](#) - Personnel

¹¹³ [410 IAC 16.2-5-1.4\(f\)](#) - Personnel

¹¹⁴ [410 IAC 16.2-3.1-14\(t\)](#) & [410 IAC 16.2-5-1.4 \(f\)](#) - Personnel

¹¹⁵ [IC 16-28-13-4](#) - Operator of Health Care Facility; Request for Limited Criminal History

Entry and Training Requirements - CNA

Prohibitions	An individual with a finding on the state aide registry, with a conviction of certain felony offenses, or who has abused, neglected, mistreated a patient, or misappropriated a patient's property, is prohibited from employment as a CNA. ¹¹⁶
Oversight of Training Content	Federal Code outlines numbers, topics, and structure of course hours, curriculum areas, competency evaluation, and nurse aide registry requirement. ¹¹⁷ In Indiana, IDOH approves education and training programs, including course and in-service requirements. ¹¹⁸ Approved training facilities must have a qualified program director who is directly accountable for the program development, classroom instruction, and clinical training provided to students. ¹¹⁹
Course Hours, Training Requirements	Certified Nurse Aides must complete a one hundred and five (105) hour, state-approved nurse aide training program which consists of thirty (30) hours of classroom instruction and seventy-five (75) hours of supervised clinical experience, including at least sixteen (16) hours of directly supervised practical training in the following areas prior to any direct contact with a resident: communication, infection control, safety/emergency procedures, resident's independence, and resident rights. ^{120,121} Students must also complete both the written and skills competency evaluation before being added to the nurse aide registry. The nurse aide written test is one hundred (100) multiple choice questions and requires a minimum eighty percent (80%) pass rate in no more than three (3) attempts. Oral testing is also available for those with appropriate documentation of a disability that requires the test be read to the student. ¹²² The competency evaluation consists of demonstrations of hand hygiene and four (4) additional skills that are randomly chosen. ¹²³ Federal Financial Participation (FFP) funding is available for state expenditures associated with nurse aide training and competency evaluation programs if aide is employed at the time of training or twelve (12) months following training. ¹²⁴ The out-of-pocket cost to the CNA trainee for one exam (written or skills competency), which is offered through Ivy Tech Community College, is \$65 or \$75 for both exams.

¹¹⁶ [IC 16-28-13-3](#) - Crimes Barring Employment at Certain Health Care Facilities

¹¹⁷ [42 CFR 483.152](#) - Requirements for Approval of a Nurse Aide Training and Competency Evaluation Program

¹¹⁸ [IC 16-28-1-11](#) - Certified Nurse Aides; Certification by State Department; Registry

¹¹⁹ [Administrative Standards for IDOH Nurse Aide Training Program](#) |pg.1

¹²⁰ [410 IAC 16.2-3.1-14](#) - Personnel

¹²¹ [42 CFR 483.152](#) - Requirements for Approval of a Nurse Aide Training and Competency Evaluation Program

¹²² [2016 CNA Frequently Asked Questions](#) - Ivy Tech Community College

¹²³ [CNA Certification & Recertification](#) - IDOH Webpage

¹²⁴ [42 CFR 483.158](#) - FFP for Nurse Aide Training and Competency Evaluation

Entry and Training Requirements - CNA

Behavioral Intervention Training	<p>The CNA training curriculum includes topics germane to mental health and social services needs such as: modifying aides' behavior in response to residents' behavior, awareness of developmental tasks associated with the aging process, how to respond to residents' behavior, allowing the resident to make personal choices, and providing and reinforcing other behavior consistent with the resident's dignity.¹²⁵</p>
Reciprocity/Testing Out Availability	<p>Certified Nurse Aides who are in good standing in other states and have worked as a CNA within the past two (2) years may apply to the Indiana nurse aide registry by submitting an application, which must include a copy of current out-of-state certification which shows the registry number and expiration date. If the CNA is from a state which does not provide registry numbers or expiration dates, they are required to submit a letter on employer letterhead with name, job title, and dates of employment from their previous employer in that state that indicates they have worked at least one (1) eight (8) hour shift in the past twenty-four (24) months.¹²⁶</p> <p>Out-of-state CNAs are permitted to work in Indiana for one hundred and twenty (120) days while applying for the registry.¹²⁷</p>
Incumbent Workers/ Grandfathering	<p>Student nurses and recent (i.e., within the past two (2) years graduates) who have not yet taken the professional board examinations but who have successfully completed the Fundamentals of Nursing or equivalent course with a "C" or better, may become certified by successfully completing the competency evaluation written examination.</p> <p>Recent (i.e., within the last two (2) years) nursing school graduates who did not pass the professional board examinations as well as recently (i.e., within the last two (2) years) discharged, documented military medics must successfully complete both the written and skills competency test.¹²⁸</p> <p>NOTE: There is a pathway for states to recognize and enable qualification for individuals who received training/experience prior to 1989.¹²⁹</p>
Certification Length	<p>An individual's initial certification is valid for a two (2) year period and must be renewed to remain active on the nurse aide registry. A CNA must work in nursing or nursing related activities for at least eight (8) hours during each two (2) year renewal cycle.¹³⁰ (Note Private care hours are not accepted in Indiana.) If a CNA's certification is expired for more than eight (8) months, a Certified Nurse Aide (CNA) Renewal Form¹³¹ must be completed in full and submitted to the nurse aide registry by the verifying employer.</p> <p>Facility must complete a performance review every twelve (12) months. If there has been a continuous period of twenty-four (24) consecutive months during which the individual did not provide nursing or nursing-related services for monetary compensation, the individual must complete a new training and competency evaluation.¹³²</p>

¹²⁵ [410 IAC 16.2-3.1-14\(c\)](#) - Personnel

¹²⁶ [410 IAC 16.2-3.1-14\(g\)](#) - Personnel

¹²⁷ [Aides Registry: FAQs](#) | pg. 1

¹²⁸ [How do I Become a CNA](#) - IDOH Webpage

¹²⁹ [42 CFR 483.150](#) - Statutory Basis; Deemed Meeting or Waiver of Requirements

¹³⁰ [Aides Registry: FAQs](#) | pg. 3

¹³¹ [Certified Nurse Aide \(CNA\) Renewal Form](#)

¹³² [410 IAC 16.2-3.1-14\(g\)](#) - Personnel

Entry and Training Requirements - CNA

Continuing Ed Requirements	<p>The facility must complete a performance review of every nurse aide at least once every twelve (12) months and must provide regular in-service education. The in-service training must (1) be sufficient to ensure the continuing competence; (2) be no less than twelve (12) hours per year; (3) address areas of weakness as determined in nurse aides' performance reviews; and (4) address the special needs of residents as determined by the facility staff. Certified Nurse Aides providing services to individuals with cognitive impairments must receive training in the care of the cognitively impaired.¹³³</p>
Trainer Qualifications	<p>Federal regulations require nurse aide training be conducted by or under the general supervision of a registered nurse who possesses a minimum of two (2) years of nursing experience, at least one (1) year of which must be in the provision of facility-based LTSS. Training instructors must have completed a course in teaching adults or have experience in teaching adults or supervising nurse aides.¹³⁴</p> <p>The State of Indiana allows training to be conducted by a licensed practical nurse in good standing with at least one (1) year of licensed nurse experience and will accept a vocational teacher's license as a substitute for the required training in teaching adults. Other qualified individuals (e.g., physician, dietician, social worker) may participate in training with at least one (1) year of experience in their chosen field.¹³⁵</p>

¹³³ [410 IAC 16.2-3.1-14\(h\)](#) - Personnel

¹³⁴ [42 CFR 483.152](#) - Requirements for Approval of a Nurse Aide Training and Competency Evaluation Program

¹³⁵ [Administrative Standards for IDOH Nurse Aide Training Program](#) | pg.1

Qualified Medication Aide (QMA)

WHO ARE THEY?

Qualified Medication Aides (QMAs) are CNAs who have obtained additional training in dispensing and passing medications and applying/administrating treatments. QMAs medication administration. Qualified Medication Aides can provide all the functions of a CNA with the additional ability to administer non-injectable medications and perform health-related tasks. A QMA also has the option to take the insulin administration education module that would qualify them to assist consumers in managing their diabetes and to administer insulin subcutaneously. Much like CNAs, QMAs work with the aging and disabled population under the direct supervision of a RN or LPN, primarily in nursing homes and other residential care facilities.

TRAINING AND CREDENTIALING

In order to be eligible for a QMA training program, a DSW must be a CNA in good standing with over a thousand (1,000) hours of experience. The QMA training and the QMA-Insulin training programs are overseen by IDOH. These trainings adhere to State-developed curriculum and culminates in the passage of a competency evaluation administered by Ivy Tech Community College. To remain active on the registry, QMAs must renew their certification every two (2) years and meet all requirements to maintain their CNA status. In addition, the QMA should complete six (6) hours of medication-related in-service, one (1) hour of insulin in-service training (if applicable, for QMA-Insulin only) each year, and work in a position which includes medication administration for at least eight (8) hours in a twelve (12)-month period.

ADDITIONAL CONSIDERATIONS

Of note, the Indiana statutes governing the QMA program expired in 2015. According to IDOH officials, this authorizing language is currently being reviewed.

Like CNAs, qualified nursing students, recent nursing school graduates, Indiana-trained psychiatric attendants, and out-of-state QMAs in good standing can pursue an expedited certification process.

Qualified Medication Aide (QMA)

Worker Description	
Division	Indiana Department of Health (IDOH)
Primary Reference Sources	<ul style="list-style-type: none"> – IC Title 16 Article 28 – Health Facilities – 410 IAC Article 16.2 – Health Facilities: Licensing and Operational Standards – QMA Insulin Administration Modules – IDOH QMA Webpages – IDOH Aides Registry: FAQ – QMA Testing FAQ – Ivy Tech Community College – Qualified Medication Aide - Scope of Practice
Job Functions	In addition to CNA functions, a QMA also has the ability to dispense and administer non-injection medications and treatments, including diabetic testing and specimen collection, under the direct supervision of a registered nurse or a licensed practical nurse. ¹³⁶ A QMA has the option to complete additional training in insulin administration. ¹³⁷
Healthcare/ Medication Roles	<p>A QMA may administer certain non-injectable medication, including PRN medications if authorized by a licensed nurse or physician,¹³⁸ and perform light medical procedures.¹³⁹</p> <p>Qualified Medication Aides who have completed the optional Insulin Administration Education Module¹⁴⁰ may also administer injectable insulin.¹⁴¹</p>
Populations Served	Persons aged sixty-five (65) or older, persons with developmental disabilities, persons with mental illness, persons with dementia, children. ¹⁴²
Settings	Assisted Living, long-term care, comprehensive care, intermediate care, and residential care facilities. ¹⁴³
Supervision	Registered Nurse (RN) or Licensed Practical Nurse (LPN). ¹⁴⁴
Entry and Training Requirements	
Minimum Employment Requirements	To qualify for the QMA training program, an individual must be a CNA with current certification and in good standing on the Indiana nurse aide registry and must be at least eighteen (18) years of age, have proof of a high school diploma or equivalent, and have worked at least one thousand (1,000) documented hours employed as a CNA in the previous twenty-four (24) months. ¹⁴⁵
Prohibitions	An individual with a finding on the State nurse aide registry, with a conviction on certain felony offenses, who has abused, neglected, or mistreated a patient or misappropriated a patient's property. ¹⁴⁶

¹³⁶ [IC 16-28-1-11](#) - Qualified Medication Aides and Certified Nurse Aides; Certification by State Department; Registry

¹³⁷ [IC 16-28-1-11.5](#) - Qualified Medication Aide Prohibited from Injecting Medicines; Exception

¹³⁸ [410 IAC 16.2-5-4\(e\)\(6\)](#) - Health Services

¹³⁹ [Qualified Medication Aide - Scope of Practice](#)

¹⁴⁰ [QMA Insulin Administration Education Module](#) - Information

¹⁴¹ [QMA Insulin Administration Education Module](#) - Information

¹⁴² [410 IAC 16.2-5-1.4\(d\)\(1\)](#) - Personnel

¹⁴³ [410 IAC Article 16.2](#) - Health Facilities; Licensing and Operational Standards

¹⁴⁴ [Aides Registry: FAQs](#) | pg. 5

¹⁴⁵ [Aides Registry: FAQs](#) | pg. 4

¹⁴⁶ [IC 16-28-13-3](#) - Crimes Barring Employment at Certain Health Care Facilities

Entry and Training Requirements - QMA

Oversight of Training Content	<p>IDOH approves education & training programs including course and in-service requirements and determines the standards and functions that may be performed by QMAs.¹⁴⁷</p> <p>An approved QMA training program is responsible for documenting students' progress and competency. All approved QMA training programs are eligible to conduct the Insulin Administration Education Module.¹⁴⁸</p>
Course Hours, Training Requirements	<p>The QMA certification training program is a one hundred (100) hour course, including forty (40) hours of supervised practical training under the direct supervision of an RN or LPN and sixty (60) hours of classroom instruction,¹⁴⁹ followed by a written competency evaluation administered by Ivy Tech Community College.</p> <p>In addition to the QMA certification, students have the option of attaining a QMA-Insulin Administration sub-type certification by successfully completing the Insulin Administration Education Module.¹⁵⁰ The module consists of four to eight (4-8) hours of classroom curriculum¹⁵¹ and two to four (2-4) hours of practical, 1:1 training with an RN. Students must then successfully complete a skills competency checklist, which is administered by a QMA training program approved program director, with one hundred percent (100%) accuracy,¹⁵² and pass a written competency examination, which consists of twenty-five (25) multiple choice questions, with a score of eighty-eight percent (88%) or better, within three (3) attempts in one (1) year.¹⁵³</p> <p>Employing facilities must also ensure that QMAs are able to demonstrate competency in skills and techniques necessary to meet residents' needs, as identified through resident assessments and described in residents' individualized care plan.¹⁵⁴</p>
Behavioral Intervention Training	Not specified

¹⁴⁷ [IC 16-28-1-11](#) – Qualified Medication Aide and Certified Nurse Aide; Certification by State Department; Registry

¹⁴⁸ [QMA Insulin Administration Education Module](#) - Information

¹⁴⁹ [QMA Testing FAQ](#) – Ivy Tech Community College of Indiana

¹⁵⁰ [QMA Insulin Administration Education Module](#) - Information

¹⁵¹ [QMA Insulin Administration Education Module](#) - Student Manual

¹⁵² [Insulin Administration for QMA - Competency Checklist](#)

¹⁵³ [QMA Insulin Administration Education Module](#) - Information

¹⁵⁴ [410 IAC 16.2-3.1-14\(j\)](#) - Personnel

Entry and Training Requirements - QMA

Reciprocity/Testing Out Availability	<p>An individual who is certified as both a QMA and CNA in another state may petition IDOH for an exemption from the Indiana QMA training course and supervised practicum. The petition shall be in writing and shall include proof that the applicant is a QMA & CNA in good standing in that state, and verification of QMA/CNA work experience in that state. If the petition is granted, the individual must pass the competency evaluation before they can be certified as a QMA in Indiana.¹⁵⁵ Out of state QMAs who are not also CNAs must first become CNA-certified in Indiana.</p> <p>An out-of-state transfer cannot work as a QMA in Indiana while waiting to test but may work as a CNA for one hundred and twenty (120) days if their other state certification is active and in good standing.¹⁵⁶</p>
Incumbent Workers/ Grandfathering	<p>Currently enrolled nursing students who have completed a pharmacology or equivalent course with a “C” or better are exempt from the sixty (60) hour classroom training but must complete the forty (40) hour supervised practicum and pass the written competency examination.</p> <p>Indiana-trained psychiatric attendants currently employed in an Indiana state psychiatric hospital as a psychiatric attendant are exempt from the CNA training and certification requirement, but must complete the QMA classroom and practicum training and successfully complete the QMA written competency evaluation.¹⁵⁷</p>
Certification Length	<p>If a QMA has a CNA certification, they must complete both the CNA and QMA in-service requirements or the QMA certification will expire the same day as their CNA certification.¹⁵⁸ Each QMA must have administered medications at least eight (8) hours in the last twelve (12) months to be eligible for renewal.¹⁵⁹</p> <p>If a QMA does not have a CNA certification (applicable to psychiatric attendants only), the QMA will expire every two (2) years.</p>
Continuing Ed Requirements	<p>Qualified Medication Aides are required to complete six (6) hours of medication related in-service education each year¹⁶⁰ and, for QMAs administering insulin, one (1) additional hour of insulin in-service training.¹⁶¹ If not completed, QMA certification will expire and the one hundred (100)-hour training course and competency evaluation must be retaken.</p>
Trainer Qualifications	<p>The director of a QMA training program must complete a program director education course to review program operational standards to be used in the development and presentation of an educational program for QMAs.¹⁶²</p> <p>The Insulin Administration Education Module must be conducted by a program director approved by IDOH for the QMA training program.¹⁶³</p>

¹⁵⁵ [Aides Registry: FAQs](#) | pg. 4

¹⁵⁶ [Aides Registry: FAQs](#) | pg. 4

¹⁵⁷ [How Do I Become a QMA](#) - IDOH Webpage

¹⁵⁸ [Aides Registry: FAQs](#) | pg. 4

¹⁵⁹ [Aides Registry: FAQs](#) | pg. 5

¹⁶⁰ [Aides Registry: FAQs](#) | pg. 5

¹⁶¹ [QMA Insulin Administration Education Module](#) - Information

¹⁶² [QMA Program Director - Train the Trainer](#)

¹⁶³ [QMA Insulin Administration](#) - IDOH Webpage

Glossary of Terms

- **Activities of Daily Living (ADL)** - Basic activities and personal care tasks necessary for functional living such as feeding, dressing, bathing, and moving from one place to another.
- **CDAC (Consumer-Directed Attendant Care)** - A program that allows individuals to direct their own care and have the option of choosing their own care attendants while serving as their caregivers' employer. Also referred to as self-directed attendant care.
- **Competency-Based Training** - A training approach where learning of taught concepts must be demonstrated through acceptable, observable performance (whether in role playing or in real time settings).
- **Consumer** - An active consumer under Medicaid Section 1915(c) HCBS waiver. Also referred to as "client" or "participant."
- **Finding on the Nurse Aide Registry** - The status the State of Indiana uses to indicate that an aide has a finding of abuse, neglect, or misappropriation. An individual cannot work as an aide with a finding.
- **Home and Community-Based Services (HCBS)** - Support services provided in a consumer's residence, community, or place of employment to assist in maintaining or restoring participation in community activities and aid in preventing or delaying admission into a nursing facility or group home.
- **Individual Service Plan (ISP)** - The plan written by the case manager following a comprehensive assessment that includes a written explanation of the consumer's need for the waiver services, including what provider(s) are to be used, how the services protect the consumer's health and wellness, any needs that will not be met, and a description of emergency backup plans.
- **Instrumental Activities of Daily Living (IADL)** - Everyday activities that promote independence and can improve one's quality of life such as cooking, cleaning, transportation, and finance management.
- **Nurse Aide Registry** - The Indiana Department of Health maintains the Certified Nurse Aide, Home Health Aide, and Qualified Medication Aide Registries. These registries list the names of aides who meet federal and/or state requirements to work in Indiana.
- **Waiver Program** - Allows Indiana's Medicaid Section 1915(c) HCBS programs to cover services and supports provided in a person's home or other community-based setting rather than in a Medicaid-funded institution (such as a nursing facility). Waiver refers to the waiving of certain federal requirements that would otherwise apply to Medicaid-funded services and supports.