



Indiana State Department of Health

**Report of the Indiana Health Care Facilities Task Force
P.L. 99 (2017)**

August 2018

**Indiana State Department of Health
2 North Meridian
Indianapolis, IN 46204**

Kristina Box, M.D., FACOG
Indiana State Health Commissioner

This report was published by the Indiana State Department of Health on August 31, 2018, and may be found online at www.in.gov/isdh. For more information on this report, contact:

Jennifer O'Malley
Director of Office of Public Affairs
Indiana State Department of Health
2 N. Meridian St.
Indianapolis, IN 46204
Phone: (317) 233-7315
Email: jomalley@isdh.in.gov

Table of Contents

<u>Topic</u>	<u>Page</u>
Abbreviations and Acronyms	03
Executive Summary	04
Establishment of the Indiana Health Care Facilities Task Force	05
Membership of the Task Force	06
Meetings of the Task Force	07
Findings	
Survey and review of the survey process and use of third party accreditation	08
Study and review American Institute of Architects guidelines	12
Study and review of National Fire Protection Association standards	15
Recommendations	16
References	17
Appendices	
Appendix A: CMS Deemed Organizations	18
Appendix B: House Enrolled Act 1260 (2018) – P.L. 81-2018	20
Appendix C: Current Health Care Facility Design Requirements	22
Appendix D: Health Care Facility Radiology Design Standards	24
Appendix E: Health Care Facility Design and Life Safety Code Versions ..	25
Appendix F: Health Care Facility Life Safety Code Standards	27

Abbreviations and Acronyms

The following abbreviations and acronyms are used in this report:

AIA	American Institute of Architects
CMS	Centers for Medicare and Medicaid Services
FGI	Facility Guidelines Institute
ISDH	Indiana State Department of Health
LSC	Life Safety Code
NFPA	National Fire Protection Association

Executive Summary

The Indiana General Assembly passed legislation in 2017 creating the Indiana Health Care Facilities Task Force (“Task Force”). The Task Force was charged with studying the current survey process for hospital and health facility licensing and the use of accreditation organizations. The Task Force was also charged with studying the design and construction guidelines and fire protection standards for hospitals and health care facilities. The Task Force is required to submit a report to the governor and the legislative council setting forth the task force’s findings and recommendations.

The Task Force met nine times from July 2017 to August 2018. In order to obtain information and input, the Task Force invited presentations from several organizations to include The Joint Commission, Health Facilities Accreditation Program (HFAP), and American Institute of Architects (AIA) of Indiana. The Task Force invited written comments from other interested parties.

The Task Force met on August 3, 2018, to make final recommendations. The following were recommendations of the Task Force:

Recommendation 1: The Task Force recommends that the ISDH promulgate rules to adopt the *FGI Guidelines for Design and Construction of Hospitals – 2018 Edition*; *FGI Guidelines for Design and Construction of Outpatient Facilities (2018 Edition)*; and *FGI Guidelines for Design and Construction of Residential Health, Care, and Support Facilities (2018 Edition)*.

Recommendation 2: The Task Force recommends that the ISDH promulgate rules to adopt the *NFPA 99 Health Care Facilities Code – 2012 Edition* and the *NFPA 101 Life Safety Code – 2012 Edition*.

Establishment of the Indiana Health Care Facilities Task Force

The Indiana General Assembly passed legislation establishing the Indiana Health Care Facilities Task Force. Senate Enrolled Act (SEA) 112 [P.L. 99-2017] became effective July 1, 2017, and stated:

IC 16-19-4.5

Sec. 1. As used in this chapter, “task force” refers to the Indiana health care facilities task force established by section 2 of this chapter.

Sec. 2. The Indiana health care facilities task force is established.

Sec. 3. The task force shall do the following:

- (1) Study and review the current surveying process for hospital and health facility licensure and explore ways to make the process of hospital and health facility licensure more efficient through the use of third party accreditation authorities.
- (2) Study, review, and update the American Institute of Architects guidelines for the design and construction of hospitals and health care facilities.
- (3) Study, review, and update National Fire Protection Association standards for hospitals and health care facilities.
- (4) Submit a report to the governor and the legislative council setting forth the task force’s findings and recommendations not later than August 31, 2018. A report to the legislative council under the subdivision must be in an electronic format under IC 5-14-6.

Sec. 4.

- (a) The membership of the task force shall consist of the following individuals:
 - (1) The commissioner of the state department.
 - (2) The Indiana department of homeland security’s state fire marshal.
 - (3) A representative of the Indiana Hospital Association.
 - (4) A representative of the Indiana Health Care Association.
 - (5) A representative of the American Institute of Architects (Indiana).
 - (6) A representative of the Indiana Society for Healthcare Engineering.
 - (7) Any other stakeholder designated by the chairperson of the task force.
- (b) The commissioner of the state department of health shall serve as the chairperson of the task force.

Sec. 5.

- (a) A quorum of the task force shall consist of four (4) members. The task force may satisfy a quorum by allowing task force members to establish their presence telephonically.
- (b) The affirmative vote of at least four (4) task force members is necessary for any action to be taken by the task force, including the approval of the report described in section 3(4) of this chapter.

Sec. 6. All state agencies and representatives of the task force shall fully cooperate with the task force and provide data and other information to assist the task force in carrying out the responsibilities described in section 3 of this chapter.

Sec. 7. This chapter expires June 30, 2019.

Membership of the Health Care Facilities Task Force

Indiana State Health Commissioner
Kristina Box, MD, FACOG
State Health Commissioner
Indiana State Department of Health

Designee for State Health Commissioner:
Trent Fox
Chief of Staff
Indiana State Department of Health

Indiana State Fire Marshal
Designee for State Fire Marshal:
Craig E. Burgess, AIA, NCARB, CPE, CBI, LEED AP
Indiana State Building Commissioner
Office of the State Fire Marshal
Indiana Department of Homeland Security

Indiana Hospital Association
Julie Halbig
Vice President, Legislative Relations
Indiana Hospital Association

Indiana Health Care Association (IHCA)
Lori Davenport
Director of Regulatory and Clinical Affairs
Indiana Health Care Association

American Institute of Architects (AIA) Indiana
Gary L. Vance, FAIA, FACHA, LEED AP
President
Vance Consulting, LLC
Carmel, IN

Indiana Society for Healthcare Engineering
Matthew Royal, CHSP, CHEP-FSM, CHTM, CLSO-M, CHC, CHFM, CBET
Director, Biomedical Engineering
Eskenazi Health
Indianapolis, IN

Indiana Disability Rights
Dawn M. Adams, J.D.
Executive Director
Indiana Disability Rights

Meetings of the Task Force

The Task Force met on the following dates at the Indiana State Department of Health:

July 10, 2017
August 21, 2017
September 18, 2017
October 26, 2017
December 18, 2017
January 25, 2018
March 22, 2018
June 11, 2018
August 3, 2018

Findings and Discussion

Study and review of the use of third party accreditation in the hospital survey process

The Task Force was directed to “study and review the current surveying process for hospital and health facility licensure and explore ways to make the process of hospital and health facility licensure more efficient through the use of third party accreditation authorities” (IC 16-19-4.5).

The Task Force invited and received presentations from the following entities:

- Jennifer Hoppe, Senior Associate Director, The Joint Commission
Ms. Hoppe reviewed recognition of hospital accreditation by states. Forty-eight (48) states rely on accreditation in lieu of state surveys. To transition to accreditation surveys, The Joint Commission completes a crosswalk to identify gaps between state rules and accreditation standards.
- Meg Gravesmill, Chief Executive Officer, Accreditation Association for Hospital and Health Systems (AAHHS) and the Health Facility Accreditation Program (HFAP)
Ms. Gravesmill gave a presentation on HFAP accreditation and discussed the accreditation process. HFAP is the oldest accreditation organization, having been established in 1945. About seventy (70) hospitals in Indiana are HFAP accredited.

Licensing, Certification, and Accreditation

The Indiana State Department of Health (ISDH) is the state licensing agency for twelve (12) types of health care facilities and has state oversight responsibilities for another three (3) types of facilities. In its state licensing capacity, ISDH conducts periodic surveys of facilities to determine compliance with state licensing rules.

In order to be eligible to receive Medicare reimbursement, health care facilities must demonstrate compliance with the Medicare conditions of participation, conditions for coverage, or conditions for certification. The Centers for Medicare and Medicaid Services (CMS) is the federal Medicare certification agency. CMS designates state agencies to serve as the state survey agency for health care facility certification. ISDH is the CMS designated state survey agency in Indiana. In that capacity, ISDH conducts certification surveys on behalf of CMS for twenty (20) types of providers. CMS is responsible for the certification of providers for participation in the Medicare program.

Health care facilities and providers may become accredited by a private accreditation organization, which is voluntary. There currently is no requirement that a provider become accredited. Accreditation organizations adopt standards for a provider type based on laws and regulations of respective jurisdictions. Accreditation is generally a three-year cycle. The accreditation organization conducts a survey of the facility usually once every three years to confirm compliance with accreditation standards, which are based on the respective state’s laws and regulations.

“Deemed” Status

The Social Security Act allows facilities to demonstrate compliance with federal regulations through CMS-approved accreditation organizations. An accreditation organization may submit its accreditation program for CMS review and approval. CMS reviews the accreditation standards to confirm compliance with conditions of participation, survey processes and procedures, training, oversight of provider entities, and enforcement. If approved by CMS, an accreditation organization is considered to be “deemed” by CMS to have met applicable Medicare conditions.

The concept of “deemed status” applies to federal certification. A hospital that is CMS certified and accredited by one of the four CMS approved accreditation organizations is considered to be “deemed” to be in compliance with certification standards. If a hospital is considered to be deemed, then the state survey agency does not perform the certification survey. The accreditation survey is accepted in lieu of the certification survey performed by the state survey agency.

A health care facility that is not accredited by an approved accreditation organization is not deemed. If a hospital is not deemed, then the state survey agency conducts the certification survey on behalf of CMS.

As part of its accountability process, CMS requires state survey agencies to conduct “validation surveys” to validate the accreditation surveys. CMS determines how many and what hospitals receive a validation survey, but it is generally about 5 percent of the total number of accreditation surveys in a given year. CMS is required to issue a report reviewing Medicare’s program for oversight of accrediting organizations. The reports for federal fiscal years (FFY) 2015 and 2016 found that the state survey agency surveys identified more deficiencies than the accreditation surveys. [U.S. Department of Health and Human Services, FFY 2015 and FFY 2016 Reports to Congress]

State Licensing and Deemed Status

As part of the state licensing process for hospitals, ISDH performs periodic licensing surveys. ISDH accepts accreditation surveys in lieu of a state licensing for the year in which the accreditation survey was completed. If the hospital provides a copy of the accreditation survey report to ISDH, the agency reviews the report to determine if there were significant issues cited on the survey report. Unless there would be a significant issue that needs to be addressed, ISDH accepts the accreditation survey and does not perform a state licensing survey in the year of the accreditation survey.

Licensing and certification surveys are referred to as standard surveys. Besides the standard surveys, the ISDH must perform complaint surveys. Anyone may submit a complaint to the state survey agency about a facility. When a complaint is received, the complaint is prioritized based on factors to include the scope and severity of the allegation. In its role as the state survey agency, CMS may direct ISDH to conduct a complaint survey. Those are limited surveys and conducted independently of a standard survey unless there happens to be an imminent standard survey planned. Because the state survey agency must still perform complaint surveys, ISDH generally performs one state licensing survey between accreditation surveys that also includes any state licensing or federal certification complaints.

If a hospital is not accredited by a CMS-approved accreditation organization, then ISDH completes all certification surveys. The standard certification survey is done simultaneously with a state licensing survey. If a hospital is not certified (state licensed only), ISDH conducts state licensing surveys.

Findings

One of the primary questions presented to the Task Force was whether accreditation should be accepted in lieu of state licensing surveys and incorporated into state licensing rules

In studying the issue, the Task Force first identified the CMS-approved accreditation organizations. For hospitals, CMS has approved four accreditation organizations. [CMS S&C 16-07-AO] Appendix A lists the approved organizations for all providers. It is noted that there are currently no approved accreditation organizations for skilled nursing facilities (nursing homes) so therefore no deemed status for that provider type.

The Task Force discussed complaint surveys. Complaint surveys are limited surveys focusing on a specific situation. Complaints may be submitted by anyone and may be anonymous. As the state survey agency or state licensing agency, the ISDH conducts complaint surveys. When ISDH receives a complaint about a hospital, the complaint is prioritized and reviewed by CMS. If CMS determines that the complaint is a priority, CMS directs the state survey agency to perform a complaint survey. Other complaints may be referred to the state survey agency or accreditation organization for inclusion in the next standard survey. The concept of a deemed status does not impact complaints. There was discussion of a continuing need for ISDH to provide consumers with a process for addressing complaints in a timely manner.

In 2018, the Indiana General Assembly passed House Enrolled Act 1260 (P.L. 81-2018). [Appendix B] This legislation addressed the issue of deemed status for hospital accreditation. The legislation requires ISDH to issue a license to a hospital that has received accreditation by a recognized accrediting organization without ISDH conducting an annual survey. The legislation confirmed that ISDH may investigate a complaint against an accredited hospital.

Indiana was an outlier among 45 states in not allowing national accrediting in lieu of annual licensing surveys. By switching to such a model, critical resources can be targeted toward consumer complaints and other facilities. The Task Force found that the 2018 legislation resolved the question of accepting accreditation by a recognized accrediting organization without a state annual survey and confirmed that ISDH may investigate complaints. The Task Force therefore made no formal recommendation on this item.

Study and review of American Institute of Architects guidelines

The Task Force was directed to “study, review, and update the American Institute of Architects guidelines for the design and construction of hospitals and health care facilities.” IC 16-19-4.5. It is noted that the referenced guidelines are now the FGI *Guidelines for Design and Construction*.

The Task Force invited and received a presentation from the following entity pertaining to hospital design guidelines:

- Gary Vance, American Institute of Architects of Indiana
Reviewed FGI standards and the establishment and review process of those standards.

Background on Design Guidelines

The Facility Guidelines Institute (FGI) is an independent organization dedicated to developing guidance for the planning, design, and construction of hospitals, outpatient facilities, and residential health, care, and support facilities. The FGI *Guidelines for Design and Construction* has a long history dating back to 1947, when general standards appeared in the Federal Register. [FGI History, 2018]

The standards have been revised from time to time. In 1974, the document was retitled as *Minimum Requirements of Construction and Equipment for Hospital and Medical Facilities*. The 1983-84 edition was the last version published by the federal government. In 1984, the U.S. Department of Health and Human Services (HHS) removed from regulation the minimum standards upon the expiration of a related grant program. [FGI History, 2018]

HHS asked the American Institute of Architects (AIA) to form an advisory group to work on future revisions. The 1992-93 edition was the first published and distributed by the AIA. In 1998, the FGI was founded as an independent corporation and took over publication of revisions. The 2001 edition was the first revision cycle to be completed under the FGI. Revisions over the years have continued to be funded by CMS, with AIA continuing to provide staff and technical support. [FGI History, 2018]

The most recent version of the FGI Guidelines was published in the spring of 2018. Because of the size, FGI has split the guidelines into three volumes. This makes it more cost effective for facilities and designers that are only interested in one facility type. The three volumes are:

- *FGI Guidelines for Design and Construction of Hospitals – 2018 Edition*
- *FGI Guidelines for Design and Construction of Outpatient Facilities (2018 Edition)*
- *FGI Guidelines for Design and Construction of Residential Health, Care, and Support Facilities (2018 Edition)*

FGI Guidelines are updated every four years through a consensus process that includes public input. States are generally responsible for their building codes. The FGI Guidelines are often adopted by states as a supplement to state building codes to provide standards for health care facility design. Thirty-nine (39) states have adopted some edition of the FGI Guidelines. Four states have not adopted but allow use of the guidelines as an alternative path to compliance. Seven states do not use the guidelines in any official capacity, although most appear to use the documents for reference. [FGI State Adoption, 2018] FGI provides support and resources to state reviewers, architects, and engineers to assist in utilizing the guidelines.

Findings

The Task Force reviewed state rules to identify the current requirements for health care facilities. Appendix C provides a summary of current requirements. All facilities are required to comply with the state fire and building code requirements under the Indiana Department of Homeland Security. As part of the state hospital licensing rules, hospitals are required to meet:

- *Guidelines for Design and Construction of Hospital and Health Care Facilities* (2001 Edition)
- *National Committee on Radiation Protection (NCRP) Reports, Number 49* (September 15, 1976 Edition)
- *National Committee on Radiation Protection (NCRP) Reports, Number 10249* (June 30, 1989 Edition)

CMS does not have design requirements in its regulations. Accreditation standards generally require the hospital to comply with state requirements. If there are no state requirements, the organization sets its own standard. The Joint Commission, for instance, uses FGI Guidelines 2010 as its default version.

The Task Force reviewed the FGI Guidelines to determine the current version. Current versions are described in Appendix C and D. In April 2018, FGI published the 2018 Edition of FGI Guidelines. The ISDH purchased copies of the three-volume edition and provided them for each Task Force member to review.

The Task Force reviewed differences between the 2001, 2014, and 2018 FGI Guidelines. The 2018 FGI Guidelines provide updates on state-of-the-art improvements in approaches to care, improvements in design and operations, and improvements in technology and equipment. These areas have dramatically evolved since the 2001 guidelines were developed. The 2001 version, therefore, has a number of outdated provisions. For instance, the 2001 version requires a radiology darkroom and film processing. Most radiology departments are now digital, so there is no need for a darkroom. Another example is a provision requiring a pay phone. With the prevalence of cell phones, this requirement is outdated and unnecessary. To comply with rules, architects request a waiver of rules as allowed by statute. This is time consuming and costly both for architects and the state department. The current versions have been updated to remove these type of issues. The Task Force discussed differences in standards across the various editions and design and construction cost estimates for the various editions.

The Task Force discussed the process for updating state rules to adopt the current version of the FGI Guidelines. There were questions as to whether the ISDH could adopt a rule that would automatically recognize the latest version of FGI Guidelines. Half of states allow updating to the current version automatically. ISDH reviewed the question. Rules may incorporate standards into rule, such as the FGI Guidelines, but must refer to a specific edition or version. When a new version is published, ISDH must promulgate new rules to update to the new version. The reason is to give notice of the rule change and allow for public comment. ISDH therefore cannot adopt a rule that would automatically update to the most current version of the FGI Guidelines.

The Task Force discussed whether to adopt design guidelines in full or in part. The general discussion was that adopting in part would create confusion. It is easier for designers to have the guidelines adopted in full and then request waivers for specific issues.

The adoption of new guidelines would not be retroactive. New guidelines would only be enforced in the case of a renovation or new construction. If the rules are updated to a newer version of design

requirements, an existing hospital would not have to meet those standards even if they are more stringent except for a significant renovation or new addition.

FGI Guidelines, Life Safety Code (NFPA) standards, and the state building code are different standards. Disability guidelines are in the Americans with Disabilities Act (ADA) regulations.

The Task Force inquired as to the process for adopting new rules. Updating state rules does not require new legislation. ISDH has authority to update rules following state rulemaking requirements. Rules expire after seven years and must be readopted. The hospital rules were readopted in January 2018. The current rules, therefore, do not expire until December 2024. There are a number of steps in the rule promulgation process. The following is a quick overview:

- The agency must obtain several preliminary approvals. These include reviews for economic impact, small business impact, and impact on families.
- Once required approvals are completed, the department files and publishes a “notice of intent to adopt a rule.”
- ISDH publishes a draft rule for public review.
- ISDH hosts a public hearing on the proposed rule.
- After review of comments, ISDH prepares a proposed final rule.
- The proposed final rule goes to the ISDH Executive Board for adoption.
- The rule promulgation process normally takes at least six to nine months to complete.

The Task Force invited comments from the public and organizations. AIA of Indiana recommended that Indiana adopt the 2018 FGI Guidelines. There was discussion about how the new guidelines would be phased in to provide architects with adequate notice for implementation. Any recommendation to adopt new guidelines would have to go through the state rule promulgation process prior to new guidelines becoming effective. That process generally takes at least six to nine months from the time that it begins and includes the opportunity for public comment. This process would therefore provide adequate notice to designers as to the planned updating of new guidelines.

The Indiana Federation of Ambulatory Surgical Centers (IFASC) commented that utilizing an older version of FGI Guidelines creates confusion as to the required standards when constructing new facilities. IFASC recommended that the State adopt the most recent version and adopt updates as they occur in order to maintain up-to-date guidelines.

The role of the State Building Commissioner and State Fire Marshal as the building code expert is to confirm that none of the proposed guidelines are in explicit conflict with the state building codes. The focus is on searching for these conflicts and not on the advisability of any guidelines as it pertains to the practice of health care facility design. The building code generally includes areas such as external environment, building materials, electrical, and plumbing. The FGI Guidelines focus on design needed for healthcare infrastructure. The two therefore tend not to overlap. One suggestion was to include a statement that the building code is the minimum design requirement and all work is required to comply with currently-adopted rules of the Indiana State Fire Prevention and Building Safety Commission.

The Task Force found that adopting the 2018 FGI Guidelines would improve efficiency and reduce costs for designers, facilities, and state agencies and found that the adoption would improve the health, safety, and welfare of Hoosiers. The Task Force adopted a recommendation based on its findings.

Study and review of National Fire Protection Association standards

The Task Force was directed to “study, review, and update National Fire Protection Association standards for hospitals and health care facilities.” IC 16-19-4.5.

Background

The National Fire Protection Association (NFPA) is a nonprofit organization established in 1896 that is devoted to eliminating death, injury, property and economic loss resulting from fire, electrical, and related hazards. The NFPA has created over 300 codes and standards. [NFPA 2018]

The NFPA 101 Life Safety Code is the most widely used source on building construction, protection, and occupancy design to minimize fire and related hazards. NFPA 101 is adopted in 43 states. NFPA 99 Health Care Facilities Code is specifically directed at the installation, testing, and maintenance of fire protection systems in health care facilities. [NFPA 2018]

Findings

The Task Force reviewed state rules and federal regulations for the Life Safety Code. The current Life Safety Code requirements are described in Appendix F. The ISDH currently requires NFPA 99 (1993 Edition) and NFPA 101 (2000 Edition).

The Task Force identified the current versions of the Life Safety Code. Appendix E lists the newest published versions. NFPA updates its codes every three years. The newest version is NFPA 99 and 101 (2018 Edition). [NFPA 2018]

On July 5, 2016, CMS updated its requirements to the NFPA 99 (2012 Edition) and NFPA 101 (2012 Edition). [CMS S&C 16-29-LCS] Deemed accreditation organizations require the same Life Safety Code requirements as CMS.

The Indiana Federation of Ambulatory Surgical Centers (IFASC) commented that the State and Medicare versions of NFPA standards do not coincide, which creates confusion. They recommended that the State mimic the version adopted by Medicare and adopt updates to remain consistent with the Medicare requirements as they occur.

While there are newer versions of the codes, CMS adopted the 2012 version. The Task Force recommended that the ISDH adopt that version as well so that licensing, certification, and accreditation would be using the same standard.

Recommendations

The Health Care Facility Task Force passed the following recommendations:

Recommendation 1: The Task Force recommends that the ISDH promulgate rules to adopt the *FGI Guidelines for Design and Construction of Hospitals – 2018 Edition*; *FGI Guidelines for Design and Construction of Outpatient Facilities (2018 Edition)*; and *FGI Guidelines for Design and Construction of Residential Health, Care, and Support Facilities (2018 Edition)*.

Recommendation 2: The Task Force recommends that the ISDH promulgate rules to adopt the *NFPA 99 Health Care Facilities Code – 2012 Edition* and the *NFPA 101 Life Safety Code – 2012 Edition*.

References

Facility Guidelines Institute (2018). *Guidelines for Design and Construction of Hospitals*. St. Louis, MO: FGI.

Facility Guidelines Institute (2018). *History of the guidelines*. Retrieved July 27, 2018, from <https://www.fgiguideines.org/>.

Facility Guidelines Institute (2018). *State adoption of the FGI Guidelines*. Retrieved July 27, 2018, from <https://www.fgiguideines.org/>.

National Fire Protection Association (2011). *NFPA 101 Life Safety Code*. Quincy, MA: NFPA.

National Fire Protection Association (2018). *Codes and Standards*. Retrieved August 2, 2018, from <https://www.nfpa.org>.

U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services (January 29, 2016). *FY 2015 Report to Congress: Review of Medicare's program oversight of accrediting organizations and the Clinical Laboratory Improvement Amendments of 1988 validation program*: CMS Survey and Certification Group advisory S&C 16-07-AO. Baltimore, MD.

U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services (July 28, 2017). *FY 2016 Report to Congress: Review of Medicare's program oversight of accrediting organizations and the Clinical Laboratory Improvement Amendments of 1988 validation program*: CMS Survey and Certification Group advisory S&C 17-40-AO. Baltimore, MD.

U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services (June 20, 2016). *Adoption of the 2012 edition of the National Fire Protection Association (NFPA) 101 – Life Safety Code and 2012 edition of the NFPA 99 – Health Care Facilities Code*: CMS Survey and Certification Group advisory S&C 16-29-LSC. Baltimore, MD.

U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services (January 12, 2018). *Clarification of the accrediting organization's role when a provider or supplier's deemed status has been temporarily removed*: CMS Quality, Safety, and Oversight Group advisory QSO 18-12. Baltimore, MD.

Appendix A
CMS Deemed Accreditation Organizations

Provider	CMS Deemed Accreditation Organizations
<p>CMS has approved accreditation programs for the following Medicare facility types:</p> <ul style="list-style-type: none"> • hospitals, • psychiatric hospitals, • critical access hospitals (CAHs), • home health agencies (HHAs), • hospices, • ambulatory surgery centers (ASCs), • outpatient physical therapy and speech-language pathology services (OPTs), • rural health clinics (RHCs). 	<p>There are currently ten CMS approved Medicare accreditation organizations (AO):</p> <p>Ambulatory Surgery Centers (ASC)</p> <ul style="list-style-type: none"> • Accreditation Association for Ambulatory Health Care (AAAHC) • American Association for Accreditation of Ambulatory Surgery Facilities (AAAASF) • American Osteopathic Association Healthcare Facilities Accreditation Program (AOA/HFAP) • Institute for Medical Quality (IMQ) • The Joint Commission (JC) <p>Critical Access Hospitals (CAH)</p> <ul style="list-style-type: none"> • DNV GL – Healthcare (DNV GL) • American Osteopathic Association Healthcare Facilities Accreditation Program (AOA/HFAP) • The Joint Commission (JC) <p>Home Health Agencies (HHA)</p> <ul style="list-style-type: none"> • Accreditation Commission for Health Care, Inc. (ACHC) • Community Health Accreditation Program (CHAP) • The Joint Commission (JC) <p>Hospice Agencies</p> <ul style="list-style-type: none"> • Accreditation Commission for Health Care, Inc. (ACHC) • Community Health Accreditation Program (CHAP) • The Joint Commission (JC) <p>Hospitals</p> <ul style="list-style-type: none"> • Center for Improvement in Healthcare Quality (CIHQ) • DNV GL – Healthcare (DNV GL) • American Osteopathic Association Healthcare Facilities Accreditation Program (AOA/HFAP) • The Joint Commission (JC) <p>Psychiatric Hospitals</p> <ul style="list-style-type: none"> • The Joint Commission (JC) <p>Outpatient Therapy Services (OPT)</p> <ul style="list-style-type: none"> • American Association for Accreditation of Ambulatory Surgery Facilities (AAAASF) <p>Rural Health Clinics</p> <ul style="list-style-type: none"> • American Association for Accreditation of Ambulatory Surgery Facilities (AAAASF) • The Compliance Team (TCT)

	Source: CMS SC 16-07-AO (January 29, 2016)
Clinical Laboratories	<p>There are currently another seven accreditation organizations (AO) approved under CLIA:</p> <ul style="list-style-type: none">• American Association of Blood Banks (AABB)• American Association for Laboratory Accreditation (AALA)• American Osteopathic Association (AOA)• American Society for Histocompatibility and Immunogenetics (ASHI)• COLA• College of American Pathologists (CAP)• The Joint Commission (JC) <p>Source: CMS SC 16-07-AO (January 29, 2016)</p>

Appendix B
House Enrolled Act 1260 (2018) – P.L. 81-2018

IC 16-18-2-308.5 "Recognized accrediting organization"

Sec. 308.5. "Recognized accrediting organization", for purposes of [IC 16-21-2](#), refers to an organization that awards accreditation to hospitals and has been granted deemed status by the Centers for Medicare and Medicaid Services of meeting the Medicare and Medicaid certification requirements.

IC 16-21-2-13 Licensure issuance; recognized accrediting organization; investigation; survey; effect

- (a) Before January 1, 2019, the state health commissioner may:
- (1) issue a license upon the application without further evidence; or
 - (2) request additional information concerning the application and conduct an investigation to determine whether a license should be granted.
- This subsection expires January 1, 2019.
- (b) After December 31, 2018, the state health commissioner:
- (1) may:
 - (A) issue a license upon the application of a hospital that is not accredited by a recognized accrediting organization without further evidence; or
 - (B) request additional information concerning the application of a hospital that is not accredited by a recognized accrediting organization and conduct an investigation to determine whether a license should be granted; and
 - (2) shall issue a license upon the application of a hospital that has received accreditation by a recognized accrediting organization for the period the recognized accrediting organization has been granted accreditation without the state department conducting an annual survey.
- (c) The state department may investigate a complaint against an accredited hospital described in subsection (b)(2) for substantial noncompliance, as determined by the state department, with state law or rules. Nothing in this section prohibits the state health commissioner from taking action against a hospital under [IC 16-21-3](#) for substantial noncompliance with state law or rules.
- (d) If a hospital is not accredited by a recognized accrediting organization, the state department shall conduct an annual survey of the hospital.
- (e) When requested by the federal Centers for Medicare and Medicaid Services, the state department shall conduct random validation surveys on behalf of the federal Centers for Medicare and Medicaid Services.
- (f) A hospital shall provide a copy of the survey report and certificate of accreditation from a recognized accrediting organization to the state health commissioner not more than ten (10) days after receipt of the survey or accreditation.
- (g) Subsections (b) through (f) do not affect the state department's performance of an initial survey of a hospital obtaining an initial license under this article.

IC 16-21-2-13.5 Common accrediting and licensure standards; notification to recognized accrediting organization of changes in state law

- (a) The state department shall work with recognized accrediting organizations to identify, develop, implement, and maintain common accrediting and licensure standards. Any licensure survey must be based on:
 - (1) the standards established by the recognized accrediting organization that accredits the hospital; and
 - (2) state law.
- (b) The state department shall notify the recognized accrediting organization of any changes to state law for purposes of licensure.

Appendix C
Current Health Care Facility Design Requirements

STATE FIRE AND BUILDING CODE REQUIREMENTS

All facilities are required to comply with the state fire and building code requirements.

CURRENT HEALTH CARE FACILITY DESIGN STANDARDS

Provider	ISDH Health Care Facility Design Requirements	CMS Health Care Facility Design Requirements	Accreditation Health Care Facility Design Requirements
Hospitals	<p>410 IAC 15-2.7-1: Incorporation by Reference</p> <p>Guidelines for Design and Construction of Hospital and Health Care Facilities (2001 Edition)</p> <p>National Committee on Radiation Protection (NCRP) Reports, Number 49 (September 15, 1976 Edition)</p> <p>National Committee on Radiation Protection (NCRP) Reports, Number 102 (June 30, 1989 Edition)</p>	None	<p>Accreditation is voluntary. The accreditation organization may establish its requirements. To be deemed, CMS requires a minimum of CMS requirements.</p> <p>Because CMS does not have design requirements, accreditation organizations generally require the facility to comply with state requirements. If there are no state requirements, the organization sets its requirements. [Joint Commission is FGI 2010 Guidelines]</p>
Ambulatory Surgical Centers	<p>410 IAC 15-2.7-1: Incorporation by Reference</p> <p>Guidelines for Design and Construction of Hospital and Health Care Facilities (2001 Edition)</p> <p>National Committee on Radiation Protection (NCRP) Reports, Number 49 (September 15, 1976 Edition)</p> <p>National Committee on Radiation Protection (NCRP) Reports, Number 102 (June 30, 1989 Edition)</p>	None	<p>Accreditation is voluntary. The accreditation organization may establish its requirements. To be deemed, CMS requires a minimum of CMS requirements.</p> <p>Because CMS does not have design requirements, accreditation organizations generally require the facility to comply with state requirements. If there are no state requirements, the organization sets its requirements. [Joint Commission is FGI 2010 Guidelines]</p>

ESRD	No state licensing so no state administrative rules	None	No deemed accreditation organizations
Nursing Homes	410 IAC 16.2-3.1-19	None	No deemed accreditation organizations

Appendix D
Health Care Facility Radiology Design Standards

Provider	ISDH Health Facility Design Requirements in Current Rule	Updated Radiology Design Requirements
Hospitals and Ambulatory Surgical Centers	<p>410 IAC 15-2.7-1: Incorporation by Reference</p> <p>National Committee on Radiation Protection (NCRP) Reports, Number 49 (September 15, 1976 Edition)</p> <p>National Committee on Radiation Protection (NCRP) Reports, Number 102 (June 30, 1989 Edition)</p>	<p>NCRP Report Number 49 has been superseded by two newer reports:</p> <p>National Council on Radiation Protection and Measurements (NCRP) Reports, Number 147, "Structural Shielding Design for Medical X-Ray Imaging Facilities" (2004)</p> <p>National Council on Radiation Protection and Measurements (NCRP) Reports, Number 151, "Structural Shielding Design and Evaluation for Megavoltage X- and Gamma-Ray Radiotherapy Facilities" (2005)</p> <p>NCRP Report Number 102 is still in effect with the same edition: Name of the organization has changed from "committee" to "council":</p> <p>National Council on Radiation Protection and Measurements (NCRP) Reports, Number 102, "Medical X-Ray, Electron Beam and Gamma-Ray Protection for Energies Up to 50 MeV (Equipment Design, Performance and Use) (1989 Edition)</p>

Appendix E
Health Care Facility Design and Life Safety Code (LSC) Versions

Publisher	Version in Current State Rules	Version in Current Federal Regulations	Most Recent Published Version	Next Anticipated Update
FGI	Guidelines for Design and Construction of Hospitals and Health Care Facilities (2001 Edition)	None	<p>Facility Guidelines Institute (FGI) Guidelines for Design and Construction of Hospitals (2018 Edition)</p> <p>Facility Guidelines Institute (FGI) Guidelines for Design and Construction of Outpatient Facilities (2018 Edition)</p> <p>Facility Guidelines Institute (FGI) Guidelines for Design and Construction of Residential Health, Care, and Support Facilities (2018 Edition) [These Guidelines were new starting with the 2014 Edition]</p>	2022
LSC NFPA 99	NFPA 99, Health Care Facilities, (1993 Edition)	NFPA 99 – Health Care Facilities Code (HCFC) – 2012 Edition	NFPA 99 – Health Care Facilities Code (HCFC) – 2018 Edition	2021
LSC NFPA 101	NFPA 101, Life Safety Code Handbook (2000 Edition)	NFPA 101 – Life Safety Code (2012 Edition)	NFPA 101 – Life Safety Code (2018 Edition)	2021

Appendix F
Health Care Facility Life Safety Code Standards

Provider	ISDH Life Safety Code Requirements	CMS Life Safety Code Requirements	Accreditation Life Safety Code Requirements
Hospitals	<p>410 IAC 15-2.7-1: Incorporation by reference</p> <p>NFPA 99, Health Care Facilities, (1993 Edition)</p> <p>NFPA 101, Life Safety Code Handbook (2000 Edition)</p>	<p>NFPA 99 – Health Care Facilities Code (HCFC) – 2012 Edition [Adopted effective July 5, 2016 – SC 16-29-LSC]</p> <p>NFPA 101 – Life Safety Code (2012 Edition) [Adopted effective July 5, 2016 – SC 16-29-LSC]</p>	Deemed accreditation organizations require the same life safety code requirements as CMS
Ambulatory Surgical Centers	<p>410 IAC 15-2.7-1: Incorporation by reference</p> <p>NFPA 99, Health Care Facilities (1993 Edition)</p> <p>NFPA 101, Life Safety Code Handbook (2000 Edition)</p>	<p>NFPA 99 – Health Care Facilities Code (HCFC) – 2012 Edition [Adopted effective July 5, 2016 – SC 16-29-LSC]</p> <p>NFPA 101 – Life Safety Code (2012 Edition) [Adopted effective July 5, 2016 – SC 16-29-LSC]</p>	Deemed accreditation organizations require the same life safety code requirements as CMS
ESRD	No state licensing so no state administrative rules	<p>NFPA 101, Life Safety Code Handbook (2000 Edition)</p> <p>Limited to those ESRD facilities that are located adjacent to high hazardous occupancies and those facilities that do not exit to the outside at grade level from the patient treatment area.</p> <p>ESRD providers may submit an attestation to claim an exemption to the NFPA LSC requirements if they are not located adjacent to high hazard occupancies and they do provide exits at grade level from the patient treatment area level.</p> <p>Source: SC 13-47-LSC/ESRD</p>	No deemed accreditation organizations

<p>Nursing Homes</p>	<p>410 IAC 16.2-8-1: Incorporation by reference</p> <p>NFPA 101 – Life Safety Code Handbook (2000 Edition)</p>	<p>NFPA 99 – Health Care Facilities Code (HCFC) – 2012 Edition [Adopted effective July 5, 2016 – SC 16-29-LSC]</p> <p>NFPA 101 – Life Safety Code (2012 Edition) [Adopted effective July 5, 2016 – SC 16-29-LSC]</p>	<p>No deemed accreditation organizations</p>
----------------------	--	--	--