



APPLICATION FOR A LONG TERM CARE REPLACEMENT FACILITY

An application for a Long Term Care replacement facility should include the following documentation.

- Plans Approval for addition by the Division of Healthcare Engineering at the Indiana State Department of Health. The plans approval information can be found at <http://www.in.gov/isdh/24386.htm>
- A cover letter specifically outlining the change being requested, including the facility number, name, current address and proposed address (include a contact name, phone number, and email) and proposed effective date.
- Facility Floor Plan on 8 ½" X 11" paper representing the **current** bed configuration. Room numbers must be legible. Floor plan should be for all licensed and certified beds in the facility. Use multiple pages as needed.
- Facility Floor Plan on 8 ½" X 11" paper representing the **proposed** bed configuration. Room numbers must be legible. Floor plan should be for all licensed and certified beds in the facility. Use multiple pages as needed.
- Bed Inventory (State Form 4332) representing the **current** bed configuration. This form is available at <https://forms.in.gov/Download.aspx?id=4659>
- Bed Inventory (State Form 4332) representing the **proposed** bed configuration. This form is available at <https://forms.in.gov/Download.aspx?id=4659>
- Transition plan for relocating the residents.
- When construction is complete and the facility is ready, submit a written request for the Life Safety Code and State Fire Code inspections.

Requests should be submitted at least 60 days prior to the anticipated effective date.

Completed application packets should be sent to the following address.

Long Term Care Provider Services
Indiana State Department of Health
2 N. Meridian St., Section 4B
Indianapolis, IN 46204

If you have any questions regarding the application process please contact Provider Services by at ltpviderservices@health.IN.gov .