

**Indiana Department of Health**  
**Long Term Care**  
**APPLICATION FOR A NEW FACILITY**  
**TITLE 18 SNF OR TITLE 18 SNF/ TITLE 19 NF**

Below is the required documentation for application for participation in the Medicare and Medicaid Programs. Review the Certificate of Need (CON) website for restrictions: <https://www.in.gov/health/ltc/certificate-of-need>

An application should include a cover letter (with contact information) and the following documentation:

1. State Form 8200, Application for License to Operate a Health Facility, with required attachments. This form is available at <https://forms.in.gov/Download.aspx?id=4691>
2. State Form 19733, Implementing Indiana Code 16-28-2-6. This form is available at <https://forms.in.gov/Download.aspx?id=9627>
3. State Form 51996, Independent Verification of Assets and Liabilities, to include required attachments. This form is available at <https://forms.in.gov/Download.aspx?id=6250>
4. Documentation of the applicant entity's registration with the Indiana Secretary of State (with d/b/a if applicable).
5. Internal Revenue Services (IRS) documentation: SS-4 or comparable document **from the IRS** that reflects direct owner's corporation, limited liability company, partnership, etc name, d/b/a if applicable and EIN number. The document **must be from the IRS sent to the provider** not a form/document the provider completed and sent to the IRS.
6. Licensure Fee; \$200 for the first 50 beds, \$10 for each additional bed;
7. One (1) signed originals of the Form CMS-1561, Health Insurance Benefit Agreement can be accessed at <https://www.cms.gov/medicare/cms-forms/cms-forms/downloads/cms1561.pdf>
8. Documentation of compliance with Civil Rights should be filed online at <https://ocrportal.hhs.gov/ocr/aoc/instruction.jsf> per S&C 16-37
  - A copy of the online confirmation **from** OCR showing the provider has completed the civil rights submission online should be submitted to ISDH
9. Completed State Form 4332, Bed Inventory. This form is available at <https://forms.in.gov/Download.aspx?id=4659>
10. Facility floor plan on 8 ½" x 11" paper to show room numbers (must be legible) and number of beds per room, use multiple pages if needed;
11. Copy(s) of the Patient Transfer Agreement between the facility and local hospital(s);
12. A copy of the facility's Quality Assessment and Assurance Committee policy;
13. SF 55283 Contract and Service Agreement Checklist. This form is available at <https://forms.in.gov/Download.aspx?id=11172>
14. SF 55282 Proposed Staffing Structure. This form is available at <https://forms.in.gov/Download.aspx?id=11170>

The following information will be reviewed by surveyors at the time of the initial health survey.

- Form CMS-671, Long Term Care Facility Application for Medicare and Medicaid;
- A proposed two-week staffing schedule to demonstrate compliance with federal regulations (include all RN, LPN, CNA and QMA hours);
- Copies of all contracts or agreements for services to cover the full range of services to be offered to residents, to include copies of licenses/certification, if applicable, for individual professionals providing services; and
- Copy of the facility's disaster plan

In addition, the facility must contact the Medicare Fiscal Intermediary (FI), for Form CMS-855A. The form can be downloaded at <https://www.cms.gov/medicare/enrollment-renewal/providers-suppliers/chain-ownership-system-pecos/enrollment-applications> .

CMS forms can be found at <https://www.cms.gov/medicare/forms-notices/cms-forms-list> .

The facility must contact the State Medicaid Agency to obtain a Provider Enrollment Agreement for Medicaid participation. This should be submitted directly back to the State Medicaid Agency for processing. Information can be found at <https://www.in.gov/medicaid/providers/index.html>

The following is a general outline of the application process (in approximate chronological order):

1. Submit plans and specifications for new construction or an existing building to the Indiana State Department of Health, Health Care Engineering program for review and approval. The website is <http://www.in.gov/isdh/24386.htm>
2. Once plans and specifications have been approved, and new construction or remodeling of an existing building is substantially complete, please submit a copy of the architect's Statement of Substantial Completion Request for Inspection or a letter indicating that the construction is substantially complete, to the Program Director-Provider Services, Division of Long Term Care;
3. Submit the above completed application packet to the Division of Long Term Care;
4. Once the complete packet has been received and approved, a written request for the applicable fire safety inspections (Life Safety Code, Sanitarian and/or State Fire Code) may be submitted to the Program Director-Provider Services, Division of Long Term Care;
5. Once the applicable fire safety inspections have been conducted and released, the Division of Long Term Care will issue an Authorization to Occupy letter to the applicant (*residents may be admitted upon receipt of this authorization; however, please be advised that the facility will not be able to bill Medicare and/or Medicaid for services rendered prior to the initial certification survey and official program acceptance into these programs*);
6. Prior to the initial licensure and certification surveys, the following must occur:
  - The Division must approve all application documents submitted; and
  - The designated Fiscal Intermediary must approve the CMS-855A application;
7. Once these requirements are satisfied, and the facility has provided skilled care to at least two (2) comprehensive residents, the facility must submit a written request to the Program Director-Provider Services for the initial licensure and certification surveys (*every effort will be made to conduct these surveys within 21 days of the date you indicate your readiness for survey*);
8. Upon completion of the initial licensure and certification surveys, the Division of Long Term Care will forward the application to the Centers for Medicare and Medicaid Services ("CMS") and/or the State Medicaid Agency along with the initial certification survey results;
9. CMS and/or the State Medicaid Agency will notify the facility in writing of their final determination for acceptance or denial into their respective programs, with the effective participation dates.

**Please mail completed application packets to the following address:**

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

If you have any questions regarding the application process, please contact Provider Services at [ltpviderservices@health.IN.gov](mailto:ltpviderservices@health.IN.gov)