

Division of Mental Health and Addiction 402 W. WASHINGTON STREET, ROOM W353

HINGTON STREET, ROOM W353 INDIANAPOLIS, IN 46204-2739 317-232-7800

317-232-7800 FAX: 317-233-3472

The following information is required when submitting a bed waiver request to have more than 15 beds in an addiction residential facility.

- Request with number of desired beds
- Completed ASAM Application (If the bed waiver request is for a new facility, answer the application as you anticipate the program will run.)
- Floor plan (with bathrooms/showers/beds indicated)
- A list of direct care staff and their credentials
- An organizational chart or staffing plan
- Patient to staff ratios
- A list of the evidence-based practices that will be utilized in the facility
- Anticipated date of first enrollment of the beds

Documents and bed waiver request should be sent to the following email or address:

DMHA-CL@fssa.IN.gov

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If you have any questions, email DMHA-CL@fssa.IN.gov.

