

INDIANA STATE DEPARTMENT OF HEALTH

Application for a New Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF-IID) Group Home

Prior to submitting the below information, please contact Division of Disability & Rehabilitative Services (DDRS)/Bureau of Developmental Disabilities (BDDS) at 317-232-1147 to determine if they are approving the addition of new homes.

An application should include the following forms/documents:

1. Application for License to Operate a Community Residential Facility (State Form 47952); this form is available at <https://forms.in.gov/Download.aspx?id=9815>
2. Assurance of Compliance (Form HHS-690)
3. Copy of the letter from the Division of Disability & Rehabilitative Services (DDRS)/Bureau of Developmental Disabilities (BDDS) approving the development of the new home. DDRS/BDDS can be reached at 317-232-1147.
4. Copy of the facility license
5. Articles of Incorporation of the ownership entity
6. Documentation of Registration with the Indiana Secretary of State
7. Floor plan for the new home, to indicate resident bedroom dimensions and square footage, and if the home is sprinklered and has smoke detectors
8. Letter indicating the date the home will be ready for the Life Safety Code Inspection
9. Letter indicating the date the home will be ready for the Health Survey

The following form will be collected by surveyors at the time of the initial health survey.

- CMS-3079G Intermediate Care Facilities for Individuals with Intellectual Disabilities Survey Report

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

In the event that the facility will not be ready for the LSC inspection on the date originally specified, you must immediately notify Provider Services in writing. The notification can be emailed to ltcproviderservices@isdh.in.gov or faxed to 317-233-7322. Failure to communicate requested changes in scheduling could result in delays in opening the home.

After you have moved at least two residents into the home, you may submit a written request for your health survey.

If you have any questions, please contact Provider Services at 317-233-7794, 317-233-7613, 317-234-3071 or by email at ltcproviderservices@isdh.in.gov .

Websites

Indiana State Department of Health (ISDH)
<http://www.in.gov/isdh/20508.htm>

Division of Disability & Rehabilitative Services (DDRS)/Bureau of Developmental Disabilities (BDDS)
<http://www.in.gov/fssa/ddrs/2639.htm>

ASSURANCE OF COMPLIANCE

ASSURANCE OF COMPLIANCE WITH TITLE VI OF THE CIVIL RIGHTS ACT OF 1964, SECTION 504 OF THE REHABILITATION ACT OF 1973, TITLE IX OF THE EDUCATION AMENDMENTS OF 1972, AND THE AGE DISCRIMINATION ACT OF 1975

The Applicant provides this assurance in consideration of and for the purpose of obtaining Federal grants, loans, contracts, property, discounts or other Federal financial assistance from the U.S. Department of Health and Human Services.

THE APPLICANT HEREBY AGREES THAT IT WILL COMPLY WITH:

1. **Title VI of the Civil Rights Act of 1964** (Pub. L. 88-352), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 80), to the end that, in accordance with Title VI of that Act and the Regulation, no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
2. **Section 504 of the Rehabilitation Act of 1973** (Pub. L. 93-112), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 84), to the end that, in accordance with Section 504 of that Act and the Regulation, no otherwise qualified individual with a disability in the United States shall, solely by reason of his or her disability, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
3. **Title IX of the Education Amendments of 1972** (Pub. L. 92-318), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 86), to the end that, in accordance with Title IX and the Regulation, no person in the United States shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any education program or activity for which the Applicant receives Federal financial assistance from the Department.
4. **The Age Discrimination Act of 1975** (Pub. L. 94-135), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 91), to the end that, in accordance with the Act and the Regulation, no person in the United States shall, on the basis of age, be denied the benefits of, be excluded from participation in, or be subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.

The Applicant agrees that compliance with this assurance constitutes a condition of continued receipt of Federal financial assistance, and that it is binding upon the Applicant, its successors, transferees and assignees for the period during which such assistance is provided. If any real property or structure thereon is provided or improved with the aid of Federal financial assistance extended to the Applicant by the Department, this assurance shall obligate the Applicant, or in the case of any transfer of such property, any transferee, for the period during which the real property or structure is used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits. If any personal property is so provided, this assurance shall obligate the Applicant for the period during which it retains ownership or possession of the property. The Applicant further recognizes and agrees that the United States shall have the right to seek judicial enforcement of this assurance.

The person whose signature appears below is authorized to sign this assurance and commit the Applicant to the above provisions.

Date

Signature of Authorized Official

Please mail form to:

Name and Title of Authorized Official (please print or type)

U.S. Department of Health and Human Services
Office for Civil Rights
200 Independence Ave., S.W.
Washington, D.C. 20201

Name of Healthcare Facility Receiving/Requesting Funding

Street Address

City, State, Zip Code