

INDIANA DEPARTMENT OF HEALTH

Medicare and/or Medicaid Facility Closure

The requirements for a facility closure should include the following documentation.

1. Give a notice 60 days prior to the date of closure to Centers for Medicare and Medicaid Services (CMS), Indiana Department of Health (IDH), State Long-Term Care Ombudsman, residents, legal representatives, and any other responsible parties.
2. Ensure that all residents receive proper transfer and discharge rights as set forth in 410 IAC 16.2-3.1-12 (Indiana Health Facilities Rules) and ;
3. Ensure that all residents' personal effects, money, and valuables are inventoried upon transfer or discharge, per 410 IAC 16.2-3.1-9(g); and that all or any part of the residents' funds given to the facility for safekeeping are returned to the residents in not less than fifteen (15) calendar days after transfer or discharge, per 410 IAC 16.2-3.1-6(f)(2);
4. Notify the local Ombudsman and Adult Protective Services;
5. Develop a relocation plan and submit for approval to ltproverservices@isdh.in.gov ;
6. Send weekly updates that include a brief update on the discharge process, specifically including the names of residents discharged that week and the date and location to which they were discharged.
7. Submit a letter to IDH on the date the last resident is transferred from the facility, to include:
 - A statement of the date the last resident was transferred; and
 - A listing of all residents transferred from the facility, the date transferred, and the name and address of the location or facility to which the resident was transferred; and
8. Surrender to the Division the facility's Health Facility License on or after the closure effective date.
9. Publish notice of the voluntary termination and closure in the local newspaper with the widest circulation as soon as possible, and, if time permits, not less than fifteen (15) days before the effective termination date (as per the Centers for Medicare and Medicaid Services State Operations Manual § 3046).

If you have any questions regarding the application process please contact Provider Services by email at ltproverservices@isdh.IN.gov .

The above information should be sent to the below address or by email to ltproverservices@isdh.IN.gov

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