

INDIANA STATE DEPARTMENT OF HEALTH

Application for Replacement Facility For Individuals with Intellectual Disabilities (ICF-IID) Group Home

An application for an ICF-IID replacement facility should include the following documentation:

- Letter stating the current address of the group home involved in the transaction, the future address of the group home involved in the transaction, and the desired effective date of the replacement
- Copy of the floor plan for the new home on 8 ½ x 11 paper, identifying all rooms, and indicating measurements for all client bedrooms (client bedrooms must measure at least sixty (60) square feet per client in multiple client bedrooms, and at least eighty (80) square feet in single client bedrooms), and if sprinklered
- Copy of the BDDS approval letter for the replacement home
- Letter stating the specific date the facility will be ready for the Life Safety Code inspection and contact information

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 ltpviderservices@isdh.in.gov or faxed to 317-233-7322. Failure to communicate requested changes in scheduling could result in delays in opening the home.

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

Contact information

ISDH Provider Services 317-233-7794, 317-233-7613, 317-234-3071 or by email at ltpviderservices@isdh.in.gov

Division of Disability & Rehabilitative Services (DDRS)/Bureau of Developmental Disabilities (BDDS)
317-232-1147

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>