

Application for Conversion from a Residential Care Facility to a Non-Certified Comprehensive Care (NCC) Facility

Enclosed are the application forms and required documentation for application for conversion from residential level care to non-certified comprehensive level care. For additional information on the rules and regulations involving this action please refer to: <http://www.in.gov/isdh/20511.htm>. Please submit the following forms and documentation:

1. Plans Approval for the bed conversion by the Division of Healthcare Engineering at the Indiana State Department of Health.
 - The plans approval information can be found at <http://www.in.gov/isdh/24382.htm>
2. A cover letter specifically outlining the change being requested, including the affected room numbers and current and proposed bed classifications (include a contact name, phone number, and email address)
3. Facility Floor Plan on 8 ½" X 11" paper representing the **current** bed configuration. Room numbers must be legible. Floor plan should be for all licensed and certified beds in the facility. Use multiple pages as needed.
4. Facility Floor Plan on 8 ½" X 11" paper representing the **proposed** bed configuration. Room numbers must be legible. Floor plan should be for all licensed and certified beds in the facility. Use multiple pages as needed.
5. Bed Inventory (State Form 4332) representing the **current** bed configuration. This form is available at <https://forms.in.gov/Download.aspx?id=4659>
6. Bed Inventory (State Form 4332) representing the **proposed** bed configuration. This form is available at <https://forms.in.gov/Download.aspx?id=4659>
7. Copy(s) of the Patient Transfer Agreement between the facility and local hospital(s)
8. A copy of the facility's Quality Assessment and Assurance Committee policy
9. SF 55283 Contract and Service Agreement Checklist. This form is available at <https://forms.in.gov/Download.aspx?id=11172>
10. 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.

- A proposed two-week staffing schedule (include all RN, LPN, CNA and QMA hours) indicating nursing hours per resident per day;
- Proposed staffing plan based upon 20%, 50% and 100% occupancy for the number of beds to be converted (to include all RN, LPN, QMA and CNA 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

The facility cannot admit comprehensive care residents prior to the Division of Long Term Care granting authorization for the facility.

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

1. The Indiana State Department of Health, Health Care Engineering program must approve the plans and specifications for the facility to ensure that the physical structure meets the requirements for comprehensive care beds. Information on this process can be found on their website at <http://www.in.gov/isdh/24386.htm>
2. Submit the above completed application packet to the Division of Long Term Care;

3. Once the complete packet has been received and approved, a written request for the Life Safety Code inspection and if applicable State Fire inspection, may be submitted to Provider Services, Division of Long Term Care;
4. 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*);
5. Once the facility has received this, and is ready for the survey for comprehensive level care, the facility may submit a written request for initial licensure survey, noting that at least two (2) residents are receiving comprehensive level care.

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 call Provider Services at 317-233-7794, 317-234-3071 or 317-233-7613 or by email at ltproviderservices@isdh.IN.gov