

## **ATTACHMENTS: PRIVATE MENTAL HEALTH INSTITUTION 440 IAC 1.5**

The following material must be attached to this application in order for it to be reviewed by the Division:

- A. Application for Licensure for Private Mental Health Institution Documentation
- B. Organizational structure of applicant agency
- C. List of governing board and executive staff
- D. Copy of the report from the most recent inspection by (1) Division of Fire Prevention and Building Safety, State Fire Marshal and (2) State Department of Health, Food Protection if a medicare facility; or the county health department if not a medicare facility
- E. A floor plan. If the hospital occupies only part of the building include a floor plan of the entire building. Indicate location of hospital beds and types of certifications or licenses of other areas in the building.
- F. Complete copy of all accreditation decision reports and letter of accreditation; If this is an initial application, proof of application to a division approved accrediting agency must be included as part of the application process (See the list of approved accrediting agencies)
- G. Copy of procedures to ensure protection of client rights according to IC 12-27, confidentiality (IC 16-39) and compliance with 440 IAC 1.5-2-4(4).
- H. Describe the process for admitting a child (age fourteen and under) to a non segregated unit (adult unit) under an emergency situation. Include the criteria for such an emergency admission OR Submit a copy of the policy stating that such an admission will not occur
- I. For new construction, addition or renovation:
  - (1) Design release from the plan review staff of the Division of Fire and Building Safety of Indiana Department of Homeland Security.
  - (2) Approval from the Division of Sanitary Engineering of Indiana State Department of Health.
  - (3) Description of the functional use of the new construction.
  - (4) If changes in the food area: Approval from Food Protection, Indiana State Department of Health if a medicare facility; or the county health department if not a medicare facility.
- N. Any and all existing waivers from DMHA