

INDIANA STATE DEPARTMENT OF HEALTH

APPLICATION FOR THE CONVERSION FROM STATE LICENSED ONLY TO MEDICARE (TITLE 18 SNF) OR MEDICARE /MEDICAID (TITLE 18 SNF/TITLE 19 NF)

This letter is to inform applicants of the required documentation for application for participation in the Medicare and/or Medicaid Programs. For additional information on the rules and regulations involving this action please refer to: <http://www.in.gov/isdh/20511.htm> .

If the application is for Medicare certification only (Title 18 SNF), or for Medicare/Medicaid (Title 18 SNF/ Title 19 NF), it should include the following forms and/or documentation:

1. Form HHS-690, Assurance of Compliance (1 signed original, form enclosed)
2. Form CMS-1561, Health Insurance Benefit Agreement (1 signed original, form enclosed)
3. Documentation of compliance with Civil Rights requirements per S&C 13-46 (forms and instructions enclosed)
 - If the civil rights package is submitted online, then the email **from** OCR stating the provider has completed the civil rights submission should be submitted
 - Entities that have Civil Rights Corporate Agreements need to submit the signed certification sheet or if filed online, submit the email **from** OCR stating the provider has completed the civil rights submission
4. State Form 4332, Bed Inventory, to reflect the **current** number and classification of all licensed beds. This form is available at <https://forms.in.gov/Download.aspx?id=4659>
5. State Form 4332, Bed Inventory, to reflect the **proposed** number and classification of beds after acceptance into the Medicare and/or Medicaid Programs. This form is available at <https://forms.in.gov/Download.aspx?id=4659>
6. Facility floor plan on 8 ½" x 11" paper with room numbers to reflect the **current** configuration.
7. Facility floor plan on 8 ½" x 11" paper with room numbers to reflect the **proposed** configuration after acceptance into the Medicare and/or Medicaid Program
8. Copy of the facility's Quality Assessment and Assurance Committee Policy
9. Copy of all Patient Transfer Agreements with hospitals
10. State Form 55282 Proposed Staffing Structure This form is available at <https://forms.in.gov/Download.aspx?id=11170>
11. State Form 55283 Contract and Service Agreement Checklist This form is available at <https://forms.in.gov/Download.aspx?id=11172>
12. If the facility is converting licensed residential care beds to licensed comprehensive care (in order to certify them as Medicare and/or Medicaid) or making modifications to the building, then plans approval from the Division of Healthcare Engineering at the Indiana State Department of Health are required. Information on the plans approval process can be found at <http://www.in.gov/isdh/24386.htm> .

The following items will be reviewed and/or collected by surveyor(s) at the time of the initial health survey.

- Form CMS-671, Long Term Care Facility Application for Medicare and Medicaid (enclosed);
- A proposed two-week staffing schedule to demonstrate compliance with federal regulations (include all RN, LPN, CNA and QMA hours);

The above information, along with a cover letter, should be submitted to the following address:

**Indiana State Department of Health
Long Term Care Provider Services
2 N. Meridian St., Section 4-B
Indianapolis, IN 46237**

In addition, the applicant must contact the Medicare Fiscal Intermediary, Wisconsin Physician Services (WPS) or the facility's CMS approved Fiscal Intermediary, for Form CMS-855A. The facility may reach Wisconsin Physician Services (WPS) at 608-221-4711. The completed Form CMS-855A should be forwarded directly to Wisconsin Physician Services (WPS), or their CMS approved Fiscal Intermediary, for review and recommendation for approval. Form CMS-855A or the form can be downloaded at <http://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/Downloads/cms855a.pdf>

NOTE: The facility must contact HP, the State Medicaid Agency Contractor, to obtain a Provider Enrollment Agreement for Medicaid participation. This should be submitted directly back to HP for processing.

Prior to the Division of Long Term Care granting authorization for the facility to admit comprehensive care residents, the following must occur:

1. As applicable, 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 beds. Information can be found at <http://www.in.gov/isdh/24386.htm>
2. If any modifications to the building are to be made, the project architect must submit to the Division of Long Term Care a letter to verify that any and all modifications are complete; and
3. The facility must pass Life Safety Code, and if applicable, State Fire inspections.
4. Once these inspections have been completed and released, the Division of Long Term Care will forward to the facility an authorization to admit comprehensive care residents.
5. The Fiscal Intermediary must approve the CMS-855A application, before the initial health survey can be requested.
6. Once the facility has passed the required physical inspections, has an approved 855A from the fiscal intermediary, the facility may submit a written request for initial certification survey, noting that at least two (2) residents are receiving comprehensive level care.
7. Every effort will be made to schedule the initial certification survey to occur no later than twenty-one (21) calendar days after the date specified in the letter indicating that the facility will be ready for survey.

The facility must be in substantial compliance with federal requirements to enter the Medicare and/or Medicaid programs. Federal findings, if cited, must not be above a severity level of "C". If the facility is found to be in substantial compliance at the time of survey, the effective date of admission to the program will be the date of exit for the survey. However, if the facility has findings at a severity level of "D" or higher, admission to Medicaid (if applicable) will be denied, and the recommendation for denial for admission to the Medicare program will be made to CMS.

CMS and/or the State Medicaid Agency will notify you in writing of their final determination for acceptance or denial into their respective programs, with the effective participation dates.

Please do not hesitate to contact Provider Services at ltproverservices@isdh.IN.gov or by phone at 317-233-7794, 317-234-3071, or 317-233-7613 or by email at with any questions you may have regarding this process.