# Bed Changes and Remodeling for ICF-IID Group Homes

### **Bed Addition**

An application should include the following forms/documents:

- 1. Letter specifically outlining the bed change being requested
- 2. Copy of the letter from the Bureau of Developmental Disabilities (BDDS) approving the bed addition.
- 3. Floor plan for the home, to indicate resident bedroom dimensions and square footage
  - The floor plan should also indicate where the beds will be added
- 4. Letter indicating the date the home will be ready for the Life Safety Code Inspection

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 mailed to the below address emailed to <u>ltcproviderservices@isdh.IN.gov</u>, or faxed to 317-233-7322. Failure to communicate requested changes in scheduling could result in delays.

### **Bed Decrease**

An application should include the following forms/documents:

- 1. Letter specifically outlining the bed change being requested and the desired effective date
- 2. Copy of the letter from the Bureau of Developmental Disabilities (BDDS) approving the bed decrease.

## Remodeling

An application should include the following forms/documents:

- 1. Letter specifically outlining the remodeling project
- 2. Copy of the letter from the Bureau of Developmental Disabilities (BDDS) approving the remodel.
- 3. Floor plan for the home, to indicate room dimensions and square footage

Depending on the scope of the remodeling, a Life Safety Code Inspection may be needed

### Completed requests 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

If you have any questions regarding the application process please contact Provider Services at 317-233-7613, 317-234-3071 or 317-233-7794 or by email at <u>ltcproviderservices@isdh.IN.gov</u>.