

Indiana Department of Health

Long Term Care

Conversion of a Medicaid Facility to a Medicare only Facility or a Medicare/Medicaid Facility

An application should include a **cover letter** and the following forms and/or documentation:

1. Form CMS-1561, Health Insurance Benefit Agreement, this form can be found online at <https://www.cms.gov/medicare/cms-forms/cms-forms/downloads/cms1561.pdf> ;
2. Documentation of compliance with Civil Rights should be filed online at <https://ocrportal.hhs.gov/ocr/aoc/instruction.jsf> . A copy of the online confirmation **from** OCR showing the provider has completed the civil rights submission online should be submitted to ISDH
3. A copy of the facility's Quality Assessment & Assurance Committee Policy
4. Facility Floor Plan representing the **current** bed configuration.
5. Facility Floor Plan representing the **proposed** bed configuration
6. Bed Inventory (State Form 4332) representing the **current** bed configuration; this form can be found at <https://forms.in.gov/Download.aspx?id=4659> .
7. Bed Inventory (State Form 4332) representing the **proposed** bed configuration; this form can be found at <https://forms.in.gov/Download.aspx?id=4659> .
8. Copy(s) of the Patient Transfer Agreement between the facility and local hospital(s);

The following information will be reviewed by surveyors at the time of the initial health survey.

- Form CMS-671, Long Term Care Facility Application for Medicare and Medicaid.

In addition, the facility must contact the Medicare Fiscal Intermediary (FI), for Form CMS-855A. The form can be downloaded at <https://www.cms.gov/medicare/enrollment-renewal/providers-suppliers/chain-ownership-system-pecos/enrollment-applications> .

Once the Division of Long Term Care ("Division") has received and approved the completed application documents, and has received a copy of the approval of the Form CMS-855A *Medicare General Enrollment* application, the Division will process the application, along with a copy of the facility's most recent certification survey for Medicaid (if the survey is no more than six (6) months old) to the Centers for Medicare and Medicaid Services ("CMS") for approval. If CMS accepts this survey as demonstration of the facility's compliance with federal regulations, the effective participation will be the date that the CMS-855A application was approved. CMS may require another certification survey prior to admittance to the Medicare program. If that is the case, the program effective date would then be the exit date of the survey if no deficiencies were found at the time of the survey, or the date that an acceptable plan of correction was received if deficiencies were found at the time of the survey.

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 contact Provider Services at ltcproviderservices@isdh.IN.gov .