

# INDIANA STATE DEPARTMENT OF HEALTH

## **Officer and/or Staff Changes for Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF-IID) Group Home**

To change the staff and/or officers at the facility, submit written correspondence on facility letterhead with the following information and/or documentation:

1. The facility's CCN/Provider number, the ISDH six digit facility ID, name and address.
2. The name of the previous staff and title (i.e. administrator, executive director, CEO...) and the date of their last day.
3. The new staff and title (i.e. administrator, executive director, CEO...) and the date they started in that position.

Submit change request to:

Long Term Care Provider Services  
Indiana State Department of Health  
2 N. Meridian St., Section 4B  
Indianapolis, IN 46204  
Fax: 317-233-7322  
Email: [ltproverservices@isdh.IN.gov](mailto:ltproverservices@isdh.IN.gov)

Once the above mentioned documents are submitted and approved, the Department will update our database to reflect the changes and send a confirmation letter to the agency.

If you have any questions regarding the application process please contact Provider Services by email at [ltproverservices@isdh.IN.gov](mailto:ltproverservices@isdh.IN.gov) .