



The requirements for a facility closure should include the following documentation.

1. Develop a closure plan and submit for approval to [ltcproviderservices@isdh.in.gov](mailto:ltcproviderservices@isdh.in.gov) at least 45 days prior to the date of closure to Indiana Department of Health (IDOH). The closure plan must include the following information:
  - a. Date of pending closure upon approval by IDOH.
  - b. Current Facility Census
  - c. Names of all current residents
  - d. Name and contact information of the individual overseeing the closure plans.
  - e. Names of the entities to be utilized to assist with appropriate relocation of the residents, including but not limited to, Ombudsmen (local and/or state), Area Agencies on Aging, Bureau of Developmental Disability Services, local mental health agencies, social service personnel and any other individuals that will be utilized for appropriate transfer.
  - f. Assurances that residents will be transferred to the most appropriate facility or other setting in terms of quality, services, and locations, taking into consideration the needs, choice, and best interest of each resident.
2. Once the closure plan is approved by IDOH, notify the residents, legal representative, local /state Ombudsman and Adult Protective Services, and any other responsible parties at least 30 days prior to the closure date.
3. Ensure no facility-initiated discharges occur until the closure plan is approved unless the facility cannot meet the high acuity needs of the resident.
4. Ensure no new residents are admitted to the facility on or after the date of the written closure notice.
5. Ensure that all residents receive proper transfer and discharge rights as set forth in 410 IAC 16.2-5-1.2(r) (Indiana Health Facilities Rules).
6. Ensure that all residents' personal effects, money, and valuables are inventoried upon transfer or discharge, per 410 IAC 16.2-5-1.2(t); and that all or any part of the residents' funds given to the facility for safekeeping are returned to the residents upon written request in not less than fifteen (15) calendar days after transfer or discharge, per 410 IAC 16.2-5-1.2(t).
7. Send updates weekly to IDOH and the State Ombudsman that include a brief update on the discharge process. Include the current facility census, specific names of all residents, discharged or pending including, the date and location to which they were/will be discharges, and the names of

all residents remaining in the facility still awaiting discharge planning. The information must include the service entities that are working with the residents or resident representative during the process, including, but not limited to, local/state ombudsman, Area Agency on Aging, and mental health service providers or any other entity involved in the discharge planning.

8. Submit a letter to IDOH on the date the last resident is transferred from the facility, to include:
  - a. A statement of the date the last resident was transferred; and
  - b. A listing of all residents transferred from the facility, the date transferred, and the name and address of the location or facility to which the resident was transferred.
  
9. Surrender to the Division the facility's Health Facility License on or after the closure effective date.

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

**The above information should be sent to the below address or by email to**  
[ltcproviderservices@isdh.IN.gov](mailto:ltcproviderservices@isdh.IN.gov)

Long Term Care Provider Services  
Indiana Department of Health  
2 N. Meridian St., Section 4B  
Indianapolis, IN 46204