

**INTERMEDIATE CARE FACILITY FOR INDIVIDUALS
WITH INTELLECTUAL DISABILITIES
Checklist for State Licensure**

FACILITY NAME: _____

CITY: _____

CONTACT PERSON: _____

PHONE: _____ EMAIL: _____

Please mail or E-mail the following items to Healthcare Licensing and Surveys:

CHECK OFF	ITEM
	1. A completed license application form and required fee.
	2. Proof of a fidelity bond of no less than \$2500 augmented in relation to the number of employees.
	3. Copy of policy or procedure for ensuring all employees will have a DFS central registry check. Please provide verification of the DFS screen for the manager and all current employees.
	4. Copy of personnel policy and procedure to include the frequency of evaluations and ensuring the confidentiality of central registry information checks.
	5. Copy of organizational chart that reflects the administrative control and lines of authority for the delegation of responsibility from management down to the patient care level.
	6. Copy of policy and procedure on the quality improvement program.
	7. Copy of policy and procedure indicating there shall be one person designated responsible for maintaining the confidentiality of personnel records.
	8. Copies of any agreements or contracted services.

FOR HEALTHCARE LICENSING AND SURVEYS USE ONLY

Date:

Surveyor Assigned to Review:

Surveyor Recommendation Review Summary/Comments:

Date

Surveyor Signature:

State Survey Agency Director/Administrator (or designee) Comments:

Additional Information Needed: ☐ **Approved:** ☐ **Denied:** ☐

Date:

Signature: