

HOSPITAL AND LONG TERM CARE BED DESIGNATION APPENDIX D

Please complete this form when requesting a change of bed designation for a Hospital, Psych Unit, or Long Term Care facility.

Facility Information (All new facilities will be considered licensed only until CMS approval)		
Facility Name		
Address	City	
Hospital (Acute) Bed Designation Change		
<i>* Bed type is a subcategory.</i>	Current # of Beds	Requested # of Beds
A. Medical/Surgical (includes Med/Surg, Rehab & ICU)		
* Rehabilitation Beds		
* Intensive Care Unit (ICU) Beds		
* Short Term Stay (Swing) Beds		
B. Obstetrical		
C. Pediatric (includes Pediatric & NICU)		
* Neonatal Intensive Care Unit (NICU) Beds		
Total Number of Licensed Beds (A+B+C):		
Brief description of bed designation change:		
Hospital (Psychiatric) Bed Designation Change		
<i>* Bed type is a subcategory.</i>	Current # of Beds	Requested # of Beds
A. Inpatient Psychiatric (includes Adult, Child, Flex)		
* Adult Beds		
* Flex Beds (Adult/Child)		
* Child Beds		
Total Number of Licensed Beds (A Only):		
Brief description of bed designation change:		

Long Term Care (Nursing Homes) Bed Designation Change		
	Current # of Beds	Requested # of Beds
Medicare Only (Title 18)		
Medicaid Only (Title 19)		
Medicare/Medicaid (Title 18/19)		
State Licensed Only		
Total Number of Licensed Beds		
Federal Requirements		
<p>For nursing home providers that are federally certified to participate in Medicare must comply with the following requirements for changes in bed size. See Federal State Operations Manual (SOM) 3202B – 3202E for more details.</p> <p>Requirements:</p> <ul style="list-style-type: none"> • Providers may make a bed change (increase/decrease) two times per cost reporting year <ul style="list-style-type: none"> ○ Bed change may only occur on the first day of the cost reporting year/quarter ○ CMS does not allow for two decreases of bed size in the same cost reporting year • Bed changes cannot be approved on a retroactive basis • Request must be submitted 45 days before the first day of the cost reporting year/quarter • Restrictions apply even if there is a change of ownership or change in cost reporting year <p>Providers must submit the following as part of a bed change request:</p> <ul style="list-style-type: none"> • Floor plans identifying all areas with current and proposed certified bed configuration • Copy of the letter from the Fiscal Intermediary if there has been a change in the original cost reporting year <p>There are exceptions to the above requirements. For further information see SOM 3202D.</p>		
Approved cost reporting year:	Proposed effective date of change:	/01/
Brief description of bed designation change:		

Long Term Care (Nursing Homes) Bed Change – Certificate of Need Special Pool Beds

This section is used only to track *Certificate of Need Special Pool Beds* if your facility has been approved and licensed for these bed types. Bed counts listed below should already be reflected in the bed designation totals on page 2.

	Current # of Beds	Requested # of Beds
Alzheimer’s Disease		
Skilled Nursing Services		
Hospice		
Religious		
Behavioral		
Traumatic Brain Injury		
Ventilator Dependent Patients		

Brief description of bed designation change: