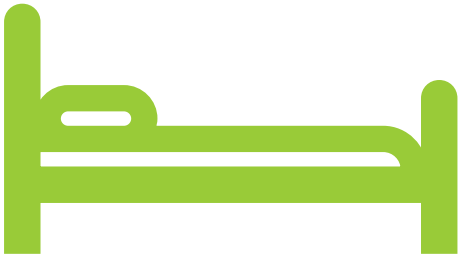
NF Bed Certification Application

MICHIGAN DEPARTMENT OF HEALTH & HUMAN SERVICES

Application Information and Deadlines

- Applications to change Medicaid NF bed designations (increase, decrease, or relocation) may submit an application to the State Medicaid Agency and the State Licensing Agency once per quarter in a cost reporting year.
- A complete application must be submitted 45 days in advance of the proposed effective date. The effective date will be the first of the month beginning the next quarter of the provider's cost reporting year.
- Late applications will not be reviewed and will receive a technical denial.



Medicaid Actions

Decertification of Medicaid certification (remove Medicaid certification from a dual certified bed).	• Reduction in dual certified beds.
Add Medicaid certification to a Medicare only bed.	• Certification of all or a portion of Medicare only beds.
Relocate Medicaid certified beds within the facility.	• Relocate certified beds within the facility.

Application Needs and Submission Emails

The facility must file a written application by the due date:

- Application BCHS-HFD-100
- Appendix D
- Both applications can be found at:
- MDHHS-BED CHANGES and LARA-BED CHANGES

- The written application must be submitted to both MDHHS and LARA at MDHHS-BEDCERTS@michigan.gov and LARA-BCHS-LTCSLS@michigan.gov and LARA-BSCSupport@michigan.gov

Due Dates

The due date is always 45 days in advance of the proposed effective date.

Application Deadline	Effective Date
November 17th	January 1st
February 15th	April 1st
May 17th	July 1st
August 17th	October 1st

Limitations

Providers may make a change in bed designation, increase or decrease as follows:

- Once on the first day of the cost reporting year, and
- Once on the first day of one the remaining three cost reporting quarters.

First Day of Cost Reporting Year	First Day of Following Three Quarters	Action
Increase in Bed Designations	Increase in Bed Designations	Allowed
Increase in Bed Designations	Decrease In Bed Designations	Allowed
Decrease In Bed Designations	Increase In Bed Designations	Allowed
Decrease In Bed Designations	Decrease In Bed Designations	Not Allowed

Application Requirements

BCHS-HFD 100 must be completed.

- All sections 1 through 11 must be completed with some sections that may not be applicable, section 7, and 9.
- Section 9 is for a certificate of need that relates to the application.

Appendix D must be completed:

- Page one of two must be completed in its entirety-
- Under the brief description you must identify what the bed changes are and include the beds that will be involved in the change *see next slide for example.
- Page two must only be completed if it is applicable to the application.

Appendix D Example

LONG TERM CARE BED DESIGNATION
APPENDIX D

Please complete this form when requesting a change of bed designation for a Long Term Care facility.

Facility Information (All new facilities will be considered licensed only until CMS approval)

Facility Name: ABC Care

Address: ABC Lane | City: Lansing

Long Term Care (Nursing Homes) Bed Designation Change

	Current # of Beds	Requested # of Beds
Medicare Only (Title 18)	10	0
Medicaid Only (Title 19)		
Medicare/Medicaid (Title 18/19)	30	40
State Licensed Only		
Total Number of Licensed Beds	40	40

Federal Requirements

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.

Requirements:

- Providers may make a bed change (increase/decrease) two times per cost reporting year
  - 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

Providers must submit the following as part of a bed change request:

- 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

There are exceptions to the above requirements. For further information see SOM 3202D.

Approved cost reporting year: 2026 | Proposed effective date of change: 04 /01/ 2026

Brief description of bed designation change:
Add 10 Medicaid certification semi private rooms A1, A2 and private rooms B1, B2, B3, B4, B5, and B6. Please see the attached 2 floor plans.

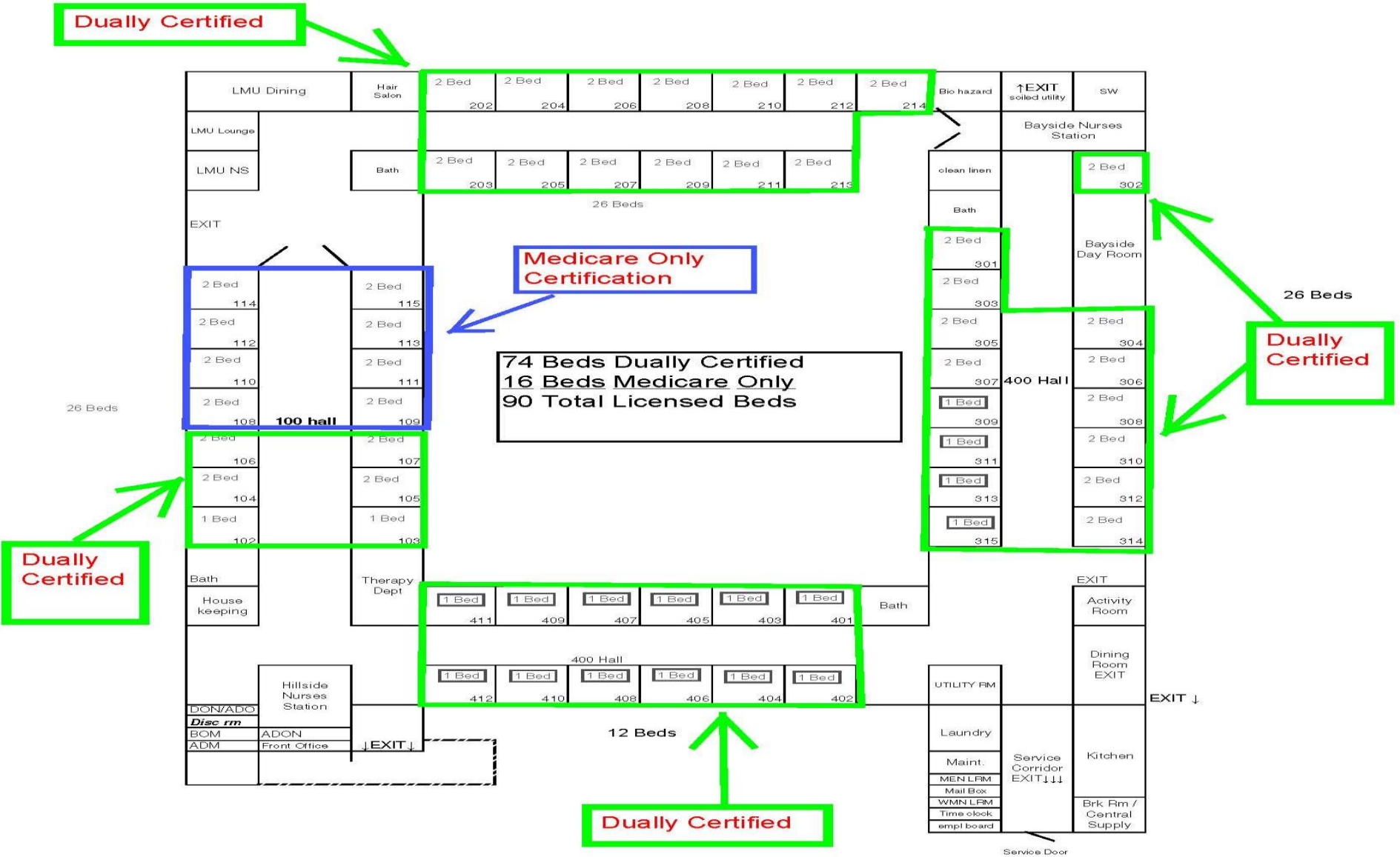
Floor Plan Requirements

Two floor plans that are printable and readable:

- One: A current floor plan.
- Two: A proposed floor plan (indicate the bed change).

Both must include:

- Room numbers and numbers of beds in each room (occupancy)
- Location of all facility beds, office spaces, dining, and other non-resident rooms by wing or unit.
- Total number of beds by wing or unit.
- Bed designation of all facility beds, for example, Medicare only, dually certified, or licensed only. Mark any Non-available Bed Plans or building program agreement if applicable. One with current and one with proposed.



Floor Plan example- contains bed occupancy in each room, current certifications, number of beds by wing, and all other non-resident rooms are identified. This is an example of current floor plan. It shows occupancy of each room, total beds by wing, current certification, and all rooms labeled.

Additional Information Required

If the facility is decertifying Medicaid certification-the facility must inform MDHHS of the current census of the facility when submitting the application.

If the facility is relocating beds within the facility-the facility must include how many Medicaid residents will be affected by this change.

Questions?