

## MEDICARE/MEDICAID BED-CHANGE REQUESTS

Reference: Medicare Transmittal 16, May 2000, (State Op Manual Sec. 2762, 3202, and 3204)  
HCFA Region IV All States Letter Number: 22-00

### Definitions:

- A Long Term Care (LTC) facility with a Skilled Nursing Facility (SNF) and a Nursing Facility (NF) distinct part is one facility, even though the distinct parts are separately certified for Medicare and Medicaid.
- “Distinct Part” refers to a portion of an institution or institutional complex (e.g., a nursing home or hospital) that is certified to provide SNF and /or NF services. It must be distinguishable from the larger institution, and must consist of all beds within the designated area. This could consist of, for example, a wing, separate building, a floor, a hallway or one side of a corridor. A LTC may choose to have a “distinct part” or be “fully participating” but not both.
- “Certified beds” are the counted beds in the certified component, including designated bed locations (even though an actual bed is not in evidence) as well as the typical resident beds.

**Requesting change in Certified Bed designation: Use “*Bed Change Request Form*” (attached)**

**ONLY ONE CHANGE REQUEST MAY BE SUBMITTED AT A TIME.**

Changes must take effect on the first day of the cost-reporting year and/or on the first day of a cost reporting quarter and request must be submitted to AHCA **45 days before the effective date of the change** (Exceptions: Bed Location Changes and Dual Certification of whole facility – see HCFA All States Letter Number 22-00).

A facility may eliminate its distinct part at any time and become fully participating (dually certified) in the Medicaid and/or Medicare program with an immediate effective date. **However, that facility may not return to distinct part until the beginning of its next cost-reporting year.**

Bed location changes (no change in certified bed numbers) may be made with a 30-day prior notice to AHCA.

Requests for change in the number of beds certified to participate in the Medicare or Medicaid program may be made **up to two times per cost reporting year.**

However, in cases where a change in the size of a SNF also impacts the size of a NF, that change represents **two changes:** one for the SNF and one for the NF. That change would, therefore, be the **only change permitted in that cost-reporting year.**

Approval **will not be given for two decreases** in the number of certified beds in the same cost-reporting year.

**The “*Bed Change Request Form*” should be filled out completely, following the instructions on the form.**

**NOTE that the block indicating “total # of beds in facility” should equal the total of the entries in blocks A, B, C, and D. Incomplete information will delay processing of requested change. Along with the completed “*Bed Change Request Form*,” also please submit as follows:**

1. **Four (4) copies of two (2) separate facility floor plans (1 current, 1 proposed) must be submitted. Changes to the floor plan should be highlighted with colored marking pens. Do not staple.**
  - The first floor plan must be titled “**Current Beds**” and identify the current configuration, including **Room and Bed numbers**, of Medicare, Medicaid, Dually Certified and Other beds.
  - The second floor plan must be titled “**Proposed Beds**” and must indicate the **Room and Bed Numbers** of the beds you wish to have certified and whether the beds are to be Medicare, Medicaid, Dually Certified, or Other. Highlight with marking pens. Do not staple.
2. **A separate listing of beds and room numbers/ existing and proposed.**
3. **Letter of Request with fax, phone number, address & contact person**

**Mail items to AHCA, Long Term Care Unit, MS 33, 2727 Mahan Drive, Tallahassee 32308. If questions, call 850/488-5861.**