

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

See Long Term Care web site for forms:

http://www.fdhc.state.fl.us/MCHQ/Health_Facility_Regulation/LTC/index.shtml

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. **Two (2) copies facility floor plans (current - 2 copies, proposed – 2 copies) 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 850/412-4303.