

Bed Change & Remodeling Requests

Facilities may elect to request changes in state licensed (Residential or NCC) or certified comprehensive (Title 18 SNF, Title 19 NF, Title 18 SNF/Title 19 NF) bed configurations in accordance with state and federal rules/regulations. Below are the required documentation for bed additions, bed conversions, bed decreases, bed reclassifications, bed relocations, remodeling, room renumbering and vent units. Information submitted should include floor plans and bed inventories for **all** licensed (residential and comprehensive care beds) and certified beds even if they are not changing.

Bed Addition

Bed additions are a request for an increase in the number of facility licensed or licensed & certified beds. This transaction requires:

- Plans Approval for addition by the Division of Healthcare Engineering at the Indiana State Department of Health, as appropriate. www.in.gov/isdh/24382.htm .
- Letter specifically outlining the bed change being requested, including the affected room numbers and current and proposed bed classifications.
- Facility Floor Plan representing the **current** bed configuration on 8 ½” X 11” paper.
 - Room numbers should be legible.
 - Floor plans should include **all** licensed residential, non-certified comprehensive (NCC), and certified beds.
 - If needed, use multiple pages.
- Facility Floor Plan representing the **proposed** bed configuration on 8 ½” X 11” paper.
 - Room numbers should be legible.
 - Floor plans should include **all** licensed residential, non-certified comprehensive (NCC), and certified beds.
 - If needed, use multiple pages.
- Bed Inventory (State Form 4332) representing the **current** bed configuration, this should include **all** licensed residential, non-certified comprehensive (NCC), and certified beds; this form can be found at <https://forms.in.gov/Download.aspx?id=4659> .
- Bed Inventory (State Form 4332) representing the **proposed** bed configuration, this should include **all** licensed residential, non-certified comprehensive (NCC), and certified beds; this form can be found at <https://forms.in.gov/Download.aspx?id=4659> .
- Square foot measurements for the affected rooms and common space, as appropriate
- Licensure Fee (\$10.00 per each additional bed)
- The proposed effective date of change in bed configuration.
- Written request to ISDH for the Life Safety Code and/or State Fire Code inspections as appropriate

Bed Conversion

Bed conversions are converting an existing bed from comprehensive to residential or vice versa when the facility already has both bed classifications and is already enrolled in the Medicaid and/or Medicare programs. The transaction requires:

- Plans Approval for addition by the Division of Healthcare Engineering at the Indiana State Department of Health. www.in.gov/isdh/24382.htm
- Letter specifically outlining the bed change being requested, including the affected room numbers and current and proposed bed classifications.
- Facility Floor Plan representing the **current** bed configuration on 8 ½” X 11” paper.
 - Room numbers should be legible.
 - Floor plans should include **all** licensed residential, non-certified comprehensive (NCC), and certified beds.
 - If needed, use multiple pages.
- Facility Floor Plan representing the **proposed** bed configuration on 8 ½” X 11” paper.
 - Room numbers should be legible.
 - Floor plans should include **all** licensed residential, non-certified comprehensive (NCC), and certified beds.
 - If needed, use multiple pages.
- Bed Inventory (State Form 4332) representing the **current** bed configuration, this should include **all** licensed and certified beds; this form can be found at <https://forms.in.gov/Download.aspx?id=4659> .
- Bed Inventory (State Form 4332) representing the **proposed** bed configuration, this should include **all** licensed and certified beds; this form can be found at <https://forms.in.gov/Download.aspx?id=4659> .
- The proposed effective date of change in bed configuration.
- Written request to ISDH for the Life Safety Code and/or State Fire Code inspections as appropriate.

Bed Decrease

Bed decreases are a request for decreasing, de-licensing, or decertifying the number of beds in a facility. Quite often the terms "Decertifying" and "Decreasing" are misused when bed change requests are submitted from providers.

- Decertifying beds means to make the beds ineligible for reimbursement under either the Medicare or Medicaid programs. In most cases, decertified beds are changed to Non-Certified Comprehensive (NCC) beds or Residential level of care beds. If the decertified beds are not changed to Non-Certified Comprehensive (NCC) or Residential level of care the number of licensed beds will be reduced accordingly.
- De-licensing beds means that you want to decrease the number of licensed beds in the facility.

This transaction requires:

- Letter specifically outlining the bed change being requested.
- Facility Floor Plan representing the **current** bed configuration on 8 ½" X 11" paper.
 - Room numbers should be legible.
 - Floor plans should include **all** licensed residential, non-certified comprehensive (NCC), and certified beds.
 - If needed, use multiple pages.
- Facility Floor Plan representing the **proposed** bed configuration on 8 ½" X 11" paper.
 - Room numbers should be legible.
 - Floor plans should include **all** licensed residential, non-certified comprehensive (NCC), and certified beds.
 - If needed, use multiple pages.
- Bed Inventory (State Form 4332) representing the **current** bed configuration, this should include **all** licensed residential, non-certified comprehensive (NCC), and certified beds; this form can be found at <https://forms.in.gov/Download.aspx?id=4659> .
- Bed Inventory (State Form 4332) representing the **proposed** bed configuration, this should include **all** licensed residential, non-certified comprehensive (NCC), and certified beds; this form can be found at <https://forms.in.gov/Download.aspx?id=4659> .
- The proposed effective date of change in bed configuration.

Bed Reclassification

Bed reclassifications are a change in the status of existing beds that does not require an increase in bed capacity, decrease in bed classification, or a bed conversion. This transaction requires:

- Letter specifically outlining the bed change being requested (include affected room numbers).
- Facility Floor Plan representing the **current** bed configuration on 8 ½" X 11" paper.
 - Room numbers should be legible.
 - Floor plans should include **all** licensed residential, non-certified comprehensive (NCC), and certified beds.
 - If needed, use multiple pages.
- Facility Floor Plan representing the **proposed** bed configuration on 8 ½" X 11" paper.
 - Room numbers should be legible.
 - Floor plans should include **all** licensed residential, non-certified comprehensive (NCC), and certified beds.
 - If needed, use multiple pages.
- Bed Inventory (State Form 4332) representing the **current** bed configuration, this should include **all** licensed residential, non-certified comprehensive (NCC), and certified beds; this form can be found at <https://forms.in.gov/Download.aspx?id=4659> .
- Bed Inventory (State Form 4332) representing the **proposed** bed configuration, this should include **all** licensed residential, non-certified comprehensive (NCC), and certified beds; this form can be found at <https://forms.in.gov/Download.aspx?id=4659> .
- The proposed effective date of change in bed configuration.

Bed Relocation

Bed relocations are a change in location of the licensure and/or certification of a bed from one room within a facility to another. This change type would not result in an increase in bed capacity, decrease in bed classification, bed conversion, or a bed reclassification. This transaction requires:

- Letter specifically outlining the bed change being requested (include affected room numbers).
- Facility Floor Plan representing the **current** bed configuration on 8 ½” X 11” paper.
 - Room numbers should be legible.
 - Floor plans should include **all** licensed residential, non-certified comprehensive (NCC), and certified beds.
 - If needed, use multiple pages.
- Facility Floor Plan representing the **proposed** bed configuration on 8 ½” X 11” paper.
 - Room numbers should be legible.
 - Floor plans should include **all** licensed residential, non-certified comprehensive (NCC), and certified beds.
 - If needed, use multiple pages.
- Bed Inventory (State Form 4332) representing the **current** bed configuration, this should include **all** licensed residential, non-certified comprehensive (NCC), and certified beds; this form can be found at <https://forms.in.gov/Download.aspx?id=4659> .
- Bed Inventory (State Form 4332) representing the **proposed** bed configuration, this should include **all** licensed residential, non-certified comprehensive (NCC), and certified beds; this form can be found at <https://forms.in.gov/Download.aspx?id=4659> .
- The proposed effective date of change in bed configuration.
- Plans Approval for addition by the Division of Healthcare Engineering at the Indiana State Department of Health, if applicable. www.in.gov/isdh/24382.htm
- Written request to ISDH for the Life Safety Code and/or State Fire Code inspections as appropriate.

Remodeling

Renovation and/or any major change (such as adding, moving or removing walls, new additions...) in facility physical plant might require the following.

- Letter specifically outlining the bed change being requested, to include the **full scope** of the remodeling project and the proposed completion date.
- Facility Floor Plan representing the **current** bed configuration on 8 ½” X 11” paper.
 - Room numbers should be legible.
 - Floor plans should include **all** licensed residential, non-certified comprehensive (NCC), and certified beds.
 - If needed, use multiple pages.
- Facility Floor Plan representing the **proposed** bed configuration on 8 ½” X 11” paper.
 - Room numbers should be legible.
 - Floor plans should include **all** licensed residential, non-certified comprehensive (NCC), and certified beds.
 - If needed, use multiple pages.
- Bed Inventory (State Form 4332) representing the **current** bed configuration, this should include **all** licensed residential, non-certified comprehensive (NCC), and certified beds; this form can be found at <https://forms.in.gov/Download.aspx?id=4659> .
- Bed Inventory (State Form 4332) representing the **proposed** bed configuration, this should include **all** licensed residential, non-certified comprehensive (NCC), and certified beds; this form can be found at <https://forms.in.gov/Download.aspx?id=4659> .
- Plans Approval for addition by the Division of Healthcare Engineering at the Indiana State Department of Health, if applicable. www.in.gov/isdh/24382.htm
- Written request to ISDH for the Life Safety Code and/or State Fire Code inspections as appropriate.

Room Renumbering

This change does not require an approval from ISDH but is required to update facility records.

- Letter specifically outlining the change.
- Facility Floor Plan representing the **current** bed configuration on 8 ½” X 11” paper.
 - Room numbers should be legible.
 - Floor plans should include **all** licensed residential, non-certified comprehensive (NCC), and certified beds.
 - If needed, use multiple pages.
- Facility Floor Plan representing the **proposed** bed configuration on 8 ½” X 11” paper.
 - Room numbers should be legible.
 - Floor plans should include **all** licensed residential, non-certified comprehensive (NCC), and certified beds.
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- Bed Inventory (State Form 4332) representing the **proposed** bed configuration, this should include **all** licensed residential, non-certified comprehensive (NCC), and certified beds; this form can be found at <https://forms.in.gov/Download.aspx?id=4659> .

Vent Units

- Memo stating that the facility would like to open a vent unit and identifying which rooms would make up the unit
- Copies of any local or state permits needed for work done on the unit
- Floor plan with the vent unit rooms marked on it
- Plans approval from the Division of Healthcare Engineering at the Indiana State Department of Health is required for electrical wiring and may be may be required for other changes. www.in.gov/isdh/24382.htm
- Written request for a LSC Survey
- Fire inspection may be required

Miscellaneous information

State rules and regulations can be found under 410 IAC 16.2 and IAC 16-28.

Federal requirements can be found in the CMS State Operations Manual, Chapter 3, Section 3202.

Bed change requests should be submitted at least 45 days prior to the proposed effective date.

If you have any questions regarding the application process please contact Provider Services at 317-233-7613, 317-234-3071 or 317-233-7794 or by email at ltcproviderservices@isdh.IN.gov .

Completed application packets should be sent to the following address.

Long Term Care Provider Services
Indiana State Department of Health
2 N. Meridian St., Section 4B
Indianapolis, IN 46204