

## Bed Change and 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. There are four types of bed change transactions: bed addition, bed conversion, bed decrease, and bed reclassification. Enclosed are the application forms and required documentation for each bed change transaction type. If you have any questions regarding the application process please call 317/233-7794 or 317-233-7613 or email [ltcproviderservices@isdh.in.gov](mailto:ltcproviderservices@isdh.in.gov).

### Bed Change Transaction Types and Requirements

Below is a list of the typical requirements for each type of request. However, there could be additional information required once the request has been received and reviewed.

#### Bed Addition

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

- Plans Approval for addition by the Division of Healthcare Engineering at the Indiana State Department of Health **or** square footage of beds and common space, **as appropriate**.
  - Beds being added in rooms that are currently unlicensed will require plans approval.
  - The plans approval information can be found at <http://www.in.gov/isdh/24382.htm>
- A cover letter specifically outlining the bed change being requested, including the affected room numbers and current and proposed bed classifications (include a contact name, phone number, and email) **or** use the SF52322 Bed Change and Remodeling Request Coversheet. This form is located at <https://forms.in.gov/Download.aspx?id=6532>.
- Facility Floor Plan on 8 ½" X 11" paper representing the **current** bed configuration. Room numbers must be legible. Floor plan should be for all licensed and certified beds in the facility. Use multiple pages as needed.
- Facility Floor Plan on 8 ½" X 11" paper representing the **proposed** bed configuration. Room numbers must be legible. Floor plan should be for all licensed and certified beds in the facility. Use multiple pages as needed.
- Bed Inventory (State Form 4332) representing the **current** bed configuration. This form is available at <https://forms.in.gov/Download.aspx?id=4659>
- Bed Inventory (State Form 4332) representing the **proposed** bed configuration. This form is available at <https://forms.in.gov/Download.aspx?id=4659>
- Licensure Fee (\$10.00 per each additional bed)
- The effective date of change in bed configuration.
- Life Safety Code/Sanitarian/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. The plans approval information can be found at <http://www.in.gov/isdh/24382.htm>
- A cover letter specifically outlining the bed change being requested, including the affected room numbers and current and proposed bed classifications (include a contact name, phone number, and email) **or** use the SF52322 Bed Change and Remodeling Request Coversheet. This form is located at <https://forms.in.gov/Download.aspx?id=6532>.
- Facility Floor Plan on 8 ½" X 11" paper representing the **current** bed configuration. Room numbers must be legible. Floor plan should be for all licensed and certified beds in the facility. Use multiple pages as needed.
- Facility Floor Plan on 8 ½" X 11" paper representing the **proposed** bed configuration. Room numbers must be legible. Floor plan should be for all licensed and certified beds in the facility. Use multiple

pages as needed.

- Bed Inventory (State Form 4332) representing the **current** bed configuration. This form is available at <https://forms.in.gov/Download.aspx?id=4659>.
- Bed Inventory (State Form 4332) representing the **proposed** bed configuration. This form is available at <https://forms.in.gov/Download.aspx?id=4659>
- The proposed effective date of change in bed configuration.
- Life Safety Code/Sanitarian/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:

- A cover letter specifically outlining the bed change being requested, including the affected room numbers and current and proposed bed classifications (include a contact name, phone number, and email) **or** use the SF52322 Bed Change and Remodeling Request Coversheet. This form is located at <https://forms.in.gov/Download.aspx?id=6532> .
- Facility Floor Plan on 8 ½" X 11" paper representing the **current** bed configuration. Room numbers must be legible. Floor plan should be for all licensed and certified beds in the facility. Use multiple pages as needed.
- Facility Floor Plan on 8 ½" X 11" paper representing the **proposed** bed configuration. Room numbers must be legible. Floor plan should be for all licensed and certified beds in the facility. Use multiple pages as needed.
- Bed Inventory (State Form 4332) representing the **current** bed configuration. This form is available at <https://forms.in.gov/Download.aspx?id=4659>.
- Bed Inventory (State Form 4332) representing the **proposed** bed configuration. This form is available 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:

- A cover letter specifically outlining the bed change being requested, including the affected room numbers and current and proposed bed classifications (include a contact name, phone number, and email) **or** use the SF52322 Bed Change and Remodeling Request Coversheet. This form is located at <https://forms.in.gov/Download.aspx?id=6532> .
- Facility Floor Plan on 8 ½" X 11" paper representing the **current** bed configuration. Room numbers must be legible. Floor plan should be for all licensed and certified beds in the facility. Use multiple pages as needed.
- Facility Floor Plan on 8 ½" X 11" paper representing the **proposed** bed configuration. Room numbers must be legible. Floor plan should be for all licensed and certified beds in the facility. Use multiple pages as needed.
- Bed Inventory (State Form 4332) representing the **current** bed configuration. This form is available at <https://forms.in.gov/Download.aspx?id=4659>.
- Bed Inventory (State Form 4332) representing the **proposed** bed configuration. This form is available

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:

- A cover letter specifically outlining the bed change being requested, including the affected room numbers and current and proposed bed classifications (include a contact name, phone number, and email) **or** use the SF52322 Bed Change and Remodeling Request Coversheet. This form is located at <https://forms.in.gov/Download.aspx?id=6532>.
- Facility Floor Plan on 8 ½” X 11” paper representing the **current** bed configuration. Room numbers must be legible. Floor plan should be for all licensed and certified beds in the facility. Use multiple pages as needed.
- Facility Floor Plan on 8 ½” X 11” paper representing the **proposed** bed configuration. Room numbers must be legible. Floor plan should be for all licensed and certified beds in the facility. Use multiple pages as needed.
- Bed Inventory (State Form 4332) representing the **current** bed configuration. This form is available at <https://forms.in.gov/Download.aspx?id=4659>.
- Bed Inventory (State Form 4332) representing the **proposed** bed configuration. This form is available 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. The plans approval information can be found at <http://www.in.gov/isdh/24382.htm>

### **Remodeling Requirements**

This is a general list of the requirements. There may be additional requirements depending on the project.

- Plans Approval for addition by the Division of Healthcare Engineering at the Indiana State Department of Health.
  - The plans approval information can be found at <http://www.in.gov/isdh/24382.htm>
- A cover letter specifically outlining the bed change being requested, including the affected room numbers and current and proposed bed classifications (include a contact name, phone number, and email) **or** use the SF52322 Bed Change and Remodeling Request Coversheet. This form is located at <https://forms.in.gov/Download.aspx?id=6532>.
- Include a full description of the scope of work involved in remodeling.
- Facility Floor Plan on 8 ½” X 11” paper representing the **current** bed configuration. Room numbers must be legible. Floor plan should be for all licensed and certified beds in the facility. Use multiple pages as needed.
- Facility Floor Plan on 8 ½” X 11” paper representing the **proposed** bed configuration. Room numbers must be legible. Floor plan should be for all licensed and certified beds in the facility. Use multiple pages as needed.
- If changes are being made to resident rooms, then the following is also required.
  - Bed Inventory (State Form 4332) representing the **current** bed configuration. This form is available at <https://forms.in.gov/Download.aspx?id=4659>.
  - Bed Inventory (State Form 4332) representing the **proposed** bed configuration. This form is available at <https://forms.in.gov/Download.aspx?id=4659>
- Life Safety Code and/or State Fire Code inspections as appropriate

### **Locked Memory Care Unit Requirements**

- A cover letter specifically outlining the bed change being requested, including the affected room

numbers and current and proposed bed classifications (include a contact name, phone number, and email) **or** use the SF52322 Bed Change and Remodeling Request Coversheet. This form is located at <https://forms.in.gov/Download.aspx?id=6532> .

- Facility Floor Plan on 8 ½” X 11” paper representing the **current** bed configuration. Room numbers must be legible. Floor plan should be for all licensed and certified beds in the facility. Use multiple pages as needed.
- Facility Floor Plan on 8 ½” X 11” paper representing the **proposed** bed configuration with the locked unit marked on it. Room numbers must be legible. Floor plan should be for all licensed and certified beds in the facility. Use multiple pages as needed.
- Explanation of how the unit(s) will be locked
- Plans approval may be required
- Life Safety Code and/or State Fire Code inspections as appropriate

Additional documents that may be required.

- Bed Inventory (State Form 4332) representing the **current** bed configuration. This form is available at <https://forms.in.gov/Download.aspx?id=4659>.
- Bed Inventory (State Form 4332) representing the **proposed** bed configuration. This form is available at <https://forms.in.gov/Download.aspx?id=4659>

### **Vent Unit Requirements**

- A cover letter outlining the facility’s plans to open a vent unit, including the affected room numbers and current and proposed bed classifications (include a contact name, phone number, and email) **or** use the SF52322 Bed Change and Remodeling Request Coversheet. This form is located at <https://forms.in.gov/Download.aspx?id=6532> .
- Copies of any local or state permits needed for work done on the unit
- Facility Floor Plan on 8 ½” X 11” paper representing the **current** bed configuration. Room numbers must be legible. Floor plan should be for all licensed and certified beds in the facility. Use multiple pages as needed.
- Facility Floor Plan on 8 ½” X 11” paper representing the **proposed** bed configuration with the vent unit rooms marked on it. Room numbers must be legible. Floor plan should be for all licensed and certified beds in the facility. Use multiple pages as needed.
- Plans approval is required for electrical wiring to show Type 1 essential electrical system and may also be required for other physical changes
- Request for a LSC Survey when the unit is ready to open
- Fire inspection may be required

Additional documents that may be required.

- Bed Inventory (State Form 4332) representing the **current** bed configuration. This form is available at <https://forms.in.gov/Download.aspx?id=4659>.
- Bed Inventory (State Form 4332) representing the **proposed** bed configuration. This form is available at <https://forms.in.gov/Download.aspx?id=4659>

The facility should also contact the state fire marshal/homeland security office to see if they also need to file plans file with them as well.

**Please mail completed application packets to the following address:**

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

If you have any questions regarding the application process please contact Provider Services at 317/233-7794, 317/233-7613, or 317/234-3071 or by email at [ltpviderservices@isdh.IN.gov](mailto:ltpviderservices@isdh.IN.gov)

## **Bed Change-Plans Approval**

### **Plans Approval for New Construction, Additions, or Remodeling**

#### **Before Beginning Construction or Remodeling**

Prior to the commencement of any construction or remodeling at a facility or beginning construction on a new facility please ensure that any plans and specifications for that project have been approved (if required) by the Indiana State Department of Health, Division of Healthcare Engineering. The general rule is that any new construction, addition, conversion, relocation, renovation, and/or any major change in facility physical plant would require plans approval. To determine if plans are required to be submitted for any project you should contact:

- Provider Services [ltproverserices@isdh.in.gov](mailto:ltproverserices@isdh.in.gov) , 317-233-7794, 317-233-7613, or 317-234-3071
- Division of Healthcare Engineering 317- 233-7166, [thite@isdh.in.gov](mailto:thite@isdh.in.gov) or [engineering@isdh.in.gov](mailto:engineering@isdh.in.gov) .

Website for the Division of Healthcare Engineering: <http://www.in.gov/isdh/24386.htm>

Also before beginning the construction or remodeling project the facility should contact Long Term Care - Provider Services in order to determine if supplemental application forms or supporting documentation is required for the transaction. New facilities, bed additions, conversions, facility relocations, remodeling projects, etc. might have both state and federal requirements in addition to plans approval. Please ensure that all requirements will be met before beginning construction in order to ensure seamless service delivery after completion of project.

#### **After Construction is Complete**

Before occupying the area of construction or remodeling:

- Contact Long Term Care -Provider Services at [ltproverservices@isdh.in.gov](mailto:ltproverservices@isdh.in.gov) , 317-233-7794, 317-233-7613, 317-234-3071 to verify that all application materials and/or requirements have been met.
- Submit a letter to Long Term Care -Provider Services indicating that the project is complete.
- The facility shall notify Long Term Care - Provider Services (as appropriate), in writing, when the new construction or remodeled area is ready for the required Life Safety Code and/or State Fire Code inspections.

#### **Important:**

- **The area cannot be occupied until these inspections have been conducted and released.**
- **For Licensure purposes by the Division of Long Term Care, an “occupancy permit” issued by a city/county agency is not authorization to occupy the newly constructed facility/area.**
- **The Division of Long Term Care will grant permission to occupy only after the Life Safety Code and/or State Fire Code Inspection(s) have been conducted and released.**