

# Requests for Bed Changes, Remodeling, & Special Units



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 general requirements. 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.

Please review the Certificate of Need restrictions at <https://www.in.gov/health/long-term-care/nursing-homes/certificate-of-need-program>

**If bed changes are being done in multiple phases, then a separate request should be submitted for each phase.**

**All requests must be submitted at least 45 days prior to the desired effective date. However, submitting 60 days prior to the desired effective date is recommended.**

## 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 Department of Health.
- Letter specifically outlining the bed change being requested, including the affected room numbers and **current** and proposed bed classifications and the proposed effective date of change in bed configuration
- Facility Floor Plan representing the **current** bed configuration on 8 ½" X 11" paper. If needed, use multiple pages.
  - Room numbers should be legible.
  - Floor plans should include **all** licensed residential, non-certified comprehensive (NCC), and certified beds.
- Facility Floor Plan representing the **proposed** bed configuration on 8 ½" X 11" paper. If needed, use multiple pages.
  - Room numbers should be legible.
  - Floor plans should include **all** licensed residential, non-certified comprehensive (NCC), and certified beds.
- [Bed Inventory](#) (State Form 4332) representing the **current** bed configuration, this should include **all** licensed residential, non-certified comprehensive (NCC), and certified beds.
- [Bed Inventory](#) (State Form 4332) representing the **proposed** bed configuration, this should include **all** licensed residential, non-certified comprehensive (NCC), and certified beds.
- Licensure Fee (\$10.00 per each additional bed)
- Written request to Indiana Department of Health for the Life Safety Code and/or State Fire Code inspections

## 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 Department of Health.
- Letter specifically outlining the bed change being requested, including the affected room numbers and **current** and proposed bed classifications and the proposed effective date of change in bed configuration.
- Facility Floor Plan representing the **current** bed configuration on 8 ½" X 11" paper. If needed, use multiple pages.
  - Room numbers should be legible.
  - Floor plans should include **all** licensed residential, non-certified comprehensive (NCC), and certified beds.
- Facility Floor Plan representing the **proposed** bed configuration on 8 ½" X 11" paper. If needed, use multiple pages.
  - Room numbers should be legible.
  - Floor plans should include **all** licensed residential, non-certified comprehensive (NCC), and certified beds.
- [Bed Inventory](#) (State Form 4332) representing the **current** bed configuration, this should include **all** licensed and certified beds.
- [Bed Inventory](#) (State Form 4332) representing the **proposed** bed configuration, this should include **all** licensed and certified beds.
- Written request to the Indiana Department of Health 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 and the proposed effective date of change in bed configuration.
- Facility Floor Plan representing the **current** bed configuration on 8 ½" X 11" paper. If needed, use multiple pages.
  - Room numbers should be legible.
  - Floor plans should include **all** licensed residential, non-certified comprehensive (NCC), and certified beds.
- Facility Floor Plan representing the **proposed** bed configuration on 8 ½" X 11" paper. If needed, use multiple pages.
  - Room numbers should be legible.
  - Floor plans should include **all** licensed residential, non-certified comprehensive (NCC), and certified beds.
- [Bed Inventory](#) (State Form 4332) representing the **current** bed configuration, this should include **all** licensed residential, non-certified comprehensive (NCC), and certified beds. The number of beds per room equals the number of residents allowed per room. The number of beds per room equals the number of residents allowed per room.
- [Bed Inventory](#) (State Form 4332) representing the **proposed** bed configuration, this should include **all** licensed residential, non-certified comprehensive (NCC), and certified beds.

### 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) and the proposed effective date of change in bed configuration.
- Facility Floor Plan representing the **current** bed configuration on 8 ½" X 11" paper. If needed, use multiple pages.
  - Room numbers should be legible.
  - Floor plans should include **all** licensed residential, non-certified comprehensive (NCC), and certified beds.
- Facility Floor Plan representing the **proposed** bed configuration on 8 ½" X 11" paper. If needed, use multiple pages.
  - Room numbers should be legible.
  - Floor plans should include **all** licensed residential, non-certified comprehensive (NCC), and certified beds.
- [Bed Inventory](#) (State Form 4332) representing the **current** bed configuration, this should include **all** licensed residential, non-certified comprehensive (NCC), and certified beds.
- [Bed Inventory](#) (State Form 4332) representing the **proposed** bed configuration, this should include **all** licensed residential, non-certified comprehensive (NCC), and certified beds.



## 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), and the proposed effective date of change in bed configuration.
- Plans Approval by the [Division of Healthcare Engineering](#) at the Indiana Department of Health will be required if the number of beds in a room is increasing or if the bed is being relocated to a room that is not currently licensed.
- Facility Floor Plan representing the **current** bed configuration on 8 ½" X 11" paper. If needed, use multiple pages.
  - Room numbers should be legible.
  - Floor plans should include **all** licensed residential, non-certified comprehensive (NCC), and certified beds.
- Facility Floor Plan representing the **proposed** bed configuration on 8 ½" X 11" paper. If needed, use multiple pages.
  - Room numbers should be legible.
  - Floor plans should include **all** licensed residential, non-certified comprehensive (NCC), and certified beds.
- [Bed Inventory](#) (State Form 4332) representing the **current** bed configuration, this should include **all** licensed residential, non-certified comprehensive (NCC), and certified beds.
- [Bed Inventory](#) (State Form 4332) representing the **proposed** bed configuration, this should include **all** licensed residential, non-certified comprehensive (NCC), and certified beds.
- The proposed effective date of change in bed configuration.
- Written request to Indiana Department of Health for the Life Safety Code and/or State Fire Code inspections may be required.

## Remodeling

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

**If remodeling is being done in multiple phases, then a separate request should be submitted for each phase.**

- Plans Approval by the [Division of Healthcare Engineering](#) at the Indiana Department of Health.
- 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. If needed, use multiple pages.
  - Room numbers should be legible.
  - Floor plans should include **all** licensed residential, non-certified comprehensive (NCC), and certified beds.



- Facility Floor Plan representing the **proposed** bed configuration on 8 ½" X 11" paper. If needed, use multiple pages
  - Room numbers should be legible.
  - Floor plans should include **all** licensed residential, non-certified comprehensive (NCC), and certified beds.
- [Bed Inventory](#) (State Form 4332) representing the **current** bed configuration, this should include **all** licensed residential, non-certified comprehensive (NCC), and certified beds.
- [Bed Inventory](#) (State Form 4332) representing the **proposed** bed configuration, this should include **all** licensed residential, non-certified comprehensive (NCC), and certified beds.
- Written request to Indiana Department of Health for the Life Safety Code and/or State Fire Code inspections.

### Room Renumbering

This change does not require an approval from IDOH 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. If needed, use multiple pages.
  - Room numbers should be legible.
  - Floor plans should include **all** licensed residential, non-certified comprehensive (NCC), and certified beds.
- Facility Floor Plan representing the **proposed** bed configuration on 8 ½" X 11" paper. If needed, use multiple pages.
  - Room numbers should be legible.
  - Floor plans should include **all** licensed residential, non-certified comprehensive (NCC), and certified beds.
- [Bed Inventory](#) (State Form 4332) representing the **current** bed configuration, this should include **all** licensed residential, non-certified comprehensive (NCC), and certified beds.
- [Bed Inventory](#) (State Form 4332) representing the **proposed** bed configuration, this should include **all** licensed residential, non-certified comprehensive (NCC), and certified beds.

### Vent Units

- Plans approval from the [Division of Healthcare Engineering](#) at the Indiana Department of Health is required for electrical wiring and may be required for other changes.
- 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
- Facility Floor Plan representing the **current** bed configuration on 8 ½" X 11" paper. If needed, use multiple pages.
  - Room numbers should be legible.
  - Floor plans should include **all** licensed residential, non-certified comprehensive (NCC), and certified beds.



- Floor plan representing the **proposed** bed configuration on 8 ½" X 11" paper, with vent unit rooms marked. If needed, use multiple pages.
  - Room numbers should be legible.
  - Floor plans should include **all** licensed residential, non-certified comprehensive (NCC), and certified beds.
- [Bed Inventory](#) (State Form 4332) representing the **proposed** bed configuration, this should include **all** licensed residential, non-certified comprehensive (NCC), and certified beds.
- Written request to Indiana Department of Health for the Life Safety Code and/or State Fire Code inspections.

### **Locked Memory Care Unit**

- Plans approval from the [Division of Healthcare Engineering](#) at the Indiana Department of Health.
- Letter specifically outlining the bed change being requested and identifying which rooms would make up the unit.
- Facility Floor Plan representing the **current** bed configuration on 8 ½" X 11" paper. If needed, use multiple pages.
  - Room numbers should be legible.
  - Floor plans should include **all** licensed residential, non-certified comprehensive (NCC), and certified beds.
- Floor plan representing the **proposed** bed configuration on 8 ½" X 11" paper, with vent unit rooms marked. If needed, use multiple pages.
  - Room numbers should be legible.
  - Floor plans should include **all** licensed residential, non-certified comprehensive (NCC), and certified beds.
- [Bed Inventory](#) (State Form 4332) representing the **proposed** bed configuration, this should include **all** licensed residential, non-certified comprehensive (NCC), and certified beds.
- Written request to Indiana Department of Health for the Life Safety Code and/or State Fire Code inspections.

### **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.

**All requests must be submitted at least 45 days prior to the desired effective date. However, submitting 60 days prior to the desired effective date is recommended.**

**Completed application packets should be sent to the following address:**

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

Email questions to Provider Services at [ltpviderservices@isdh.IN.gov](mailto:ltpviderservices@isdh.IN.gov).

