Long Term Care Bed Change Request Process

The instructions below outline the process for requesting bed changes for long term care licensed and certified facilities.

All bed change requests must be approved prior to a facility's implementation of the requested change.

☐ STEP 1 - Obtain approval from the Division of Certificate of Need

☐ STEP 2 - Complete Architectural Program Review Worksheet and Fee (if applicable)
- o Worksheet and Fee are required if:
  - New construction
  - Renovation
  - Change of LTC licensure type
  - Change of physical room location

☐ STEP 3 – Application for License to Operate a Long Term Care Facility and fee (if applicable)
- o Application is required if there is an increase or decrease of licensed beds
- o Fee is required if there is an increase of licensed beds or a change in licensure type
  - See License Fee Schedule for cost per bed

☐ STEP 4 - Complete Bed Change Request Packet, to include:
- o Bed Change Request Form
- o 2 Color Coded Floor Plans
  - Current
  - Proposed
- o Cover letter
  - Must be on company letterhead
  - Include license number
  - Detail the bed change request
- o **Certified facilities** must abide by the following:
  - CMS allows Medicare/Medicaid participating facilities to elect to increase or decrease the number or change the location of beds that are certified
  - Change in size:
    - If there is an increase or decrease in certified beds, the effective date must be the next fiscal quarter after 45 days and will be referred to as the "required effective date"
    - See Bed Change Fiscal Year Quarter Chart to determine the effective date.
  - Change in location:
    - If there is **NOT** an increase or decrease in certified beds (example: relocation of existing beds), the requested effective date must be at least 30 days after receipt of the request.

☐ STEP 5 – Submit all required documents via mail to:

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The Division of Health Care
275 East Main Street 5EA
Frankfort, KY 40621

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Please call (502) 564-7963 for questions or concerns related to your bed change request.