

Request for Bed Changes and Bed Relocations

For any request to be considered complete, all accompanying information must be received with the request. Incomplete requests will not be processed. All requests must be signed and dated.

Facility Name:	Facility ID No.:	Provider No.:	
Street Address:	City:	ZIP Code:	Tentative Effective Date:
Medicare Administrative Contractor (indicate N/A, if not applicable):	Fiscal Year End Date (also known as cost-reporting year):		
Name of Contact Person:	Area Code and Phone No.:		

Attach Current and Proposed Floor Plans

Section 1, Current Bed Configuration

List room numbers and include the number of beds in each room.

Examples: <ul style="list-style-type: none"> Rooms 1 - 10: 2 beds each; Room 11: 4-bed ward; Rooms 12 and 13: 2 beds each; Room 14: 1 bed; Rooms 15 - 25: 2 beds each. 	Title 18 only Medicare (SNF) only Beds	
	Title 18/19 Medicare/Medicaid (SNF/NF) Beds	
	Title 19 only Medicaid (NF) only Beds	
	Licensed-only Beds	
	Total Licensed Beds	

Section 2, Proposed Bed Configuration

List room numbers and include the number of beds in each room.

Examples: <ul style="list-style-type: none"> Rooms 1 - 10: 2 beds each; Room 11: 4-bed ward; Rooms 12 and 13: 2 beds each; Room 14: 1 bed; Rooms 15 - 25: 2 beds each. 	Title 18 only Medicare (SNF) only Beds	
	Title 18/19 Medicare/Medicaid (SNF/NF) Beds	
	Title 19 only Medicaid (NF) only Beds	
	Licensed-only Beds	
	Total Licensed Beds	

Signature: _____ Date: _____

Submit your request to:

Texas Health and Human Services Commission
Regulatory Services
Long-term Care Regulation, Medicaid Bed Allocation,
Mail Code E-342
P.O. Box 149030
Austin, TX 78714-9030

Or, overnight to: Texas Health and Human Services Commission
Regulatory Services
Long-term Care Regulation, Medicaid Bed Allocation,
Mail Code E-342
701 West 51st Street
Austin, TX 78751

For related questions, contact Medicaid Bed Allocation at 512-438-2630 or by email at Medicaid_Bed_Allocation@hhs.texas.gov.