



### Temporary Medicaid Spend-Down Bed Request

Refer to 26 Texas Administrative Code §554.2322(f)(6)

Date: \_\_\_\_\_

Facility Name: \_\_\_\_\_

Facility ID No.: \_\_\_\_\_

**Item 1, Identify residents currently occupying spend-down beds:**

|           |                     |           |
|-----------|---------------------|-----------|
| Resident: | Social Security No: | Approved: |
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Facilities must track residents in spend-down beds and report the changes in writing immediately.

Report the following changes:

- Transfer of resident in a spend-down bed to a permanent Medicaid bed.
- Discharge of resident in a spend-down bed.

If a permanent Medicaid bed becomes available, a resident in a spend-down bed must be moved to the permanent Medicaid bed. You may not admit a new resident to a permanent Medicaid bed while you have any residents in spend-down beds.

**Item 2, Request for spend-down bed:**

|           |                     |             |
|-----------|---------------------|-------------|
| Resident: | Social Security No: | Admit Date: |
|-----------|---------------------|-------------|

**Item 3, List current number of residents in Medicaid/Medicare certified beds:**

| Bed Classification               | Capacity | Census |
|----------------------------------|----------|--------|
| Medicaid Title 19 NF             |          |        |
| Medicare Title 18 SNF            |          |        |
| Medicaid/Medicare Dual Certified |          |        |

Medicaid Eligibility Worker: \_\_\_\_\_ Area Code and Phone No. \_\_\_\_\_

Contact Person: \_\_\_\_\_ Area Code and Phone No. \_\_\_\_\_

Email completed form to  
[Medicaid\\_Bed\\_Allocation@hhs.texas.gov](mailto:Medicaid_Bed_Allocation@hhs.texas.gov).