**Hospital Bed Increase Request Form**

Complete for addition of licensed beds. The addition of beds to a hospital’s licensed bed capacity does not require a Certificate of Need (CON) if the hospital currently provides the services. Psychiatric bed additions do not require a CON even if a new service. The addition of beds will require a life safety survey and may be subject to a health survey. Completion of this form serves as notice to the Health Facilities Commission.

**Facility name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**License #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. Please list total number of currently licensed beds: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Please list number of currently licensed beds in the following certificate of need (CON) categories:

|  |  |
| --- | --- |
| **Total # of beds** | **Category** |
|  | Swing Beds |
|  | NICU Beds |
|  | Psychiatric Beds |
|  | Alcohol & Drug Beds |
|  | Rehabilitation Beds |
|  | General Acute Care Beds |

1. Please list the total number of new requested beds that the facility wishes to add to its license in the following categories:

|  |  |
| --- | --- |
| **Total # of beds** | **Category** |
|  | Swing Beds |
|  | NICU Beds |
|  | Psychiatric Beds |
|  | Alcohol & Drug Beds |
|  | Rehabilitation Beds |
|  | General Acute Care Beds |

1. Please list the physical address of the proposed additional beds: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Will construction or renovation be required? Circle one: Yes No.

If “yes”, please provide a brief description:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. If you responded “yes” to question #5, please have the project architect or engineer submit the construction plans and specifications to the Plans Review Section for review and approval.
2. If you responded “no” to question #5, please provide a letter describing the service to be provided, along with a floor plan to the Plans Review Section, which identifies the location of the proposed service(s) and beds. Once received, the information will be shared with the appropriate regional office to schedule a survey of the dedicated space housing the requested additional beds. Please note: the proposed area will need to meet all code requirements for such use.
3. Please list the anticipated date of completion: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_