SUBMIT THIS FORM AND ALL SUPPORTING DOCUMENTS TO:
Department of Human Services
Office of Long-Term Living
Bureau of Fee for Service Programs
Participation Review Unit
555 Walnut Street
Forum Place, 6th Floor
Harrisburg, Pennsylvania 17105-8025

REPLACEMENT BED REQUEST

This form is to be completed by all Medical Assistance (MA) certified Nursing Facility providers who intend to seek capital component payments under the November 29, 1997 Nursing Facility Replacement Bed Statement of Policy. (See 55 Pa Code §1187.113a). The Statement of Policy can be found at www.pabulletin.com. Please complete in full and provide documentation as appropriate to substantiate the information provided. Shaded areas will be completed by DPW once verification is received.

NURSING FACILITY INFORMATION

Facility Name		MAID#
Address		
City	State	Zip Code
County		Telephone #
Date Facility was Built		Owner
Request Submitted by:		Title

Contact Person Information:

Name		
Affiliation to Nursing Facility		
Address		
City	State	Zip Code
Telephone #		Fax #
E-mail Address		

Signature _____ Date _____

DHS Use Only

Occ Report_____ Total:_____ MA:_____

PROJECT SUMMARY DATA

	FOR DPW USE ONLY
1. # of Certified Beds in the Facility	☐
2. # of Pre-moratorium Beds (currently receiving capital component payments)	☐
3. # of Replacement Beds requested	
4. Are the beds to be replaced currently certified?	☐
5. Are the beds to be replaced pre-moratorium beds?	☐
6. Have any Corporate Integrity Agreements been negotiated with OLTL? If yes, please explain	☐
7. Are there any DOH licensure violations? If yes, please explain.	☐

8. If the project involves replacement of only some of the facility's beds, are the replacement beds attached or immediately adjacent to the existing facility?

9. Will MA residents have access to private rooms created as a result of this project?

10. Does the facility understand and provide assurance that the beds will be decertified and closed permanently effective the same date the replacement beds are certified?

11. What is the projected completion date for this project?

12. Do licensure violations exist that will not be corrected by this project? If yes, please identify the violations that won't be corrected and explain why.

13. If the project involves total replacement of all beds, are the replacement beds being constructed within a one-mile radius of the existing structure in which the beds that are being replaced are situated? If not, please explain any exceptional circumstances.

PROJECT SUMMARY NARRATIVE

I Summary of the Replacement Bed project:

II Guidelines for Replacement Bed projects:

A. Describe why the construction of replacement beds is necessary to ensure the health, safety and welfare of the facility's residents.

B. (1) Address whether, and to what extent, building code violations or other regulatory conditions, including Americans with Disabilities Act (ADA) compliance, exist at the facility requiring the construction of all of the replacement beds.

(2) Will the replacement project remove the need for any existing waivers and building code exceptions? Please provide a copy of the code violation waiver/exceptions.

C. (1) What consideration has been given to the development of Home and Community Based Services (HCBS) in lieu of replacing some or all of the NF beds?

(2) Is the nursing facility a Pennsylvania Department of Aging (PDA) 60+ Waiver provider?

If not, is the facility willing to become a PDA Waiver provider?

If so, what PDA Waiver services is the facility willing to provide?

(3) What other type of services are part of the facility's continuum of care?

D. Will the project be completed in phases?
If yes, please provide a detailed timeline and the number of beds involved in each phase.

E. How much will it cost to complete this project?
If new construction is being proposed, provide information along with documentation on the cost to construct a new facility or wing vs. cost to renovate the existing facility. Clearly identify if demolition costs are included in the cost estimate for new construction and provide documentation to verify all cost estimates.

F. Describe how the area to be replaced will be utilized.