State of Tennessee
Health Services and Development Agency
Andrew Jackson Building, 9th Floor, 502 Deaderick Street, Nashville, TN 37243
www.tn.gov/hsda Phone: 615-741-2364 Email: hsda.staff@tn.gov

REPORT OF INTENT TO ALTER EXISTING BED CAPACITY

Instructions: This form must be filed with the Health Services and Development Agency prior to the provider's request for review by the Department of Health/Board of Licensing Health Care Facilities.

☐ **Nursing Home Bed Increase**

Public Chapter 557 section 61-11-1607 (J) (1) (2) permits a nursing home to increase licensed beds by the lesser of ten (1) beds or 10% of its licensed capacity no more than one time every three years without obtaining a Certificate of Need. For new nursing homes, the ten-bed or 10% increase cannot be requested until one year after the date all of the new beds were initially licensed.

☐ **Hospital Bed Increase**

Per Public Chapter 557, the requirement of requiring a Certificate of Need to add licensed beds to an acute care hospital license was removed in 68-11-1607 (B) effective May 26, 2021. However, per section 68-11-1607 (B) a Certificate of Need is needed for the redistribution of beds from any category to acute, rehabilitation or long-term care, at the time of redistribution the healthcare institution does not have beds licensed for the category to which the beds will be distributed, or relocates beds to another facility or site. Please complete the following form to increase beds at your facility if you meet the requirements of 68-11-1607 (B).

NAME AND ADDRESS OF PROVIDER'S CAMPUS

(Name)

(Street Address) (County)

(City) (State) (Zip) (Telephone Number)

CONTACT PERSON OR AUTHORIZED AGENT

(Name) (Title)

(Company) (Email Address)

(Mailing Address) (Telephone Number)

(City) (State) (Zip)

BRIEF DESCRIPTION OF PROJECT

(Box will expand)

BED COMPLEMENT DATA

Bed Type	Current Licensed Beds	Current Staff Beds	Proposed Bed Change	Total Staff Beds After Completion	Total Licensed Beds After Completion
Total Beds					
*Acute**					
Neonatal Intensive Care (NICU)					
Rehabilitation					
Long Term					
Nursing Home					

**Acute beds include: medical and/or surgical, obstetric and/or gynecology, pediatric, and intensive/cardiac care. Do not include NICU in this number.*

PROJECTED COMPLETION DATE _____

I hereby certify that this information is true to the best of my knowledge, information, and belief, and that supplemental written notification will be filed with the Tennessee Health Services and Development Agency in the event of any change in the information given in this report.

_____ _____

Signature Date