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| department of health services  Division of Long Term Care  F-01588 (07/2015) |  | state of wisconsin  2015 Wisconsin Act 55 § 9118 (3g)(c)  Wisconsin Statute  § 150.39 and § 150.35 |
| **APPLICATION FOR AVAILABLE BEDS** | | |
| **INSTRUCTIONS** | | |
| Please email a completed copy of this form to Dave Varana, Nursing Home Policy and Rate Setting Section Chief, Bureau of Long Term Care Financing, Division of Long Term Care at [dave2.varana@wisconsin.gov](mailto:dave2.varana@wisconsin.gov?subject=APPLICATION%20FOR%20AVAILABLE%20BEDS) no later than 60 days after the publication date of the notice indicating beds were available. | | |
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| Applicant – Facility Name | | | | | Application Date |
| --- | --- | --- | --- | --- | --- |
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| Applicant – Contact Name and Title | | | | | Facility License Number |
|  | | | | |  |
| Street Address | | City | | State | Zip Code |
|  | |  | |  |  |
| Phone Number | Contact Email | | | | |
|  |  | | | | |
| Current Number of Beds | | | Additional Number of Beds Requested | | |
|  | | |  | | |
| Most Recent Medicaid Quarterly Rate | | | Medicaid Patient Days in Most Recent Quarter | | |
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| Explain your plans for the beds in detail. Include whether they will be part of an existing or new facility, single or double rooms, the type of patients they will be intended to serve and any other information you feel may be relevant. | | | | | |
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| Certifications | | | | | |
| As of July 1, 2015, our licensed bed capacity was under 75.  We hold a continuing care permit under Wis. Stat. [§ 647.02](https://docs.legis.wisconsin.gov/statutes/statutes/647/02).  We are located in a county with a population of at least 380,000 persons and adjacent to a county with a population of at least 750,000.  We have available the necessary health care personnel, capital and operating funds and other resources needed to provide these proposed services. | | | | | |
| **SIGNATURE** | | | | | Date Signed |
|  | | | | |  |
| **Application Review Process** | | | | | |
| Application review criteria are located in Wis. Stat. [§ 150.39](https://docs.legis.wisconsin.gov/document/statutes/150.39). Procedures for review of this application can be found in Wis. Stat. [§ 150.35](https://docs.legis.wisconsin.gov/document/statutes/150.35). If your project is rejected, you have the right to a public hearing if you request one within 10 days after notification of our decision. If your project is approved, your approval will be valid for one year from the date of issuance. If you receive approval, contact your [Division of Quality Assurance regional office](https://www.dhs.wisconsin.gov/dqa/bnhrc-regionalmap) in order for the beds to become fully operational. To be used by residents, the beds and related physical accommodations must satisfy the requirements of Wisconsin Administrative Rule [DHS 132](https://docs.legis.wisconsin.gov/code/admin_code/dhs/110/132). Compliance with this rule is determined by Division of Quality Assurance Civil Engineers. | | | | | |