IOWA DEPARTMENT OF PUBLIC HEALTH

CERTIFICATE OF NEED
REDISTRIBUTION OF ACUTE CARE BEDS
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1. Name of Facility _____

2. Address _____
   Street City County Zip

3. Contact Person _____ (____) _____
   Name Telephone

   Email _____

4. Date of redistribution _____

5. State how many beds, by type, (641 Iowa Administrative Code 202.1(4)b) will be redistributed. The number of beds must be consistent with bed totals reported to the Department of Inspections and Appeals for purposes of licensure and certification. The new bed total must be reported on the hospital's next annual report to the Department of Public Health. Section 135.63(2)k, Iowa Code.

6. Explain why the beds can be redistributed without creating a hardship for the facility or the individuals served.

A. Describe your current bed inventory by category and provide occupancy percentages by category for the past year. Use additional pages as necessary.

B. Project future utilization and describe how the redistributed number of beds will accommodate that utilization. Use additional pages as necessary.

7. Explain any other advantages or disadvantages to your patients, residents or institution which may result following the redistribution of beds, e.g. more flexible scheduling of staff, different reimbursement basis, use of space for other revenue producing functions. Use additional pages as necessary.

8. **AUTHORIZATION:** Signatures of Administrator and Chairperson of the Board of Directors.

_____ _____

Administrator Board Chairperson

_____

Date

If this form is not completed and submitted at least thirty days before the reduction, the facility is subject to review as a new or changed institutional health service under section 135.61(18)d and subject to sanctions under section 135.73.