

**EXHIBIT 81**  
**(Rev. 30, 12-15-07)**

***Model Letter Requirements For  
Swing-Bed Approval in Hospitals***

Name/Title of Hospital Administrator, CEO, or Responsible Individual  
Name of Hospital  
Street Address  
City, State, Zip Code

Dear \_\_\_\_\_:

This letter concerns the requirements and procedures through which (name of facility) may be approved under Medicare as a hospital with swing-bed approval. This State survey agency (SA) certifies and periodically re-certifies hospitals to assist the Centers for Medicare and Medicaid Services (CMS) in determining whether they meet the Medicare Conditions of Participation for hospitals at 42 CFR 482. Such approval is a prerequisite to qualify for participation in the Medicaid program also.

To be eligible for certification under Medicare as a hospital with swing-beds, (name of facility) must first be designated as a hospital by the State. In addition, it must also:

- Have fewer than 100 beds excluding beds for newborns and beds in intensive care type inpatient units;
- Be located in a rural area. This includes all areas not delineated as "urbanized" areas by the Census Bureau, based on the most recent census;
- Have a current Medicare participation agreement;
- Be in compliance with the Medicare hospital Conditions of Participation (CoPs) at 42 CFR 482;
- Not have in effect a 24-hour nursing waiver granted under 42 CFR 488.54(c);
- Not have *had* a swing-bed approval *that was* terminated within 2 years previous to application;
- Meet the swing-bed requirements at 42 CFR 482.66; and
- *Complete and submit to the SA the forms included with this letter.*

*If your facility has been found to be eligible, you will be subject to an unannounced survey* to determine compliance with the hospital swing-bed CoPs. The surveyors will inspect the facility, interview you and members of your staff, review documents, and *employ* other *processes* necessary to evaluate the extent to which the facility meets the hospital swing-bed CoPs. If *your* facility has significant deficiencies in any of the hospital swing-bed CoPs, you will be informed and given an opportunity to correct them.

Please be advised that your facility may not be paid for any swing-bed services provided prior to the effective date for swing-bed approval.

Please do not hesitate to contact this office at (telephone number of SA) if you have any questions.

Sincerely,

*(State Agency)*

Enclosures: (list as appropriate)

cc: CMS Regional Office