

**PROCEDURES FOR APPLYING FOR  
EXTENDED USE OF SHELTERED NURSING HOME BEDS**

Section 651.118(7), Florida Statutes, allows the Agency to grant continuing care facilities an extension of the five-year period for sheltered nursing beds to be used by persons who are not residents of the continuing care facility. The provider can request an extension to use 30 beds or 30 percent of the facility's total sheltered nursing home beds, whichever is greater. Extensions are specific to the licensed entity and for the facility requested and do not automatically transfer upon change of ownership. Extensions begin on the date the request is granted.

Extension requests should be sent to:

James McLemore, Operations & Management Consultant Manager  
Certificate of Need & Commercial Managed Care  
Agency for Health Care Administration  
2727 Mahan Drive, Mail Stop 28  
Tallahassee, Florida 32308

Extension requests should contain the following information:

- 1. A statement explaining that the continuing care facility is applying for an extension to use sheltered nursing home beds to serve the general community as authorized in s. 651.118(7), F.S.
- 2. The license holder's name and the name and address of the continuing care facility's nursing home.
- 3. The number of licensed sheltered beds.
- 4. The number of sheltered beds occupied by continuing care residents.
- 5. The number of beds for which the extension is requested.
- 6. Projection data:
  - a) The period of time for which the extension is requested;
  - b) Projected utilization of sheltered beds by continuing care residents over the time period for which an extension is requested;
  - c) Utilization projections included in the original certificate of need application for sheltered beds, if known; and
  - d) A brief statement explaining why occupancy projections were not met.
- 7. Financial data:
  - a) An audited financial statement indicating the nursing home facility had a net loss for the most recent fiscal year as determined under generally accepted accounting principles, excluding the effects of extraordinary or unusual items; or
  - b) A report from a certified public accountant stating that the nursing home facility would have had a pro forma loss for the most recent fiscal year, excluding the effects of extraordinary or unusual items, if revenues were reduced by the amount of revenues from beds that would be unfilled due to loss of community status.
- 8. Projected income & expense statements from a certified public accountant for the period the extension is requested showing the net results of the projected utilization noted in #6b. above.
- 9. A summary statement explaining the projected fiscal data in #8. above.

If you have any questions about the process, please contact us at (850) 412-4401.