

**MINNESOTA DEPARTMENT OF HEALTH**  
**Division of Compliance Monitoring**  
**P.O. Box 64900**  
**St. Paul, Minnesota 55164-0900**

**HOSPITAL REQUEST FOR APPROVAL OF A LICENSE  
CONDITION FOR SWING BEDS**

In order to receive approval of a license condition for swing beds pursuant to Minnesota Statute 144.562,

Subdivision 3, the \_\_\_\_\_ agrees:  
(Name of Hospital)

1. To report to the Commissioner of Health by December 1, 1985 and annually thereafter, on forms provided by the Commissioner, the number of patients readmitted to a swing bed within 60 days of a patient's discharge from the facility, the hospital's charges for care in a swing bed during the reporting period with a description of the care provided for the rate charged, and the number of beds used by the hospital for transitional care and similar sub-acute inpatient care.
2. To report statistical data on the utilization of the swing beds on forms provided by the Commissioner.

**ITEMS 3 AND 4 DO NOT APPLY TO CRITICAL ACCESS HOSPITALS THAT HAVE AN ATTACHED NURSING HOME OR THAT OWN A NURSING HOME IN THE SAME MUNICIPALITY PER MINNESOTA STATUTE § 144.562, SUBD. 2 (B) AS AMENDED BY THE 2005 LEGISLATURE.**

3. To limit the length of stay of a patient receiving services in a swing bed to not more than 40 days, or the duration of Medicare eligibility. (The Commissioner of Health may approve a greater length of stay in an emergency situation.)
4. To limit admission to a swing bed only to patients who have been hospitalized and not yet discharged from the facility, or patients who are transferred directly from an acute care hospital.

Name of Authorized Representative (Typed)	Title
Signature	Date