

3. For a proposed change in location of the entire complement of beds and services approved in an unimplemented certificate of need outside the approved county but within the same planning region, applicants shall document compliance with the requirements set forth at N.J.A.C. 8:33-3.9(b)2.

4. For a proposed change to more than one location outside the county of an unimplemented certificate of need approved for the establishment of beds, but within the same applicable planning region, applicants shall document compliance with the requirements set forth at N.J.A.C. 8:33-3.9(b)4.

Amended by R.1993 d.442, effective September 7, 1993.

See: 25 N.J.R. 2171(a), 25 N.J.R. 4129(a).

Amended by R.1996 d.101, effective February 20, 1996.

See: 27 N.J.R. 4179(a), 28 N.J.R. 1228(a).

Amended by R.1998 d.429, effective August 17, 1998.

See: 30 N.J.R. 1701(a), 30 N.J.R. 3080(a).

In (a), added 4.

Amended by R.2002 d.243, effective August 5, 2002.

See: 34 N.J.R. 458(a), 34 N.J.R. 2814(a).

Rewrote the section.

SUBCHAPTER 6. CERTIFICATE OF NEED EXEMPTIONS

8:33-6.1 Statement of purpose

(a) In accordance with the provisions of the Health Care Reform Act, P.L. 1992, c.160 and the Certificate of Need Reform Act, P.L. 1998, c.43 and N.J.S.A. 26:2H-7.2, the following specific health care services or projects are exempt from the certificate of need requirement:

1. Community-based primary care centers, as defined at N.J.A.C. 8:33-1.3, which provide preventive, diagnostic, treatment, management, and reassessment services exclusively on an outpatient basis to individuals with acute or chronic illnesses in a location and manner that is accessible to individuals;

2. Outpatient drug and alcohol services which include drug-free and methadone maintenance services and day treatment alcohol services;

3. Ambulance and invalid coach services, excluding mobile intensive care unit services;

4. Mental health services which are non-bed related outpatient services including outpatient centers, partial hospitalization programs and case management programs;

5. Residential health care facilities;

6. Transfer of ownership interest, except in the case of a general hospital;

7. Change of site for an unimplemented certificate of need within the same county;

8. Relocation or replacement of a health care facility within the same county, except for a general hospital;

9. Continuing care retirement communities authorized: pursuant to P.L. 1986, c.103 (N.J.S.A. 52:27D-330 et seq.) which contain a minimum of four independent living units for every one long-term care bed;

10. Magnetic resonance imaging;

11. Adult day health care facilities;

12. Pediatric day health care facilities;

13. Chronic or acute renal dialysis facilities;

14. Hospital-based medical detoxification for drugs and alcohol;

15. Capital improvements and renovations to health care facilities;

16. Addition of medical/surgical, adult intensive care, adult critical care beds in general hospitals;

17. Replacement of existing major moveable equipment;

18. Inpatient operating rooms;

19. Adult family care programs;

20. Hospital-based subacute care;

21. Ambulatory care facilities;

22. Comprehensive outpatient rehabilitation services;

23. Special child health clinics;

24. Addition of vehicles or hours of operation of a mobile intensive care unit;

25. Basic obstetric and pediatric services and birth centers, including addition of basic obstetric and pediatric beds in general hospitals;

26. Linear accelerators, including Cobalt 60 units;

27. New technology in accordance with the provisions set forth in N.J.A.C. 8:33-3.7(f);

28. Extracorporeal shock wave lithotripter;

29. Hyperbaric chamber;

30. Positron emission tomography;

31. Residential substance abuse treatment services;

32. Ambulatory surgical facilities;

33. Same day surgery operating rooms;

34. Long-term care facilities proposing to increase their total number of licensed long-term care beds by no more than 10 beds or 10 percent of their licensed long-term care capacity, whichever is less, within a period of five years pursuant to N.J.S.A. 26:2H-7.2;

35. Satellite emergency department;

36. A change in cost subject to the provisions set forth in N.J.A.C. 8:33-3.9(a);

37. Replacement at the same site of an existing licensed health care facility in accordance with the provisions set forth in N.J.A.C. 8:33-3.5(a)2; and

38. A proposed change in location of the entire complement of beds and services approved in an unimplemented certificate of need project within the same county in accordance with the provisions set forth in N.J.A.C. 8:33-3.9(b)1.

Amended by R.1996 d.101, effective February 20, 1996.

See: 27 N.J.R. 4179(a), 28 N.J.R. 1228(a).

Amended by R.2002 d.243, effective August 5, 2002.

See: 34 N.J.R. 458(a), 34 N.J.R. 2814(a).

Rewrote the section.

8:33-6.2 Process

(a) This section shall apply to projects which are exempt from the certificate of need requirement.

1. For continuing care retirement communities, a certificate of authority from the Department of Community Affairs for the operation of a continuing care retirement community shall be submitted to the Department prior to licensure of the long-term care beds.

2. If an applicant for licensure of a health care service or facility that is not subject to certificate of need review so requests, the Department shall provide the applicant with a pre-licensure consultation. The purpose of the consultation is to provide the applicant with information and guidance on rules, regulations, standards and procedures appropriate and applicable to the licensure process and licensure requirements. The Department shall conduct the consultation within 60 days of receipt of the request of the applicant.

Amended by R.2002 d.243, effective August 5, 2002.

See: 34 N.J.R. 458(a), 34 N.J.R. 2814(a).

Rewrote the section.

SUBCHAPTER 7. (RESERVED)

APPENDIX A

EXHIBIT 1

Health Care Services

A. Bed-related

1. Pediatric intensive or critical care
2. Comprehensive rehabilitation
3. General long-term care
4. Specialized long-term ventilator care

5. Specialized long-term care for severe behavior management
6. Pediatric long-term care
7. Adult acute psychiatric (open and closed)
8. Adult intermediate and special psychiatric
9. Child and adolescent acute psychiatric
10. Child and adolescent intermediate psychiatric
11. Long term acute care

B. Non-bed-related

1. Home health agency

C. Special Services

1. Invasive cardiac diagnostic services
2. Invasive therapeutic cardiac services
3. Burn center, unit or program
4. Organ transplant/organ procurement
5. Perinatal services including neonatal intensive or intermediate services and maternal and child health consortia
6. Mobile intensive care or advanced life support services
7. Comprehensive personal care home
8. Assisted living residence
9. Bone marrow transplant/harvesting including stem cell
10. Trauma services
11. Specialty acute care children's hospitals
12. Emergency medical service helicopters
13. Central service agency
14. Community Perinatal Center-Intermediate
15. Community Perinatal Center-Intensive
16. Regional Perinatal Center
17. Assisted living program
18. Any service for which regionalization criteria or health planning regulations have been developed.

EXHIBIT 2

Examples of Major Moveable Equipment

Cardiac catheterization laboratory equipment

EXHIBIT 3

Certificate of Need Review

BED-RELATED HEALTH CARE FACILITY/SERVICES

| NEW/EXPANSION | TYPE OF REVIEW |
|--|----------------|
| Adult family care | Exempt |
| Assisted living program | Expedited |
| Assisted living residence..... | Expedited |
| Burn center, unit or program..... | Full |
| Comprehensive personal care home..... | Expedited |
| General hospital..... | Full |
| Hospital-based subacute care unit..... | Exempt |
| ICU/CCU beds (adult) | Exempt |
| Medical detoxification program (hospital based)..... | Exempt |
| Medical/surgical | Exempt |
| Long term acute care..... | Expedited |

| <u>NEW/EXPANSION</u> | <u>TYPE OF REVIEW</u> | <u>NEW/EXPANSION</u> | <u>TYPE OF REVIEW</u> |
|---|-----------------------|---|-----------------------|
| Long-term care facility | | New | Full |
| Additions greater than 10 beds or 10 percent, whichever is less in accordance with N.J.S.A. 26:2H-7.2 | Exempt | Addition of operating rooms to licensed cardiac surgery service | Exempt |
| General long-term care | Full | Cardiac transplant service | Full |
| Pediatric long-term care | Full | Central service agency | Full |
| Specialized long-term ventilator care | Full | Comprehensive outpatient rehabilitation Facility | Exempt |
| Specialized long-term care for behavior management | Full | Emergency medical service helicopter | Full |
| Statewide restricted admissions facility | Expedited | Extracorporeal shock wave lithotripter (kidney and/or biliary) | Exempt |
| Obstetric service | Exempt | Gamma knife | Exempt |
| Pediatric service (excluding intensive/critical care) .. | Exempt | Hemodialysis and peritoneal dialysis | Exempt |
| Pediatric service (intensive/critical care) | Full | Home health agency | Full |
| Psychiatric hospital | | Hyperbaric chamber | Exempt |
| Acute | Full | Kidney transplant service | Full |
| Intermediate and special | Full | Lung transplant service | Full |
| Rehabilitation hospital (in-patient) | Full | Magnetic resonance imaging/nuclear magnetic resonance | Exempt |
| Residential health care facility | Exempt | Megavoltage radiation oncology/linear accelerator ... | Exempt |
| Residential substance abuse treatment facility | Exempt | Mobile intensive care or advanced life support service (new) | Full |
| Special hospital | Full | Mobile intensive care unit (additions to vehicles or hours of operations) | Exempt |
| Specialty acute care children's hospital | Full | Operating rooms | Exempt |
| DECREASE IN BEDS | Exempt | Organ bank | Full |
| REPLACEMENT OF BEDS | Exempt | Organ transplantation/procurement | Full |
| RELOCATION OF LICENSED BEDS OR AN ENTIRE SERVICE SUBJECT TO CN REVIEW | | Perinatal service: Maternal and Child Health Consortium | |
| Within the same planning region in accordance with N.J.A.C. 8:33-3.4(a)3 | Expedited | New service | Full |
| RELOCATION OR REPLACEMENT OF AN ENTIRE LICENSED BED RELATED FACILITY SUBJECT TO CN REVIEW | | Change in membership | Full |
| General hospital/within or outside county | Full | Perinatal service: Regional Perinatal Center, CPC-Intensive | |
| All other/within same planning region in accordance with N.J.A.C. 8:33-3.5(a)4 | Expedited | CPC-Intermediate | |
| All other/at the same site in accordance with N.J.A.C. 8:33-3.5(a)2 | Exempt | New service and designation | Full |
| TERMINATION/DISCONTINUANCE OF LICENSED BEDS, SERVICES OR FACILITIES | | Change in designation | Full |
| General hospital (all beds/services) | Full | Increased number of intermediate or intensive bassinets | Full |
| General hospital (some beds/services) | | Perinatal service: CPC-Basic, CPC-Birth Center | |
| No access problems | Exempt | Designation | Exempt |
| Access problems | Expedited | Positron emission tomography scanning | Exempt |
| All other health care facilities | Exempt | Satellite emergency department | Exempt |
| NON-BED RELATED HEALTH CARE SERVICES/FACILITIES | | Special child health clinics providing tertiary services | Exempt |
| NEW/EXPANSION | | Trauma service | Full |
| Ambulatory care | Exempt | Any other new health/medical care technologies that the Department identifies as having a State-wide or regional impact | Full |
| Ambulatory surgery facility | Exempt | CAPITAL IMPROVEMENTS AND RENOVATIONS TO HEALTH CARE FACILITIES | Exempt |
| Birth center | Exempt | REPLACEMENT OF EXISTING NON-BED RELATED HEALTH CARE FACILITY/SERVICE | Exempt |
| Bone marrow transplant/harvesting including stem cell | Full | TRANSFER OF OWNERSHIP | |
| Cardiac diagnostic services/invasive (catheterization) | | LICENSED FACILITY | |
| New full service | Expedited | General hospital | Full |
| New or addition to low risk | Expedited | All other | Exempt |
| Addition of catheterization equipment to full service | Exempt | UNIMPLEMENTED CERTIFICATE OF NEED | |
| Replacement of equipment | Exempt | Less than 10 percent transfer of stock | Expedited |
| Cardiac surgical service | Full | Limited partnership interests | Expedited |
| | | Membership of nonprofit corporations | Expedited |

| <u>NEW/EXPANSION</u> | <u>TYPE OF REVIEW</u> |
|--|-----------------------|
| Death of applicant | Expedited |
| Change in entity without change in principals | Expedited |
| All other changes | Not Accepted |
| UNIMPLEMENTED CERTIFICATE OF NEED | |
| CHANGE IN COST in accordance with N.J.A.C. 8:33-3.9(a) | Exempt |
| CHANGE IN FINANCING | Exempt |
| CHANGE IN SCOPE | |
| Increase in beds/MME/services | |
| Not subject to CN review | Exempt |
| Subject to CN review | Not Accepted |

| <u>NEW/EXPANSION</u> | <u>TYPE OF REVIEW</u> |
|--|-----------------------|
| Decrease in beds/MME/services | Exempt |
| CHANGE OF SITE | |
| Within same county in accordance with N.J.A.C. 8:33-3.9(b)1,3 | Exempt |
| Within same planning region in accordance with N.J.A.C. 8:33-3.9(b)2,4 | Expedited |
| EXTENSION OF TIME | Expedited |

CN = Certificate of Need
 CPC = Community Perinatal Center
 MME = Major Moveable Equipment

Amended by R.2002 d.243, effective August 5, 2002.

See: 34 N.J.R. 458(a), 34 N.J.R. 2814(a).

Deleted former Exhibits 2 and 4; recodified former Exhibits 2 and 3 as Exhibits 1 and 2; added new Exhibit 3.