

CHAPTER 33**CERTIFICATE OF NEED:
APPLICATION AND REVIEW PROCESS****Authority**

N.J.S.A. 26:2H-1 et seq., specifically 26:2H-5.

Source and Effective Date

R.2008 d.23, effective December 21, 2007.
See: 39 N.J.R. 2709(a), 40 N.J.R. 620(b).

Chapter Expiration Date

In accordance with N.J.S.A. 52:14B-5.1.c(2), Chapter 33, Certificate of Need: Application and Review Process, expires on June 19, 2015. See: 47 N.J.R. 319(a).

Chapter Historical Note

Chapter 33, Certificate of Need, was adopted as R.1972 d.93, effective on May 11, 1972. See: 4 N.J.R. 25(a), 4 N.J.R. 124(a). Chapter 33 was amended by R.1975 d.315, effective December 1, 1975. See: 7 N.J.R. 362(a), 7 N.J.R. 503(a); R.1979 d.283, effective July 20, 1979. See: 11 N.J.R. 174(a), 11 N.J.R. 439(a); R.1980 d. 36, effective January 17, 1980. See: 11 N.J.R. 620(a), 12 N.J.R. 75(e); R.1980 d.123, effective March 20, 1980. See: 12 N.J.R. 73(d), 12 N.J.R. 186(c); R.1981 d.296, effective August 6, 1981. See: 13 N.J.R. 267(a), 13 N.J.R. 487(b); and R.1983 d.205, effective June 6, 1983. See: 15 N.J.R. 307(b), 15 N.J.R. 920(c).

Pursuant to Executive Order No. 66(1978), Chapter 33 was readopted as R.1983 d.604, effective December 14, 1983. See: 15 N.J.R. 1708(b), 16 N.J.R. 48(a). Chapter 33 was repealed and a new Chapter 33, Certificate of Need: Application and Review, was adopted as R.1985 d.498, effective October 7, 1985. See: 17 N.J.R. 1190(a), 17 N.J.R. 2402(a).

Pursuant to Executive Order No. 66(1978), Chapter 33, Certificate of Need: Application and Review, was readopted as R.1990 d.417, effective July 27, 1990. See: 22 N.J.R. 1494(a), 22 N.J.R. 2506(a).

Subchapters 1 through 4 were repealed and a new Subchapter 1, General Provisions; Subchapter 2, Applicability of Certificate of Need Requirements; Subchapter 3, Types of Certificate of Need Applications; Subchapter 4, The Review Process; and Subchapter 5, Expedited Review Process, were adopted as new rules by R.1992 d.342, effective September 8, 1992. See: 24 N.J.R. 2222(a), 24 N.J.R. 3104(a). As a part of R.1992 d.342, Section 5.1 was recodified as 6.1.

Subchapter 6, Certificate of Need Moratorium, was repealed and a new Subchapter 6, Certificate of Need Exemptions, was adopted as new rules by R.1993 d.442, effective September 7, 1993. See: 25 N.J.R. 2171(a), 25 N.J.R. 4129(a).

Subchapter 7, Direct Review Process, was adopted as R.1996 d.101, effective February 20, 1996. See: 27 N.J.R. 4179(a), 28 N.J.R. 1228(a).

Pursuant to Executive Order No. 66(1978), Chapter 33, Certificate of Need: Application and Review, expired on September 8, 1997.

Chapter 33, Certificate of Need: Application and Review Process, consisting of 8:33-1.3, 8:33-3.11 and 8:33-5.1, was originally adopted as new rules by R.1998 d.278, effective June 1, 1998. See: 30 N.J.R. 1005(a), 30 N.J.R. 1991(a). The balance of the chapter was adopted as new rules by R.1998 d.303, effective June 15, 1998. See: 30 N.J.R. 303(a), 30 N.J.R. 2270(b).

Chapter 33, Certificate of Need: Application and Review Process, was readopted as R.2002 d.243, effective July 3, 2002. As a part of R.2002 d.243, Subchapter 7, Direct Review Process, was repealed, effective August 5, 2002. See: 34 N.J.R. 458(a), 34 N.J.R. 1246(a), 34 N.J.R. 2814(a).

Chapter 33, Certificate of Need: Application and Review Process, was readopted as R.2008 d.23, effective December 21, 2007. As a part of R.2008 d.23, the existing Appendix to Chapter 33 was renamed Appendix A, effective January 22, 2008. See: Source and Effective Date. See, also, section annotations.

In accordance with N.J.S.A. 52:14B-5.1b, Chapter 33, Certificate of Need: Application and Review Process, was scheduled to expire on December 21, 2014. See: 43 N.J.R. 1203(a).

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SUBCHAPTER 1. GENERAL PROVISIONS

8:33-1.1 Purpose and scope

(a) The purpose of these rules is to implement the provisions of the Health Care Facilities Planning Act, P.L. 1971, c.136, as amended by P.L. 1978, c.83, the Health Care Cost Reduction Act, P.L. 1991, c.187, the Health Care Reform Act, P.L. 1992, c.160, and the Certificate of Need Reform Act, P.L. 1998, c.43. These rules may be amended as necessary, in accordance with N.J.S.A. 52:14B-1 et seq., the Administrative Procedure Act, and N.J.A.C. 1:30, Rules for Agency Rulemaking, to best implement the statutory provisions and to reflect changing economic and systemic conditions within the health care system.

(b) These rules apply to the initiation, construction and/or expansion of all health care facilities and services as identified in the Health Care Facilities Planning Act, N.J.S.A. 26:2H-1 et seq. and/or Appendix Exhibits 1 through 4 of this chapter, incorporated herein by reference. Applicants for certificates of need are advised that the policies, standards, and criteria set forth in this chapter are in addition to, and not in limitation of, any other applicable certificate of need authorities, specifically including, but not limited to, those in N.J.S.A. 26:2H-1 et seq., the service-specific health planning rules, any applicable licensing authorities, or any specific conditions imposed upon facilities or services by the Commissioner in their particular certificate of need approvals.

(c) All inquiries regarding certificate of need matters should be directed to:

Office of Certificate of Need and Healthcare
Facility Licensure
New Jersey State Department of Health and
Senior Services
PO Box 358
Trenton, New Jersey 08625-0358
(609) 292-6552 and 292-7228

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

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

In (a), inserted, “, and the Certificate of Need Reform Act, P.L. 1998, c.43” following “1992, c.160” and “Rules for” following “N.J.A.C. 1:30”; in (b), inserted “3” for “4” in Exhibits; in (c), substituted “Room 403” for “Room 604” and added a phone number; deleted (d).

Amended by R.2008 d.23, effective January 22, 2008.

See: 39 N.J.R. 2709(a), 40 N.J.R. 620(b).

In the address in (c), substituted “Office of Certificate of Need and Healthcare Facility Licensure” for “Certificate of Need and Acute Care Licensure Program” and “358” for “360, Room 403”, deleted “Health-Agriculture Building” and “John Fitch Plaza” preceding “Trenton” and substituted “0358” for “0360”.

8:33-1.2 General statements of public policy and rules of general application

(a) It is the public policy of the State that access to health care services of the highest quality are of vital concern to the public health. Recognizing the significant changes in the economics of the health care system since the inception of the certificate of need program, decisions as to most health care

services, acquisition of medical technology, and expansion of facilities can best be made by the health care provider. The appropriate role of the State with respect to services no longer subject to certificate of need is that of licensure of facilities and services to ensure the quality of care. For reasons of maintaining the quality of certain health care services, a limitation of the proliferation of such services may continue to be essential to protect the viability of the services as well as the providers now rendering them, to protect the role of such institutions as urban hospitals, whose importance to the State-wide health care system is indisputable, and to guard against the closing of important facilities and the transfer of services from facilities in a manner which is harmful to the public interest. Pursuant to N.J.S.A. 26:2H-1, to protect and promote the health of the inhabitants of the State, the Department shall have the central, comprehensive responsibility for the development and administration of the State’s policy with respect to health planning for all such health care facilities and services. Based on the particular needs of the State, this plan may include limiting the proliferation of certain health care services to preserve the viability of existing providers and urban hospitals, which play a vital role in the Statewide health care delivery system. The Department also must guard against the closing of important institutions and the transfer of services from facilities in a manner that is harmful to the public interest. All such health care facilities and services shall be subject to the provisions established herein.

(b) The Commissioner, to implement the provisions and purposes stated above, shall have the power to inquire into the accessibility to and availability of health care services and the operation of health care facilities and to conduct periodic inspections of such facilities with respect to the fitness and adequacy of the premises, equipment, personnel, rules and bylaws and the adequacy of financial resources and resources of future revenues.

(c) No certificates of need shall be issued unless the action proposed in the application for such certificate is necessary to provide required health care in the area(s) to be served, can be financially accomplished and maintained, licensed in accordance with applicable licensure regulations, will not have an adverse economic or financial impact on the delivery of or access to health care services in the region or Statewide, and will contribute to the orderly development of adequate and effective health care services. In making such determinations there shall be taken into consideration the availability of facilities or services which serve as alternatives or substitutes, the need for special equipment and services in the area, the adequacy of financial resources and sources of present and future revenues, the availability of sufficient human resources in the several professional disciplines, the accessibility to and availability of health care services to low income persons, and such other factors as may be established by regulation. In the case of an application by a health care facility established or operated by any recognized religious body or denomination, the needs of the members of such religious body or denomination for care and treatment in accordance with their reli-

gious or ethical convictions may be considered to be public need.

(d) Certificate of need applications shall be reviewed for conformance with the rules in effect on the date the application is accepted for processing or deemed complete for processing, as applicable.

(e) Recommendations concerning certificates of need shall be governed and based upon the principles and considerations set forth in these rules, as well as applicable State laws and rules.

(f) Certificates of need shall be issued by the Commissioner based upon criteria and standards promulgated by the Commissioner and approved by the Health Care Administration Board. (See N.J.A.C. 8:33 and the applicable chapter for specific services.) If any application is denied, the applicant may request a hearing pursuant to the Administrative Procedure Act, P.L. 1968, c.410 (N.J.S.A. 52:14B-1 et seq. and 52:14F-1 et seq.), and the Uniform Administrative Procedure Rules, N.J.A.C. 1:1 in accordance with N.J.S.A. 26:2H-9. Requests for a hearing shall be made to the Department within 30 days of receipt of notification of the Commissioner's action. The Department shall arrange for a hearing within 60 days of receipt of a request, and after such hearing the Commissioner or his or her designee shall furnish the applicant with the hearing examiner's written recommendations and reasons therefor. The Commissioner, within 30 days of receiving all appropriate hearing records, shall make his or her determination, which shall be a final agency decision.

(g) Projects involving building construction or renovations require submission of architectural plans to the Department of Community Affairs for approval prior to initiating building construction or renovations, in accordance with this chapter and the Department's licensing rules, regardless of whether the project requires a certificate of need or is exempt from the certificate of need requirement. At project completion, written notification and a copy of the certificate of occupancy shall be submitted to the Department of Community Affairs for final approval of the project.

(h) Written notification or application for a license, as applicable, shall be submitted to the Department's Office of Certificate of Need and Healthcare Facility Licensure prior to the planned use of the beds, services or facility, in accordance with this chapter and the Department's licensing rules.

(i) Application for a license on forms prescribed by the Department shall be filed with the Office of Certificate of Need and Healthcare Facility Licensure for approval prior to any transfer of ownership of beds, service or facility, in accordance with this chapter and the Department's licensing rules.

(j) No health care facility shall be operated unless it shall possess a valid license issued by the Department pursuant to N.J.S.A. 26:2H-1 et seq. The establishment of a new health care facility, the expansion of beds and services, and renova-

tions or additions to health care facilities require approval from the Department's Office of Certificate of Need and Healthcare Facility Licensure prior to operation/occupancy of the beds, services or areas.

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.

Amended by R.2008 d.23, effective January 22, 2008.

See: 39 N.J.R. 2709(a), 40 N.J.R. 620(b).

In (h), (i) and (j), substituted "Office of Certificate of Need and Healthcare Facility Licensure" for "Certificate of Need and Acute Care Licensure Program or Long Term Care Licensing and Certification Program, as applicable."

Case Notes

Regulations reflect concern over those aspects of health care that relate to patient access as well as personnel policies affecting patient care. *Desai v. St. Barnabas Medical Center*, 103 N.J. 79, 510 A2d 662 (1986).

Certificate of need requirements as valid exercise of police power. *Merry Heart Nursing and Convalescent Home, Inc. v. Dougherty*, 131 N.J.Super. 412, 330 A.2d 370 (App.Div.1974).

8:33-1.3 Definitions

The following words and terms, when used in this chapter, shall have the following meanings unless the context clearly indicates otherwise:

"Accepted for processing" means an application, subject to N.J.A.C. 8:33-5, has been determined by the Department as eligible to be entered into the applicable review cycle.

"Adolescent acute psychiatric beds" means licensed psychiatric beds in a designated and separate unit of a licensed general, psychiatric or special hospital, established for the provision of intensive treatment to persons generally between the ages of 13 and 18 who are experiencing an acute episode of a primary psychiatric disorder and have been medically evaluated to require the services of a specifically designated unit.

"Adult acute psychiatric beds" means licensed psychiatric beds in a designated and separate unit of a general, psychiatric or special hospital, established for the provision of intensive evaluation, stabilization and treatment of persons 18 years of age and older who are experiencing an acute episode of a primary psychiatric disorder. Patients are admitted under voluntary status.

"Adult closed acute psychiatric beds" means licensed psychiatric beds in a designated and separate unit of a general, psychiatric, or special hospital for the provision of treatment services for persons experiencing an acute episode of a psychiatric disorder. All such persons are referred by a designated psychiatric screening center and may be admitted voluntarily or involuntarily if they are determined to be mentally ill and dangerous to self or others.

"Adult intermediate psychiatric beds" means licensed psychiatric beds in a separate and designated area in a general, psychiatric or special hospital for the provision of intensive

psychiatric evaluation and treatment services as part of a comprehensive psychiatric and psychosocial rehabilitation program, and which are appropriate for individuals aged 18 and above who are experiencing an acute episode of a psychiatric disorder and who require a comprehensive and specialized treatment program that cannot be fully provided within a short-term acute psychiatric setting. Admissions to the intermediate psychiatric unit or facility have an average length of stay which is generally greater than the average length of stay for adult acute psychiatric units in New Jersey and less than 45 days.

“Advanced life support” (ALS) means an advanced level of prehospital, interhospital, and emergency service care which includes basic life support functions, cardiac monitoring, cardiac defibrillation, telemetered electrocardiography, intravenous therapy, administration of specific medications, drugs and solutions, use of adjunctive ventilation devices, trauma care, and other techniques and procedures authorized by the Commissioner, pursuant to N.J.S.A. 26:2K-7.

“Ambulance service” means the provision of emergency or non-emergency medical care and transportation by certified personnel in a vehicle, which is designed and equipped to provide medical care at the scene and while transporting sick and/or injured persons to or from a medical care facility or provider.

“Applicant” means an individual, a partnership, a limited liability partnership, a corporation (including associations and joint-stock companies), a limited liability corporation, a State, or a political subdivision or instrumentality (including a municipal corporation) of a State that will be the licensed operator of the proposed service, facility or equipment, which will have overall responsibility for the health care service to be provided.

“Assisted living program” means the provision of or arrangement for meals and assisted living services, when needed, to the tenants (also known as residents) of publicly subsidized housing which because of any Federal, State, or local housing laws, regulations or requirements cannot become licensed as an assisted living residence. An assisted living program may also provide staff resources and other services to a licensed assisted living residence and a licensed comprehensive personal care home.

“Assisted living residence” means a facility that is licensed by the Department to provide apartment-style housing and

congregate dining and to assure that assisted living services are available when needed, to four or more adult persons unrelated to the proprietor. Apartment units offer, at a minimum, one unfurnished room, a private bathroom, a kitchenette, and a lockable door on the unit entrance.

“Atlantic Cardiovascular Patient Outcomes Research Team trial” or “Atlantic C-PORT-E trial” means the multi-state, randomized clinical trial being conducted by the Atlantic Cardiovascular Patient Outcomes Research Team under the direction of Thomas Aversano, M.D., Johns Hopkins Medical Institutions, comparing outcomes of elective PCI at hospitals with and without on-site cardiac surgery.

1. Atlantic C-PORT-E trial documents and other information can be obtained by contacting Thomas Aversano, M.D., Medical Director, Atlantic C-PORT-E, Johns Hopkins Medical Institutions, 5501 Hopkins Bayview Circle, JHAAC 1B.40, Baltimore, Maryland 21224, (410) 550-9820, http://www.cport.org/atlantic_cport_introduction_body.htm.

“Bed capacity” means the total number of beds, listed by health care service within the facility, which are recognized on the facility’s current license.

“Bloodless surgery” means the performance of surgery in a general hospital without the use of blood transfusion, including, but not limited to, adult cardiac surgery and exclusive of pediatric cardiac surgery, solid organ transplantation, high risk perinatal, and trauma surgery.

“Burn center” means a general hospital that provides the same comprehensive burn care services as required of a burn unit. In addition, a burn center provides intensive and comprehensive in-service training and education for all burn care personnel and includes a research component.

“Burn program” means a general hospital that provides therapy to burn patients, which includes fluid resuscitation and electrolyte balance, hydrotherapy, debridement, escharotomy, and shock prevention.

“Burn unit” means a general hospital that has beds committed solely to burn care, a large and diversified physician staff and nursing staff that rotate solely in this service. A burn unit shall provide electrocardiograph-oscilloscope defibrillation, cardiac output monitoring, physical therapy-hydrotherapy and occupational therapy.

“Central service facility” means a health care facility, regulated by the Department, providing essential administrative and clerical support service to two or more direct providers of health care services in a region and which may also include some direct provision of health care services.

“Change in cost” means any cost in excess of the total approved cost in the most recent certificate of need approval for the project.

“Change in project scope” is defined as a deviation from the approved certificate of need, which results in a change in any one of, but not limited to, the following:

1. Number of beds by service;
2. Change in complement of major movable equipment, that is, cardiac catheterization;
3. Array of services;
4. Service area;
5. Access or availability to the approved project;
6. Population served including the percentage of Medicaid and medically indigent required to be served as a condition of certificate of need approval; or
7. Square footage.

“Children’s acute psychiatric beds” means licensed psychiatric beds in a designated unit of a licensed general, psychiatric or special hospital, for the provision of intensive treatment of persons generally under the age of 13 who are experiencing an acute episode of a psychiatric disorder and have been medically evaluated to require acute psychiatric inpatient services.

“Commissioner” means the State Commissioner of Health and Senior Services.

“Community perinatal center” means a licensed hospital designated within a Maternal and Child Health Service Region as one of the following:

1. “Community perinatal center—basic” means a licensed general hospital that provides services to uncomplicated maternity and normal newborn patients in accordance with the scope of functions delineated in its formal letter of agreement with the regional perinatal center. This hospital is characterized by physically separated facilities for labor, delivery, and newborn care, with cesarean section capability within the perinatal suite. The hospital must also provide supportive care for infants returned from regional or community perinatal center—intensive care facilities. Such a facility shall provide care to patients expected to deliver neonates greater than 2,499 grams and at least 36 weeks gestational age.
2. “Community perinatal center—intermediate” means a licensed general hospital which provides care to a minimum of 800 complicated maternity patients and neonates

in accordance with the scope of functions delineated in its formal letter of agreement with the regional perinatal center. Such a facility shall provide care to patients expected to deliver neonates greater than 1,499 grams and at least 32 weeks gestational age.

3. “Community perinatal center—intensive” means a licensed general hospital which provides care to complicated maternity patients and neonates in accordance with the scope of functions delineated in its letter of agreement with the hospital and the Regional Perinatal Center. Such a facility shall provide care to patients expected to deliver neonates greater than 999 grams and at least 28 weeks gestational age.

“Comprehensive personal care home” means a facility that is licensed by the Department to provide room and board and to assure that assisted living services are available when needed, to four or more adults unrelated to the proprietor. Residential units in comprehensive personal care homes house no more than two residents and have a lockable door on the unit entrance.

“Comprehensive rehabilitation” means services offered by a licensed rehabilitation hospital and characterized by the coordinated delivery of multidisciplinary care intended to achieve the goal of maximizing the self-sufficiency of the patient.

“Construction” means the erection, building, alteration, reconstruction, improvement, renovation, extension or modification of a health care facility, including fixed equipment, the inspection and supervision thereof; and the studies, surveys, designs, plans, working drawings, specifications, procedures, and other actions necessary thereto.

“Deemed complete for processing” means an application, subject to N.J.A.C. 8:33-4, that, determined to be complete by the Department, has been entered into the applicable review cycle.

“Deferral” means a suspension of the review of a submitted application for a limited period of time.

“Demonstration project” generally refers to a health care service, technology, equipment or modality not currently available in the State or which targets unique institutional circumstances or the needs of underserved populations. A demonstration project requires a certificate of need as specified at N.J.A.C. 8:33-3.11.

“Department” means the New Jersey State Department of Health and Senior Services.

“Discontinuance” means any health care facility which has closed or substantially ceased operation of any of its beds, facilities, services, or equipment for a period of two succeeding years.

“Elective angioplasty demonstration project” means the demonstration project pertaining to elective angioplasty or

percutaneous coronary intervention (PCI) without coronary artery bypass graft (CABG) surgical back-up on-site as part of the Atlantic C-PORT-E trial.

“Emergency medical service helicopter” means a service which provides aeromedical emergency care and transportation by rotowing aircraft and is licensed in accordance with N.J.A.C. 8:41.

“Expedited review cycle” means the period of time from the date the application is submitted to the expedited review process through the date a decision is rendered by the Commissioner.

“Expedited review process” means the review by the Department of a certificate of need application meeting certain specified criteria. Such a review process does not include a review by the State Health Planning Board.

“Fixed equipment” means equipment which is attached to the physical plant of a facility.

“Full review cycle” means the period of time from the date the application is submitted to the full review process through the date a decision is rendered by the Commissioner.

“Full review process” means the review of an application by the State Health Planning Board, as well as the Department.

“General hospital” means a hospital which maintains and operates organized facilities and services as approved by the Department for the diagnosis, treatment or care of persons suffering from acute illness, injury or deformity and in which all diagnosis, treatment and care are administered by or performed under the direction of persons licensed to practice medicine or osteopathy in the State of New Jersey.

“General long-term care” means a long-term care bed for which there is no restriction imposed by statute (for example, subacute long-term care), certificate of need approval requirements (for example, pediatric long-term care, specialized long-term ventilator care, specialized long-term care of patients with severe behavior management problems) or stipulations and/or licensure standards that would limit the type of nursing home patient who may occupy the bed or the type or length of nursing home care which may be provided to the occupant of the bed.

“Health care facility” means the facility or institution, whether public or private, engaged principally in providing services for health maintenance organizations, diagnosis or treatment of human disease, pain, injury, deformity or physical condition, including, but not limited to, a general hospital, special hospital, mental hospital, public health center, diagnostic center, treatment center, rehabilitation center, extended care facility, skilled nursing home, intermediate care facility, assisted living residence, comprehensive personal care facility, tuberculosis hospital, chronic disease hospital, maternity hospital, outpatient clinic, dispensary, home health

care agency, residential health care facility and bioanalytical laboratories (except as specifically excluded hereunder) or central services facility serving one or more such institutions but excluding institutions that provide healing solely by prayer and excluding such bioanalytical laboratories as are independently owned and operated, and are not owned, operated, managed or controlled in whole or in part, directly or indirectly by any one or more health care facilities and the predominant source of business of which is not by contract with health care facilities within the State of New Jersey and which solicit or accept specimens and operate predominantly in interstate commerce.

“Health care service” means the preadmission, outpatient, inpatient, and postdischarge care provided in or by a health care facility, and such other items or service as are necessary for such care, which are provided by or under the supervision of a physician for the purpose of health maintenance or diagnosis or treatment of human disease, pain, injury, disability, deformity, or physical condition, including, but not limited to, nursing service, home care nursing and other paramedical service, ambulance service, service provided by an intern, resident in training or physician whose compensation is provided through agreement with a health care facility, laboratory service, medical social service, drugs, biologicals, supplies, appliances, equipment, bed and board, but excluding services provided by a physician, nurse practitioner, clinical nurse specialist, certified nurse midwife or physician assistant, in his or her private practice, unless the service is the subject of a health planning regulation as defined in this section, adopted by the Department of Health or involves the acquisition of major moveable equipment as specified herein, and services provided by volunteer first aid, rescue and ambulance squads as defined in the New Jersey Highway Safety Act of 1971, P.L. 1971, c.351.

“Home health agency” means a facility that is licensed by the Department to provide preventive, rehabilitative, and therapeutic services to patients in the patient’s home or place of residence. All home health agencies shall provide nursing, homemaker-home health aide, and physical therapy services.

“Hospital system” means a group of licensed general hospital facilities owned or controlled by the same legal entity.

“Inner city cardiac satellite demonstration project” means a cooperative expansion of invasive therapeutic cardiac services within a hospital system, whereby a satellite hospital within the system is permitted to provide invasive therapeutic cardiac services already provided by an inner city hospital within the same hospital system and which meets all of the criteria set forth in this chapter and N.J.A.C. 8:33E.

“Inner city hospital” means a general hospital which is located in a city with a population which is greater than 50,000 (or in a city with population greater than 10,000 located in a county with population density greater than 2,500 persons per square mile) and in which more than 10 percent of families in the city have income levels which are below the Federal

poverty line, as determined in accordance with 42 U.S.C. § 9902(2).

vein or artery and guiding it into the heart for purposes of determining cardiac anatomy and function.

“Invasive cardiac services” means cardiac catheterization which is the insertion of a thin, flexible tube (catheter) into a

"Invasive therapeutic cardiac services" means the full array of therapeutic cardiac interventional procedures that includes, but is not limited to, coronary artery bypass graft (CABG), percutaneous transluminal coronary angioplasty (PTCA), and complex electrophysiology studies (EPS).

"Long term acute care hospital-within-a-hospital" means a hospital established in accordance with the standards imposed by the United States Department of Health and Human Services at 42 C.F.R. Part 412 et al. that occupies space in a building also used by another hospital and is licensed as a special hospital in accordance with N.J.A.C. 8:43G-38.

"Long term acute care hospital-freestanding" means a hospital established in accordance with the standards imposed by the United States Department of Health and Human Services at 42 C.F.R. Part 412 et al. that is a physically separate self-contained facility and is licensed as a special hospital in accordance with N.J.A.C. 8:43G-38.

"Major moveable equipment" means cardiac catheterization equipment.

"Maternal and child health consortium" means a nonprofit organization that is licensed as a central service facility by the Department as specified in N.J.A.C. 8:33C, and incorporated under Section 501(c)(3) of the United States Internal Revenue Code.

"Medically underserved" means segments of the population whose utilization of health care services is disproportionately low to their presence in the population as adjusted to account for their need for such services. Medically underserved includes, but is not limited to, racial and ethnic minority populations, migrant workers, the handicapped, Medicaid recipients, and the medically indigent, defined as those individuals lacking third party insurance coverage whose income is less than or equal to 200 percent of the United States Department of Health and Human Services Income Poverty Guidelines, 42 U.S.C. § 9902(2).

"Minor moveable equipment" means equipment which does not fall within the definition of major moveable equipment stated herein.

"Mobile intensive care unit" (MICU) means a specialized emergency medical service vehicle staffed by mobile intensive care paramedics or mobile intensive care nurses trained in advanced life support nursing and operated for the provision of advanced life support services under the direction of an authorized hospital.

"Modernization/renovation" means the alteration, expansion, major repair, remodeling, replacement, and renovation of existing buildings, and the replacement of obsolete equipment of existing buildings.

"Null and void," "nullification," and "nullify" means the revocation of a certificate of need by the Commissioner prior to the expiration of the certificate.

"Operator" of a health care facility means the person or entity which is the holder of the facility license and which has the ultimate responsibility for the provision of health care services in the facility in accordance with applicable legal and professional standards.

"Pediatric intensive or critical care" means a general hospital unit in which special equipment and skilled personnel are concentrated to provide immediate and continuous attention to pediatric patients who, because of surgery, shock, trauma, serious injury or life threatening conditions, require intensified comprehensive observation, and care.

"Pediatric long-term care" means a facility, distinct nursing unit, or program which is dedicated for occupancy by patients under age 20 who require long-term care services.

"Pediatric service" means provision of services by a general hospital to pediatric patients.

"Perinatal" means the period from the 20th week of gestation through the neonatal period.

"Person" shall include a corporation, limited liability corporation, company, association, society, firm, partnership, limited liability partnership, and joint stock company, as well as an individual.

"Planning region" means the county(ies) where (a) facility(ies), service(s), or bed(s) subject to CN is located and/or proposed to be located, in accordance with the approved CN, and contiguous counties.

"Principal" means any individual, partnership, or corporation with an ownership interest in the operating entity of a health care facility or service, or a general or managing partner in a limited partnership.

"Project cost" means costs submitted in those dollars which would be needed to complete the project over the anticipated period of construction, if construction were to begin at the time of certificate of need submission.

"Provider of health care" means an individual:

1. Who is a direct provider of health care service in that the individual's primary activity is the provision of health care services to individuals or the administration of health care facilities in which such care is provided and, when required by State law, the individual has received professional training in the provision of such services or in such administration; or

2. Who is an indirect provider of health care in that the individual:

i. Holds a fiduciary position with, or has a fiduciary interest in, any entity described in subparagraph 2ii(2) or subparagraph 2ii(4) below; provided, however, that a member of the governing body of a county or any elected official shall not be deemed to be a provider of health care unless he is a member of the board of trustees of a health care facility or a member of a board, committee or body with authority similar to that of a board of trustees, or unless he participates in the direct administration of a health care facility; or

ii. Received, either directly or through his or her spouse, more than one-tenth of his or her gross annual income for any one or more of the following:

(1) Fees or other compensation for research into or instruction in the provision of health care services;

(2) Entities engaged in the provision of health care services or in research or instruction in the provision of health care services;

(3) Producing or supplying drugs or other articles for individuals or entities for use in the provision of or in research into or instruction in the provision of health care services; or

(4) Entities engaged in producing drugs or such other articles.

"Psychiatric hospital" means a hospital licensed by the Department which assures the provision of comprehensive specialized diagnosis, care, treatment and rehabilitation where applicable on an inpatient basis for patients with primary psychiatric diagnoses.

"Regional perinatal center" means a licensed general hospital designated within a Maternal and Child Health Service Region which is required to provide care to high risk mothers and neonates. Such a facility shall provide consultation, referral, transport and consultation to its regional affiliates.

"Rehabilitation hospital" means a hospital licensed by the Department to provide comprehensive rehabilitation services to patients for the alleviation or amelioration of the disabling effects of illness. Comprehensive rehabilitation services are characterized by the coordinated delivery of multidisciplinary care intended to achieve the goal of maximizing the self-sufficiency of the patient. A rehabilitation hospital is a facility licensed to provide only comprehensive rehabilitation services or is a distinct unit providing only comprehensive rehabilitation services located within a licensed health care facility.

"Research projects" are projects whose scope of inquiry and activity are exclusively limited to the execution of a research protocol which when it involves human subjects must be approved by an Institutional Review Board; whose services and interventions are provided to approved study subjects alone; who do not bill for or receive reimbursement for the services, equipment, or interventions provided through the research; and whose services, equipment, or interventions are not competing with and do not negatively impact upon licensed providers of health care services in the State, as determined by the Commissioner.

"Satellite hospital" means, for purposes of N.J.A.C. 8:33E-3.11, a general hospital that is not the inner city hospital which is the subject of an inner city cardiac demonstration project, but which shall be a general hospital within the same hospital system as the inner city hospital at issue.

"Service area" means a geographic area, generally a country within which the facility or service is located. However, definitions of service areas planning rules shall take precedence over this general definition.

"Special hospital" means a hospital which maintains and operates organized facilities and services as approved by the Department for the diagnosis, treatment or care of persons suffering from acute illness, injury or deformity in which comprehensive specialized diagnosis, care, treatment and rehabilitation are administered by or performed under the direction of persons licensed to practice medicine or osteopathy in the State of New Jersey, where applicable, on an inpatient basis for one or more specific categories of patients as approved by the Department.

"Special psychiatric beds" means licensed psychiatric beds within any separate unit or section of a licensed general, psychiatric or special hospital which are utilized for the treatment of an identified target population of any age demonstrated to require a specialized program of treatment for acute psychiatric disorders. Examples include units designated to provide services to persons with eating disorders, geriatric services and with dual psychiatric/substance abuse diagnoses. Admissions to the unit or facility should have an average length of stay that reflects the level of active medical care for each category of special psychiatric beds and, as a guideline, does not exceed 60 days.

"Specialized long-term care" means a program of care provided in licensed long-term care beds for patients who require technically complex treatment with life supporting equipment or who have serious problems accessing appropriate nursing home care due to the specialized treatment required by their medical diagnoses and level of functional limitation.

"Specialty acute care children's hospital" means a general hospital, designated by the Commissioner pursuant to a statutory mandate, that provides diagnostic and specialty treatment services for children and is licensed in accordance with N.J.A.C. 8:43G-22.

“State” means the State of New Jersey.

“State Health Planning Board” means the board established pursuant to N.J.S.A. 26:2H-5.7, to conduct certificate of need review activities.

“Statewide restricted admissions facility” means a non-profit nursing home owned and operated by a religious or fraternal organization that serves only members of that organization and their immediate families and meets the specific requirements set forth in N.J.A.C. 8:33H.

“Subject of a health planning regulation” means any health care service identified in the Appendix, Exhibit 1.

“Teaching hospital” means, for purposes of N.J.A.C. 8:33-3.11(c), a general hospital engaged in a graduate medical education residency program in cardiology approved by a nationally recognized credentialing organization.

“Termination” means a certificate of need is not extended by the Commissioner beyond its expiration date.

“Total capital cost” means all costs associated with the proposed project including studies and/or surveys; architect, engineer, legal fees; plans and specifications; supervision and inspection of site and buildings; demolition, renovation, construction; fixed and major moveable equipment, purchase of land and buildings; lease and/or rentals; developmental and/or start up costs, but excluding carrying and financing cost and/or fees, interest and debt service reserve fund. Total capital cost excludes any contingency amounts.

“Trauma services” means the treatment of wounds or injuries of sufficient severity to require treatment at a Level I or Level II trauma center, as measured by the immediate threat of death imposed by the injury, the presence of injuries to multiple systems, Injury Severity Score or other trauma scoring systems, and/or the application of appropriate trauma triage decision criteria.

“Total project cost” means all costs associated with the proposed project, including all capital costs, carrying and financing costs, net interest on borrowings during construction, debt service reserve fund. Total project cost excludes any contingency amounts.

“Withdrawal” means a voluntary written request by a certificate of need applicant to the Department to cease any further review of a submitted application submitted before the Commissioner acts on the application. Such a request shall be considered final by the Department and no further consideration or review shall be given to the “withdrawn” application.

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.1999 d.272, effective August 16, 1999.
See: 31 N.J.R. 950(a), 31 N.J.R. 2375(a).
Inserted “Bloodless surgery”.

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.

Amended by R.2007 d.387, effective December 17, 2007.
See: 39 N.J.R. 3462(a), 39 N.J.R. 5316(b).

Added definitions “Atlantic Cardiovascular Patient Outcomes Research Team trial” and “Elective angioplasty demonstration project”.

Case Notes

Certificate of need required when private physician initiated health care service. *Associates In Radiation Oncology, P.A. v. Siegel*, 272 N.J.Super. 208, 639 A.2d 729 (A.D.1994).

Determination that certificate of need was not required, remand required for specific findings of fact. *Associates In Radiation Oncology, P.A. v. Siegel*, 272 N.J.Super. 208, 639 A.2d 729 (A.D.1994).

Standing to appeal determination on application for certificate of need. *Associates In Radiation Oncology, P.A. v. Siegel*, 272 N.J.Super. 208, 639 A.2d 729 (A.D.1994).

Commissioner did not have discretion to remove condition in certificate of need for linear accelerator. In re Certificate of Need Application of Chilton Memorial Hosp., 269 N.J.Super. 426, 635 A.2d 986 (A.D.1993).

Policy statement illustrates pervasiveness of State’s regulatory concern. *Desai v. St. Barnabas Medical Center*, 103 N.J. 79, 510 A.2d 662 (1986).

SUBCHAPTER 2. APPLICABILITY OF CERTIFICATE OF NEED REQUIREMENTS

8:33-2.1 Types of review

There will be two types of review of certificate of need applications: full review, as described in N.J.A.C. 8:33-4.1(a), and expedited review, as described in N.J.A.C. 8:33-4.1(b). The full review process shall apply to all certificate of need applications not specifically identified herein as meeting the criteria for expedited review. The review process shall apply as specified in Exhibit 3 of the Appendix, incorporated herein by reference.

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).

Substituted “two” for “three” preceding “types of review”, deleted “direct review, described in N.J.A.C. 8:33-4.1(b)”, substituted “8:33-4.1(b)” for “8:33-4.1(c)” in the first sentence, deleted “direct review or” preceding “expedited review” in the second sentence and substituted “3” for “4” following “Exhibit” in the third sentence.

Case Notes

Commissioner of Health failed to comply with procedural requirements in granting certificate of need. *Matter of Bloomingdale Convalescent Center*, 233 N.J.Super. 46, 558 A.2d 19 (A.D.1989).

Regulations reflect concern over those aspects of health care that relate to patient access as well as personnel policies affecting patient care. *Desai v. St. Barnabas Medical Center*, 103 N.J. 79, 510 A.2d 662 (1986).

8:33-2.2 Determination of a health care facility or service

(a) It is incumbent upon all health care facilities and services to comply with the certificate of need requirements set forth in statute and rules promulgated pursuant thereto. If such automatic compliance is not forthcoming, the Commissioner, consistent with the "public policy of the State that access to health care services of the highest quality are of vital concern to the public health" (N.J.S.A. 26:2H-1) and in accordance with the definitions of a health care facility and a health care service, as specified in N.J.S.A. 26:2H-2 and 26:2H-7, shall determine whether a proposed or existing system or modality of health care delivery constitutes a health care service or health care facility subject to certificate of need requirements. If so designated, such facility shall be subject to all of the provisions of the Health Care Facilities Planning Act (N.J.S.A. 26:2H-1 et seq.) and rules promulgated pursuant thereto.

(b) Those factors which shall be considered relevant as to whether a facility meets the definition of a health care facility or service shall include:

1. The types of health care service and facilities, and changes thereto, which are required to obtain certificate of need approval by the provisions of this subchapter;
2. The type of health care service delivered or to be delivered, its impact on existing health care facilities and providers and its potential effect on the health care delivery system;
3. The degree of complexity in terms of medical technology, equipment, and the medical, paramedical and administrative staffing required to provide the health care service; and
4. Any other factors specific to the unique circumstances of an individual applicant.

(c) When a determination is made that a health care service/health care facility is deemed to require certificate of need review, the person(s) involved shall be so notified by the Commissioner. The Commissioner's decision shall be a final agency decision.

Amended by R.2002 d.243, effective August 5, 2002.
See: 34 N.J.R. 458(a), 34 N.J.R. 2814(a).

In (a), rewrote the second sentence; deleted (b) and recodified former (c) as (b), substituted "as to whether a facility meets the definition" for "to the determination" following "relevant", deleted former (c)3 and recodified former 4 as 3, deleted former 5 through 6 and recodified former 7 as 4; recodified former (d) as (c).

Law Review and Journal Commentaries

Health Law—Hospitals. Steven P. Bann, 136 N.J.L.J. No. 5, 66 (1994).

Case Notes

Commissioner could not have discretion to remove condition in certificate of need for linear accelerator. In re Certificate of Need Application of Chilton Memorial Hosp., 269 N.J.Super. 426, 635 A.2d 986 (A.D.1993).

Women's medical centers held by Commissioner to be health care facilities; Appellate Division held that regulations cannot apply to private office on basis of internal business management. Women's Medical Center at Howell v. Finley, 7 N.J.A.R. 262 (1982), reversed 192 N.J.Super. 44, 469 A.2d 65, certification denied 96 N.J. 279, 475 A.2d 578. (App.Div.1983).

Outpatient drug rehabilitation clinic required to obtain certificate of need; zoning ordinance liberally construed to permit clinic operation. L & L Clinics, Inc. v. Irvington, 189 N.J.Super. 332, 460 A.2d 152 (App.Div.1983), certification denied 94 N.J. 540, 468 A.2d 191 (1983).

Statutory amendment exempting certain non-profit corporations from certificate of need requirements constitutional; amendment not prohibited special legislation. Paul Kimball Hospital v. Brick Twp. Hospital, 86 N.J. 429, 432 A.2d 36 (1981).

Mobile multiphasic health testing service is a health care facility subject to certificate of need requirements. Medcor, Inc. v. Finley, 179 N.J.Super. 142, 430 A.2d 964 (App.Div.1981).

Denial of medical center's application for certificate of need could not be reviewed for reasonableness in absence of a specific articulation in record of reasons for denial. In Re Hunterdon Application, 95 N.J.A.R.2d (HLT) 11.

Improper transfer of nursing care facilities; period from dates on which facilities entered into agreements until applications for Certificate of Need filed constituted periods of violations; penalties assessed. In Matter of Oakridge Manor Nursing Home. 93 N.J.A.R.2d (HLT) 1.

Denial of Certificate of Need for proposed hyperbaric chamber facility; reasonable. New Jersey Chamber Facility, Inc. v. Department of Health. 92 N.J.A.R.2d (HLT) 5.

Failure to secure legal representation to appeal decision approving application for certificate of need for development of a Hyperbaric Oxygen Therapy Program warranted dismissal of appeal. N.J.S.A. 26:2H-6. In Matter of the Medical Center of Ocean County, 91 N.J.A.R.2d 1 (HLT).

Appeal from denial of certificate of need; reimbursement for construction costs which exceeded the approved project cost denied as untimely; denial of reimbursement for petitioner's interest amortization rate. Hillcrest Manor v. Dep't of Human Services, 9 N.J.A.R. 45 (1983).

Religiously sponsored nursing homes not exempt from certificate of need requirements; religious need another factor in certificate determination. Attorney General Formal Opinion 1974-No. 2.

8:33-2.3 (Reserved)

Repealed by R.2002 d.243, effective August 5, 2002.
See: 34 N.J.R. 458(a), 34 N.J.R. 2814(a).

Section was "Waiver to certificate of need requirements for physicians".

8:33-2.4 (Reserved)

Repealed by R.2002 d.243, effective August 5, 2002.
See: 34 N.J.R. 458(a), 34 N.J.R. 2814(a).

Section was "Waivers to certificate of need requirements for health maintenance organizations".

SUBCHAPTER 3. TYPES OF CERTIFICATE OF NEED APPLICATIONS

8:33-3.1 Initiation of health care service

Establishment of any of the specified standard categories of health care services as referenced in N.J.S.A. 26:2H-1 et seq., as amended and/or as identified in the chapter Appendix, Exhibit 1, incorporated herein by reference, or the modification, replacement or expansion of any health care service or facility, regardless of the amount of capital or operating expenditures requires a certificate of need except as exempted by P.L. 1992, c.160, as amended by P.L. 1998, c.43 or otherwise exempted pursuant to this chapter. The certificate of need application shall be subject to the full review or direct review process, except as provided for at N.J.A.C. 8:33-5.1(a).

Amended by R.2002 d.243, effective August 5, 2002.
See: 34 N.J.R. 458(a), 34 N.J.R. 2814(a).

Substituted "Exhibit 1" for "Exhibit 2" and "as amended by P.L. 1998, c.43 or otherwise exempted pursuant to" for "as stated in" following "P.L. 1992, c.160".

8:33-3.2 Termination/discontinuance of service or facility and/or reduction of licensed bed capacity

(a) Any health care facility which has closed or substantially ceased operation of any of its beds, facilities or services which require a certificate of need to be initiated, for any consecutive two-year period, shall be required to obtain a certificate of need before reopening such beds, facilities or services.

(b) Voluntary closure of a facility or discontinuance of all of its services does not require a certificate of need, except that the closure of a general hospital requires a certificate of need and shall follow the full review process. Applications for the closure of a general hospital shall be accepted on the first business day of any month. Where a certificate of need is not required pursuant to this section, written notification shall be filed with the Department's Office of Certificate of Need and Healthcare Facility Licensure, 30 days prior to the proposed closure of a facility or discontinuance of all of its services. Full compliance with all applicable Department requirements contained in this chapter and in service-specific chapters for closure/discontinuance shall be required.

(c) Discontinuance of a component service of a health care facility or satellite emergency department shall not require a certificate of need where the discontinuance will not result in problems of access to populations historically served and is not a service, which is required to be a component of an inpatient health care facility. In these instances, the licensed entity shall notify the Department's Office of Certificate of Need and Healthcare Facility Licensure in writing 60 days prior to discontinuance of the service. Such notice shall include a rationale of why the licensed entity anticipates that discontinuance will not result in problems of access, including access to women's reproductive health services, where contextually applicable. The Department will notify the pro-

vider whether the proposed discontinuance requires a certificate of need. If a certificate of need is required, the certificate of need application shall follow the expedited review process set forth at N.J.A.C. 8:33-4.1(c). The provider shall not discontinue the service until the Department provides notice that no certificate of need is required or that a certificate of need is approved, as applicable.

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.2002 d.243, effective August 5, 2002.

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

Rewrote the section.

Amended by R.2008 d.23, effective January 22, 2008.

See: 39 N.J.R. 2709(a), 40 N.J.R. 620(b).

In (b) and (c), substituted "Office of Certificate of Need and Healthcare Facility Licensure" for "Certificate of Need and Acute Care Licensure Program".

Case Notes

Required review of facility transfer documents by Division does not support facility's contention that Division is equitably estopped from seeking recovery of Medicaid over-payments. *Bridgeton Nursing Center, Inc. v. Div. of Medical Assistance and Health Services*, 8 N.J.A.R. 217 (1983).

8:33-3.3 Transfer of a health care service/facility

(a) A certificate of need is required for a transfer of ownership of the following:

1. An entire general hospital. Applications for such shall follow the full review process set forth at N.J.A.C. 8:33-4.1(a), and shall be accepted on the first business day of any month; and

2. A transfer that will result in a new Medicare provider number for the hospitals involved in the transfer. Applications for such shall follow the full review process set forth at N.J.A.C. 8:33-4.1(a).

(b) A certificate of need is not required for transfer of ownership of all other operating health care facilities, beds, services or equipment not specified in (a) above. Where a certificate of need is not required pursuant to this section, application for a license on forms prescribed by the Department shall be filed with the Department's Office of Certificate of Need and Healthcare Facility Licensure, in accordance with this chapter and the Department's licensing rules.

(c) If a transfer of ownership occurs without a required certificate of need, then a daily penalty as established in the service-specific licensing rules promulgated by the Department may be assessed on the "new" owner and/or operator from the date of the unapproved transfer to the date the Department grants formal ownership approval to the "new" owner and/or operator.

(d) In the review of a transfer of ownership application, the prospective owner(s)/operator(s) shall be evaluated by the Department on the basis of character and competence and

track record with regard to past and current compliance with state licensure, applicable Federal and certificate of need requirements, as specified in N.J.A.C. 8:33-4.9 and 4.10.

(e) A prospective owner approved for any transfer of ownership shall be subject to the same Department certificate of need, licensure, and reimbursement requirements as the current owner, including continuing compliance with any applicable certificate of need conditions, except that the Commissioner may amend the requirements to relate to changes in the health care system.

(f) These rules apply to ownership by any individual, partnership, limited liability partnership, corporation, limited liability corporation, or other entity in any entity which is the licensed operator of a facility or which owns the facility's real property. Except as otherwise provided in (h) below, a transfer of ownership which requires a certificate of need is defined as an acquisition or transfer which will increase or establish an ownership interest in a health care facility, as defined in N.J.A.C. 8:33-1.3, through purchase, lease, purchase or lease option, gift, donation, exchange, or by any other means. Types of ownership interests to which these rules apply include, but are not limited to, the following:

1. Shares of stock or any other type of security in a private business corporation;
2. Partnership interests in a general or limited partnership;
3. Ownership of a proprietorship or any other entity which operates a health care facility; and
4. Holding title to real property which is used to operate health care facility, or having a leasehold interest in such real property.

(g) Applications for transfer of ownership shall specify each and every principal in the entity which is the prospective owner and shall account for 100 percent of the ownership of the facility, except that if the ownership and operation is a publicly held corporation, each and every principal who has a 10 percent or greater interest in the corporation shall be identified by name, home address and percentage of interest.

(h) The following types of changes by operating health care facilities shall not require certificate of need approval by the Department as transfers of ownership, but shall require prior written notice to the Certificate of Need and Acute Care Licensure Program or Long Term Care Licensing and Certification Program, as applicable, of any such sale and identification of ownership changes:

1. The purchase or sale of less than 10 percent of the outstanding stock (preferred or common) in a business corporation, except that any purchase of stock which results in an individual holding 10 percent or more of the corporation's outstanding stock when the individual previously held less than 10 percent of the stock shall require certificate of need approval;

2. The purchase or sale of limited partnership interests in a limited partnership, where a written limited partnership agreement prohibiting participation in management of the partnership by limited partners has been submitted to the Department. This exception shall not apply to general or managing partners or to any partner who participates in management;

3. A change in the membership of a nonprofit corporation, where the members are individuals or nonprofit corporations, and there is no purchase or sale of assets. In cases involving general hospitals, the facility shall provide notification documenting, to the satisfaction of the Commissioner, that the membership change does not diminish access to previously provided community services, including, but not limited to, women's reproductive health services. If the Commissioner determines that there will be decreased access to existing community services, a facility shall be required to file a certificate of need application. The application shall be subject to the expedited review process, as set forth at N.J.A.C. 8:33-5.2(c);

4. A change in ownership which does not involve acquisition of an ownership interest by a new principal; that is, the change involves only the percentage owned by the principals in the entity which is the licensed operator of the facility or involves withdrawal of one or more principals from ownership in the facility;

5. The death of a principal in a health care facility, which shall be reported to the Department's Certificate of Need and Acute Care Licensure Program or Long-Term Care Licensing and Certification Program, as applicable, together with the identity of the heir(s) to the ownership interest of the deceased principal. If the heir(s) intends to retain the ownership interest, the heir(s) shall be subject to investigation of licensure track record. Otherwise, the Department may accept an application to transfer the heir's ownership interest. Any other transfer of ownership which occurs by operation of law shall be reported in the same manner; and

6. A transfer, which involves a change in the controlling legal entity, but not in individuals with ownership interests, including, but not limited to:

- i. A change in the type of organizational entity owning the facility only, with no change in the principals with ownership interests (for example, a change from a corporation to a partnership or vice versa);
- ii. The merger or consolidation of a corporation with or into its wholly-owned subsidiary;
- iii. The merger or consolidation of a corporation with or into a corporation with identical common ownership;
- iv. A transfer of assets to an entity with identical common ownership;

tificate of need. Failure to implement the scope of the project as approved shall result in nullification of the certificate of need and require the filing of a new certificate of need application in the next appropriate cycle.

i. Relocation of the proposed project outside the county for which it was originally approved, if the location was subject to a condition of certificate of need approval which prohibits relocation; or

ii. Change in the population served including percentage of Medicaid and medically indigent required to be served as a condition of certificate of need approval.

(f) Any modifications to the project as approved shall be reported to the Department's Office of Certificate of Need and Healthcare Facility Licensure in writing for review and approval prior to implementation.

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.2002 d.243, effective August 5, 2002.

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

Rewrote the section.

Amended by R.2008 d.23, effective January 22, 2008.

See: 39 N.J.R. 2709(a), 40 N.J.R. 620(b).

In (a)1, substituted "Office of Certificate of Need and Healthcare Facility Licensure" for "Certificate of Need and Acute Care Licensure Program or Long Term Care Licensing and Certification Program, as applicable,"; in (a)2, the introductory paragraphs of (b)1 and (b)3, (d)1, and (f), substituted "Office of Certificate of Need and Healthcare Facility Licensure" for "Certificate of Need and Acute Care Licensure Program"; in (a)2, substituted "0.25" for "0.15"; and in (a)3, substituted "shall" for "will".

8:33-3.10 Duration of an unimplemented certificate of need

(a) The following criteria apply to the duration of a certificate of need:

1. The certificate of need shall be valid for a period of five years from the date of approval, or as specifically identified in a call for certificate of need applications, in the applicable health planning regulation or other public notice issued by the Commissioner.

2. If an applicant requires an extension of time beyond the expiration date of the certificate of need, an application for extension of time shall be filed 60 days prior to the current expiration date. The application shall be subject to the expedited review process at N.J.A.C. 8:33-5.1. The application shall not be deemed complete unless the applicant provides documentation that the project's financing remains in place and is sufficient to cover cost increases, and that local zoning and/or local building approvals have already been obtained. The application shall document the reasons for delays and proposed detailed time frame identifying the remaining time needed for the project to be approved and/or licensed by the Department's Office of Certificate of Need and Healthcare Facility Licensure. Where the Commissioner determines that the approval

should be extended for an additional time beyond its current expiration date, he or she shall assign an expiration date, based on the criteria contained in (a)3 below. Where the Commissioner denies the request for extension, the applicant may request a hearing pursuant to the Administrative Procedure Act, P.L. 1968, c. 410 (N.J.S.A. 52:14B-1 et seq. and 52:14F-1 et seq.) and the Uniform Administrative Procedure Rules, N.J.A.C. 1:1, in accordance with N.J.S.A. 26:2H-9. Requests for a hearing shall be made to the Department within 30 days of receipt of notification of the Commissioner's action. The Department shall arrange for a hearing within 60 days of receipt of a request, and after such hearing the Commissioner or his or her designee shall furnish the applicant with the hearing examiner's written recommendations and reasons therefore. The Commissioner, within 30 days of receiving all appropriate hearing records, shall make his or her determination, which shall be a final agency decision.

3. If the project has not been licensed by the Department's Office of Certificate of Need and Healthcare Facility Licensure, within the original or, if applicable, extended time frame identified within this subchapter, the certificate of need shall automatically be deemed to be terminated.

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.2002 d.243, effective August 5, 2002.

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

Rewrote the section.

Amended by R.2008 d.23, effective January 22, 2008.

See: 39 N.J.R. 2709(a), 40 N.J.R. 620(b).

In (a)2 and (a)3, substituted "Office of Certificate of Need and Healthcare Facility Licensure" for "Certificate of Need and Acute Care Licensure Program or Long Term Care Licensing and Certification Program, as applicable,"; and in (a)2, substituted "c. 410" for "c.410".

8:33-3.11 Demonstration and research projects

(a) Projects which satisfy the definition of a research project, as specified at N.J.A.C. 8:33-1.3, shall be exempt from certificate of need requirements as long as they are conducted exclusively for the purposes of investigational studies and scientific research.

(b) At the conclusion of the research project, the health care services and equipment provided in the course of the research shall no longer have certificate of need exemption status. At that time, if the services and equipment used are to be continued such that they shall be provided to the general population or where billings for such services or equipment shall occur or reimbursement received, a certificate of need where applicable shall be obtained in accordance with the provisions of this chapter and all other applicable health planning rules.

(c) This subsection sets forth the requirements for an inner city cardiac satellite demonstration project:

1. The purpose of an inner city cardiac satellite demonstration project, as defined in N.J.A.C. 8:33-1.3, is to test

the hypothesis that permitting a licensed inner city teaching hospital to provide invasive therapeutic cardiac services at a satellite hospital within the same hospital system shall maintain or improve the financial stability of the inner city hospital and promote the continued provision of the full range of services and programs which it provides. This project allows qualifying hospital systems to generate greater revenue for inner city hospitals by enabling them to provide invasive therapeutic cardiac services at a satellite hospital, the benefits of which shall then be credited to the inner city hospital, thereby enabling the inner city hospital to improve access to and the quality of invasive therapeutic cardiac services to medically underserved populations.

2. Inner city cardiac satellite demonstration projects shall obtain a CN pursuant to the expedited review process set forth in N.J.A.C. 8:33-5 and in response to a call issued by the Department. All activities of both the inner city hospital and the satellite hospital shall be governed by the rules concerning cardiac surgery centers, at N.J.A.C. 8:33E.

3. In order to implement the demonstration project gradually, the Department shall accept no more than two certificate of need applications, for cardiac satellite demonstration projects in any consecutive 24-month period, beginning on July 1, 1998. In addition to meeting the remaining criteria set forth in this subsection, only those applicants providing convincing evidence that the proposed project shall increase access to invasive therapeutic cardiac services among minority and medically underserved populations through the increased revenue reasonably expected through implementation of the project, shall be accepted.

4. An inner city cardiac satellite demonstration project shall submit an application to the Department that, at a minimum, demonstrates that the proposed inner city cardiac satellite demonstration project satisfies the following criteria:

i. The inner city hospital shall be part of a multi hospital system and shall be a licensed teaching hospital that provides a comprehensive complement of invasive therapeutic cardiac services;

ii. Prior to the provision of the invasive therapeutic cardiac services at the satellite hospital, and on a periodic basis thereafter as determined by the Department, the inner city hospital and the satellite hospital shall each comply with all licensure criteria governing the provision of invasive therapeutic cardiac services, including those contained within N.J.A.C. 8:43G-7;

iii. Net revenues generated from the provision of invasive therapeutic cardiac services at the satellite hospital shall be utilized to benefit the inner city hospital. Upon application, the inner city hospital shall provide to the Department a report prepared by an independent accounting firm approved by the Department. The report

shall provide an estimated projection of the amount of net revenues and expenses expected as a result of the implementation of an inner city cardiac satellite demonstration project, together with the methodology utilized to calculate the reported net revenues. The methodology shall comport with fair market valuation of all costs and revenues. The report shall further set forth a plan demonstrating the manner in which reported net revenues shall be used to increase access to and the quality of invasive therapeutic cardiac services at the inner city hospital and to promote, generally, the financial stability of the inner city hospital and the continued provision of the full range of services and programs which it provides. Upon the conclusion of the first calendar year of operation of the inner city cardiac satellite demonstration project, and each year of operation thereafter, the inner city hospital shall provide to the Department an accounting, in a standardized format to be determined by the Department, containing the net revenues that have been utilized to benefit the inner city hospitals. In addition, a complete financial report from the satellite hospital shall be submitted to the Department, including all expenses and other financial information related to the invasive therapeutic cardiac center, and the services it provides. This report shall be submitted to the Department within 60 days after the close of each calendar year;

iv. The provision of invasive therapeutic cardiac services at a satellite hospital in accordance with this subsection shall not result in a diminution of the volume or quality of services at the inner city hospital, as compared to the volume and quality of services prior to the initiation of the demonstration project. Volume shall not decrease 20 percent or more below the previous level, and the quality shall not decrease, as measured by risk-adjusted mortality rates, compliance with nationally recognized quality improvement initiatives and other measures as determined by the Department on a case-by-case basis, depending upon the facts and circumstances. Upon application, the inner city hospital shall submit a plan that demonstrates how the volume and quality of the invasive therapeutic cardiac services at the inner city hospital will be maintained. Notwithstanding the foregoing, the inner city hospital shall satisfy the regulatory requirements set forth at N.J.A.C. 8:33E-2.3 that are applicable to invasive therapeutic cardiac procedures, governing volume and quality of services. If the Department determines that the volume at the inner city hospital has decreased by 20 percent or more, or the quality is lower to a degree, for a consecutive 12-month period, the Department shall have the authority to rescind the satellite hospital's license to operate its invasive therapeutic cardiac services, upon notice to the inner city hospital and a six-month period to cure the deficiencies. The Department's determination to rescind the inner city hospital's license hereunder shall be final;

v. The provision of invasive therapeutic cardiac services at the satellite hospital shall be subject to the governance of the inner city hospital and operated in accordance with the policies, procedures, and protocols of the inner city hospital which shall hold the license;

vi. Every inner city cardiac satellite demonstration project shall record and maintain data on the operation of the project, the patients served, the outreach to minority and indigent communities, and other information requested of each project by the Department. Such data shall be reported in a standardized format determined by the Department, and provided to the Department on a quarterly basis within 30 days after the close of each quarter;

vii. The inner city hospital shall ensure the provision of invasive therapeutic cardiac services at both the satellite hospital and the inner city hospital and shall assure that both hospitals comply and continue to comply with all applicable licensure rules.

5. All facilities seeking to initiate an inner city cardiac satellite demonstration project pursuant to an approved certificate of need issued in accordance with the demonstration criteria described in this subchapter shall be initially licensed on an annual basis, in accordance with the provisions of N.J.A.C. 8:43G.

6. Licenses for inner city cardiac satellite demonstration project facilities may be renewed on an annual basis only upon a demonstration by the license holder to the satisfaction of the Commissioner, of full compliance with all applicable standards and criteria of this chapter; N.J.A.C. 8:43B; N.J.A.C. 8:33; N.J.S.A. 26:2H-1 et seq.; any applicable Federal law; and any additional conditions imposed upon the license holder in the original certificate of need approval.

7. These requirements for licensure shall be in addition to and not in limitation of any other applicable authorities not specifically mentioned herein and from which the facility in question has not been specifically exempted by law.

(d) The Commissioner shall accept certificate of need applications for bloodless surgery demonstration projects in accordance with the provisions of the expedited review process set forth at N.J.A.C. 8:33-5.1(a) following a call for applications.

1. The Commissioner shall approve, in writing, no more than two certificate of need applications for bloodless surgery demonstration projects in any consecutive 24-month period, beginning on August 16, 1999.

2. The Commissioner shall approve each bloodless surgical demonstration project for a period of no more than 30 months from the date of notice of the written approval, but the Commissioner, in his or her discretion, may extend the date of termination of a demonstration project upon written request made by the hospital approved for the bloodless surgical demonstration project, and the extent that the utilization, staffing, outcome, policy and procedure criteria of this rule have been achieved during the course of the demonstration period.

3. An applicant for a bloodless surgery demonstration project shall:

i. Be a general hospital meeting the requirements set forth at N.J.A.C. 8:33E and 8:43G; and

ii. Have an existing invasive cardiac diagnostic service that has been in compliance with the minimum annual utilization requirements at N.J.A.C. 8:33E-1.4(b)1 and the cardiac licensing requirements at N.J.A.C. 8:43G-7 for at least the three year period prior to the date of submission of the application for the bloodless surgery demonstration project.

4. A general hospital proposing to engage in a bloodless surgery demonstration project shall submit an application to the Department demonstrating the following:

i. That the applicant's bloodless surgery demonstration program shall serve a minimum of 100 patients per year in which each procedure, if performed conventionally, would result in a blood loss of greater than or equal to 1,000 cubic centimeters;

ii. That the applicant shall have qualified staff and staffing levels for the bloodless surgery demonstration project at all times that shall promote safety, including a bloodless surgery program coordinator who shall be a graduate of an accredited school of nursing and hold a current license to practice nursing care in New Jersey, and who shall be responsible for administration of:

(1) Patient care activities;

(2) Compilation of statistical information;

(3) Marketing activities designed to promote patient access;

(4) Physician referrals;

(5) Program staffing;

(6) Maintenance of policies and procedures; and

(7) Consultation services;

iii. That the applicant's physical plant and equipment standards for the bloodless surgery demonstration project shall result in the highest level of successful bloodless surgical outcomes;

iv. The service area for the provision of the bloodless surgery demonstration project;

v. That the applicant has developed and shall implement policies and procedures for the daily operation of the bloodless surgery demonstration project addressing, at a minimum:

(1) Hospital administration and governance;

(2) Patient services;

(3) Quality improvement;

(4) Patient health care needs;

(5) Safety and infection control;

(6) Comfort and pain management;

(7) Skin integrity;

(8) Psychosocial and spiritual health;

(9) Patient and family education;

(10) Discharge planning;

(11) Technical aspects of care; and

vi. That the applicant's bloodless surgery demonstration program will perform, at a minimum, 50 percent of its annual open heart surgery cases in accordance with the definition of "bloodless surgery" at N.J.A.C. 8:33-1.3.

5. A general hospital approved for a bloodless surgical demonstration project shall submit quarterly evaluation reports to the Department for the duration of the demonstration project, with a final evaluation report immediately following the completion of the demonstration

project, unless the Commissioner determines and notifies the hospital in writing that the hospital shall report more or less frequently than quarterly.

- i. Each evaluation report shall include documentation of the number of bloodless surgical procedures performed by type of surgery, and success rates in terms of both morbidity and mortality.
 - ii. Each report shall be accompanied by supporting data.
6. The standards and conditions set forth in the Commissioner's notice of approval of a bloodless surgical demonstration project shall be the applicable licensure standards for that demonstration project until the completion of the demonstration project, but shall be in addition to, not in lieu of, the general surgery licensure standards set forth at N.J.A.C. 8:43G-34, the cardiac surgery licensure standards set forth at N.J.A.C. 8:43G-7 and other licensing standards applicable for the type of surgery performed.
- i. In the event that the Commissioner shall extend the period of the demonstration project by written notice, the same standards and conditions set forth in the initial notice of approval shall continue to apply during the duration of the extension of the demonstration project.
 - ii. All facilities seeking to initiate bloodless surgery demonstration projects described in this subchapter shall document compliance with all applicable requirements for cardiac surgery services and invasive therapeutic cardiac services as set forth at N.J.A.C. 8:33E, including facility and physician annual volume standards, personnel and staffing requirements. Compliance with the applicable requirements as set forth at N.J.A.C. 8:33E-2.1 through 2.14 shall be maintained throughout the period of the demonstration project and thereafter as required.
7. All facilities seeking to initiate bloodless surgery demonstration projects described in this subchapter shall be initially licensed in accordance with the provisions of N.J.A.C. 8:43G except as specifically set forth below.
- i. Initial licenses granted to bloodless surgery demonstration projects shall be valid for a period not to exceed 30 months from the month in which the facility initiates its bloodless surgery demonstration project.
 - ii. Following the expiration of the initial license, licenses for bloodless surgery demonstration projects may be renewed only upon demonstration by the license holder to the satisfaction of the Commissioner of full compliance with all applicable standards and criteria of this chapter, N.J.A.C. 8:43G, N.J.S.A. 26:2H-1 et seq., any applicable Federal law, and any additional conditions imposed upon the license holder in the original certificate of need approval, and only in accordance with the following protocol:

(1) No earlier than the completion of the 24th month following the initiation of the bloodless surgery demonstration project under this program, and no later than the completion of the 26th month following the initiation of such services, all facilities seeking renewal of licenses issued pursuant to the demonstration program described in this subchapter shall submit to the Department, documentation of their full compliance with all standards and criteria referenced in (d)7ii above, specifically including, but not limited to, the independently audited and verified criteria specified in N.J.A.C. 8:33-3.11(d)4.

(A) Failure to submit all information/documentation required for consideration of renewal in the time and manner set forth in (d)7ii(1) above, shall, absent the express written consent of the Department, constitute a basis for denial of the request for license renewal.

(B) Following the completion of the 26th month after the initiation of services under the bloodless surgery demonstration project, documentation of compliance with the requirements of (d)7ii(1) above shall only be accepted for consideration at the express written request of the Department.

(2) Upon receipt of the documentation required for renewal as set forth in (d)7ii(1) above, the Department shall review and evaluate the documentation, shall communicate with the facility to clarify and/or supplement the documentation as it in its sole discretion deems appropriate, and shall, no later than the completion of the 30th month following the month in which the facility initiated services under the bloodless surgery demonstration project, communicate a decision to the facility as to whether the license to provide services approved under this bloodless surgery demonstration project will be renewed.

(3) Facilities not receiving an express written notification of the renewal of their license authorized under the bloodless surgery demonstration project described in this subchapter in accordance with (d)7ii(2) above, shall cease all such services that were initiated as a result of the bloodless demonstration project as of the completion of the 30th month following the month in which such services were initiated and make medically appropriate referrals for all patients.

8. Notwithstanding (d)6 and 7 above, within 180 days following the promulgation of rules by the Department, in accordance with the Administrative Procedure Act, N.J.S.A. 52:14B-1 et seq., specific to standards for bloodless surgical programs and procedures, any conditions and standards set forth in a notice of approval of a bloodless surgical demonstration project that is less stringent than, or otherwise in conflict with, the standards promulgated by the Department shall be superseded by the rules.

i. In order to maintain approval of a bloodless surgical demonstration project, each general hospital with a bloodless surgical demonstration project shall submit documentation no later than 180 days following the effective date of such rules demonstrating that its bloodless surgical demonstration project is in compliance with the new or additional standards set forth by the Department.

ii. A hospital that fails to submit documentation of its compliance with the new standards, or that otherwise fails to comply with the new or additional standards shall cease its bloodless surgical demonstration project within 30 days following the date of written notice from the Commissioner of the general hospital's failure to comply, except with respect to follow-up care and discharge planning for current patients participating in the bloodless surgical demonstration projects, and shall provide all necessary assistance to physicians and their patients in locating another hospital with an approved bloodless surgical program.

(e) The Commissioner shall accept certificate of need applications from general hospitals for participation in the elective angioplasty demonstration project, in accordance with the full review process at N.J.A.C. 8:33-4.1 following a call for applications.

1. The purpose of the State's participation in the Atlantic C-PORT-E trial through the approval of certificates of need to participate in the elective angioplasty demonstration project is to facilitate scientifically rigorous collection and analysis of data that will contribute significantly to the evidence base nationally on the issue of the comparative safety and efficacy of elective angioplasty or PCI with and without on-site CABG surgical back-up.

2. The Commissioner shall approve, in writing, no more than 12 certificate of need applications for participation in the elective angioplasty demonstration project.

3. Notwithstanding the duration of demonstration projects set forth at (f)4 below, the Commissioner shall continue to issue licenses to participate in the elective angioplasty demonstration project for a period that extends to on or before December 31, 2014, which licenses are annually renewable during the period, and provided that such licenses shall be valid only during the period that cases are being entered in the Atlantic C-PORT-E registry.

i. The Department may extend the certificates of need through licensure to participate in the elective angioplasty demonstration project on an annual basis only if the Medical Director of the Atlantic C-PORT-E registry submits written notice to the Commissioner that the Atlantic C-PORT-E registry is authorized to continue patient entry in the registry.

ii. Absent a valid certificate of need and license, participating hospitals in the Atlantic C-PORT-E registry shall discontinue patient enrollment and cease per-

formance of elective angioplasty or PCI. Certificate holders are allowed to comply with final reporting and other administrative requirements associated with participation in the Atlantic C-PORT-E registry.

iii. Prior to licensure by the Department to continue elective PCI in the Atlantic C-PORT-E registry, all elective angioplasty demonstration project hospitals shall provide written attestation to the Department that it will comply with all protocols and standards set forth in the Atlantic C-PORT-E registry Manual of Operations and Department PCI licensing standards, including, but not limited to:

(1) Agreement to abide by physician, patient and device selection criteria;

(2) Approval of the registry protocol by the demonstration project's Institutional Review Board;

(3) Agreement to comply with Atlantic C-PORT-E minimum annual facility and physician PCI volume requirements and Department annual PCI volume and licensing requirements set forth at N.J.A.C. 8:33E and 8:43G-7;

(4) Agreement to perform elective PCI only via the Atlantic C-PORT-E registry protocol and only while cases are being entered in the registry;

(5) Agreement to collect and transmit Atlantic C-PORT-E trial nine-month follow-up data and Atlantic C-PORT-E registry data in a timely fashion;

(6) Agreement to maintain a quality and error management program, including a weekly interventional conference and monthly quality and error management review;

(7) Agreement that the demonstration project hospital is willing to report elective PCI data to the Department separate from data collected as part of the registry protocol, to support the Department's ongoing monitoring of licensed cardiac services pursuant to N.J.A.C. 8:33E-1.9 and 2.10; and

(8) Agreement to obtain necessary informed consent for patient participation in the demonstration.

4. A licensed general hospital is eligible to submit applications for certificates of need to participate in the elective angioplasty demonstration project if the applicant hospital is not currently licensed to perform cardiac surgery; has signed one or more agreements with one or more New Jersey-licensed cardiac surgery centers indicating that the New Jersey-licensed cardiac surgery center is willing to participate in the Atlantic C-PORT-E trial, including collecting and submitting data to the principal investigator, as the center with on-site surgery to which some of the applicant hospital's patients will be randomly assigned for elective PCI; and the applicant hospital:

i. Is licensed to provide primary PCI; or

ii. Has an approved but not yet implemented certificate of need to provide primary PCI services.

5. The Department's issuance of a certificate of need to a participating hospital pursuant to this subsection is conditioned upon the following:

i. A participating hospital shall provide elective angioplasty or PCI only on patients enrolled or entered in the Atlantic C-PORT-E trial or registry.

ii. A participating hospital that discontinues its participation in the Atlantic C-PORT-E trial or registry, whether voluntarily or involuntarily, shall immediately cease performing elective angioplasty or PCI, shall notify the Department of the termination of its participation in the Atlantic C-PORT-E trial or registry and shall return the license authorizing it to participate in the elective angioplasty demonstration project to the Department within 30 days of the date that its participation ceases.

iii. All hospitals participating in the elective angioplasty demonstration project shall cease performing elective angioplasty or PCI, and shall return the demonstration project license authorizing them to participate in the elective angioplasty demonstration project to the Department on or before December 31, 2014, and the Department shall not issue amended certificates of need and licenses to the participating hospitals discontinuing their authorization to participate in the elective angioplasty demonstration project beyond December 31, 2014.

iv. Should all Atlantic C-PORT-E trial or registry enrollment conclude abruptly as a result of application of the trial's stopping rules (that is, generally, because the early evidence convincingly indicates safety problems), the State's participation in the trial or registry shall terminate, and all participating hospitals shall immediately cease performing elective angioplasty or PCI and shall return their demonstration project license to the Department within 30 days of the date that enrollment ceases.

v. All participating hospitals shall continue to provide required documentation as required in the protocol Atlantic C-PORT-E trial and registry.

6. Applicants shall submit documentation addressing the following:

i. How the applicant will satisfy the study site inclusion criteria specified in the protocol for Atlantic C-PORT-E trial including:

(1) Capability of performing a specified minimum volume of diagnostic cardiac catheterizations per year;

(2) Agreement to complete an elective PCI development program;

(3) Agreement to abide by physician, patient and device selection criteria defined in "The Atlantic C-PORT Trial, Elective Angioplasty Study, Manual of Operations," Version 3.0 (March 24, 2006), (Manual of Operations), as amended and supplemented;

(4) Agreement to collect and transmit study data in a timely fashion;

(5) Agreement to perform elective PCI only via the study protocol and only while cases are being enrolled in the study; and

(6) Agreement to develop and maintain a quality and error management program, including a weekly interventional conference and monthly quality and error management review;

ii. The agreement of the applicant's proposed participating interventional cardiologist to satisfy the following participating interventional cardiologist inclusion criteria:

(1) That the cardiologist meets and will continue to meet the annual Statewide interventional volume standard at N.J.A.C. 8:33E-2.16(b)6;

(2) That the cardiologist agrees to practice in accordance with the Atlantic C-PORT-E trial defined device and patient selection criteria; and

(3) That the cardiologist agrees to obtain necessary informed consent for patient participation in the demonstration including the identity and location of the participating cardiac surgery center(s) that are to receive randomized study patients;

iii. How the applicant will satisfy the patient selection criteria specified in the Atlantic C-PORT-E protocol, which are designed to assure informed consent and appropriate randomization, as provided in the Manual of Operations;

iv. The approval of the study protocol by the applicant's Institutional Review Board, and if approval is pending, the status of that application;

v. How the applicant will meet the target volume specified in the Atlantic C-PORT-E protocol of primary and elective angioplasties performed at the applicant's site, after randomization (that is, 100 PCI cases in year one and 200 PCI cases in year two and each year thereafter);

vi. The applicant's compliance with the criteria for performance of primary PCI at N.J.A.C. 8:33E-2.16, and compliance with N.J.A.C. 8:33E-2.16(b) and 8:43G-7 as applicable;

vii. The applicant's willingness to report elective PCI data to the Department separate from data collected as part of the study protocol, to support the Department's

ongoing monitoring of licensed cardiac services pursuant to N.J.A.C. 8:33E-1.9 and 2.10; and

viii. The status of the applicant's application to participate in the elective angioplasty demonstration project, upon which acceptance issuance of a certificate of need is contingent, and proof of which acceptance the applicant shall submit to the Department.

7. The Department shall approve up to 12 applications for certificates of need to participate in the elective angioplasty demonstration project, after consideration of the documentation submitted pursuant to (e)6 above, the criteria at N.J.S.A. 26:2H-8 and the following criteria:

- i. The applicant's ability to offer a high quality program;
- ii. The applicant's ability to provide patient selection from among a community that is representative of the State's diverse regions and urban, suburban, and/or rural populations;
- iii. The potential to increase access to care for minorities and the medically underserved by selection of the applicant; and
- iv. The projected demonstration project elective PCI case volume by selection of the applicant.

(f) The Commissioner may issue a call for demonstrations, not specifically identified in this section.

1. Such call will be activated upon public notice by the Commissioner inviting certificate of need applications for the specific service and published in the New Jersey Register no less than 45 days prior to the date the application is required to be filed.

2. Unless otherwise specified in these and other applicable rules, each demonstration application shall include the following:

- i. Documentation of exactly what is proposed to be demonstrated;
- ii. Patient care policies used as part of the demonstration, including criteria for inclusion/exclusion in the demonstration;
- iii. Proposed staff and staff qualifications for the demonstration;
- iv. Written documentation that otherwise eligible patients will be accepted into the demonstration regardless of ability to pay;
- v. Documentation of what data will be collected to evaluate the demonstration project; and
- vi. Written assurances that all data collected to evaluate the demonstration project shall be reported to the Department in accordance with requirements specified by the Department.

3. In the case of a demonstration that involves the addition of new beds or services otherwise subject to certificate of need, the applications shall be subject to review by the State Health Planning Board.

4. All demonstrations shall be approved for a period not to exceed two years unless otherwise specified in the call notice.

5. Approved demonstrations shall receive licensure approval from the Department to operate the service for the time period specified in the call notice plus the evaluation period specified by the Department in its approval letter, provided all applicable licensure standards are met.

i. All applicants for demonstrations shall be notified in writing by the Department as to whether they shall be permitted continued operation of the service that is the subject of the demonstration within 60 days of the expiration date of the demonstration license;

ii. Where the Department denies continuance of the demonstration project past the originally approved deadline, as set forth in (e)4 above, the demonstration project shall cease operating not later than 30 days after receipt of the written denial notice by the Department. Operators of denied demonstration projects shall have the right to appeal the Department's denial. A Notice of Appeal shall be sent to the Department within 30 days of receipt of the Department's denial notice. The appeal process shall comply with the requirements set forth in the Administrative Procedure Act, N.J.S.A. 52:14B-1 et seq. and 52:14F-1 et seq., and the Uniform Administrative Procedure Rules, N.J.A.C. 1:1.

6. All applicants, through a resolution of its Board of Directors, shall acknowledge and accept the standards and criteria set forth for the demonstration as conditions of approval and agree to be bound thereto.

Amended by R.1998 d.303, effective June 15, 1998.

See: 30 N.J.R. 303(a), 30 N.J.R. 2270(b).

Inserted (a) and (b).

Amended by R.1999 d.272, effective August 16, 1999.

See: 31 N.J.R. 950(a), 31 N.J.R. 2375(a).

Added (d).

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

See: 34 N.J.R. 458(a), 34 N.J.R. 1814(a).

Rewrote the section.

Public Notice: Certificate of Need and Acute Care Licensure.

See: 36 N.J.R. 4996(b).

Amended by R.2007 d.387, effective December 17, 2007.

See: 39 N.J.R. 3462(a), 39 N.J.R. 5316(b).

Added new (e); and recodified former (e) as (f).

Amended by R.2011 d.199, effective August 1, 2011.

See: 43 N.J.R. 801(a), 43 N.J.R. 1866(b).

In the introductory paragraph of (e)3, and in (e)3i and (e)3ii, substituted "registry" for "trial" following "C-PORT-E" throughout; in the introductory paragraph of (e)3, substituted "that extends for nine months following the publication of the trial results in a peer-reviewed journal" for "of no more than three years, not counting any intervening lapse in enrollment associated with the pendency of litigation described at *Cooper University Hospital v. Jacobs*, 191 N.J. 125 (2007)" and "entered" for "enrolled", and deleted "three-year" preceding the second occurrence of "period,"; in (e)3i, substituted "entry in the registry" for "enrollment"; added (e)3iii; in (e)5i, inserted "or entered" and "or

registry"; in (e)5ii, inserted "or registry" twice; rewrote (e)5iii; and in (e)5v, inserted "and registry".

Amended by R.2013 d.127, effective October 21, 2013.

See: 45 N.J.R. 191(a), 45 N.J.R. 2330(c).

Rewrote the introductory paragraph of (e)3; in (e)3i, inserted "through licensure"; in (e)3ii, inserted "and license"; and rewrote (e)5ii through (e)5iv.

Case Notes

Although N.J.A.C. 8:33-3.11(e) authorized a call made by the Commissioner of the Department of Health and Senior Services that invited health care facilities without a cardiac surgery facility on site to apply for a certificate of need to conduct elective angioplasty, the regulation, as applied, violated fundamental principles relating to the regulatory process; as a result, certificates of need granted for demonstration projects were not sustainable and the projects were directed to continue only through November 30, 2007, and the Commissioner was directed to promulgate proper regulations, after appropriate adherence to the principles of rulemaking, before any such demonstration project could be continued. *Cooper Univ. Hosp. v. Jacobs*, 191 N.J. 125, 922 A.2d 731, 2007 N.J. LEXIS 600 (2007).

SUBCHAPTER 4. THE REVIEW PROCESS

8:33-4.1 Review cycles and submission dates

(a) The full review process involves the review of a certificate of need application by the State Health Planning Board, as well as the Department. The Commissioner shall publish in the New Jersey Register in February of each year an anticipated schedule for receipt of certificate of need applications subject to full review procedures for a two-year period, including the current calendar year. The Commissioner may announce additional or special calls for certificate of need applications beyond those identified in the yearly notice or may delete announced calls from the yearly notice. Changes to the published schedule shall be published in the New Jersey Register. Wherever practical, the Commissioner shall provide notice in accordance with this section to allow for a minimum of 90 days between the date of publication of the Commissioner's notice inviting certificate of need applications and the date for submission of applications in response to the notice(s). The notice shall identify the needed service(s), proposed geographic area(s) to be served, the date the application is due, and the date the application is deemed complete for processing. The State Health Planning Board shall forward recommendations to the Commissioner within 90 days after the application is deemed complete for processing unless a fair hearing is requested by an applicant in accordance with the procedures identified at N.J.A.C. 8:33-4.14. For batches with fewer than 20 applications, a final agency decision will be rendered by the Commissioner no later than 120 days after receipt of recommendations from the State Health Planning Board or a decision from the Office of Administrative Law, as applicable. For batches with 20 or more applications, a final agency decision will be rendered by the Commissioner no later than 180 days after receipt of recommendations from the State Health Planning Board or a decision from the Office of Administrative Law, as applicable.

1. The full review process for non-batched applications shall include 12 review cycles. The beginning of each cycle shall be the first business day of each month.

2. The full review process for batched applications shall be in accordance with the following schedule, except that if the first of the month the application is due falls on a Saturday, Sunday, or State holiday, the application shall be filed the first business day of the month in which the application is due:

Category	Deadline for Submission
Long-term care, specialized ventilator	1/2/03 and annually thereafter
Long-term care, specialized behavior modification	1/2/03 "
Long-term care, pediatric	1/2/03 "
Maternal and child health	1/2/03 "
Pediatric intensive care	9/1/02 "
Psychiatric beds	2/1/03 and every two years thereafter
Rehabilitation beds	3/1/03 "
Children's hospitals	4/1/04 and every three years thereafter
Transplantation	4/1/04 "
Mobile intensive care unit	6/1/04 "
Trauma	6/1/04 "
Long-term care, general	7/1/04 "
Home health	7/1/04 "
Burn center, program, unit	4/1/06 and every five years thereafter
New general hospitals	4/1/06 "

3. Acceptance of batched applications submitted in accordance with the schedule in (a)2 above does not constitute a finding by the Department of need for the additional beds or services proposed in the application(s).

4. For services with longer than annual submission schedules, the Commissioner may announce special calls for receipt of certificate of need batched applications upon making a finding of extraordinary circumstances that warrant such a call prior to the next scheduled submission date.

5. The Department shall review the schedule in (a)2 above for adequacy at least every five years.

6. New cardiac surgery services shall follow the procedures specified at N.J.A.C. 8:33E.

(b) The expedited review process involves review of a certificate of need application by the Department. It does not include a review by the State Health Planning Board. The expedited review process will include 12 review cycles. The beginning of each cycle shall be the first business day of each month and a decision the Commissioner shall render shall be rendered by the Commissioner no later than 90 days thereafter, unless otherwise specified by rule or notice.

(c) The Department shall conduct an annual review of the certificate of need application and review process to determine timeliness in processing certificate of need applications.

Failure by the Department to process at least 90 percent of certificate of need applications filed within the year within the timeframes stated herein shall result in immediate corrective action.

Public Notice: Invitation for Certificate of Need Applications.
 See: 24 N.J.R. 4426(b); 25 N.J.R. 2596(c); 25 N.J.R. 4520(b), 25 N.J.R. 4795(e).
 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).
 Public Notice: Invitation for Certificate of Need Applications.
 See: 34 N.J.R. 2473(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.
 Public Notice: Invitation for Certificate of Need Applications.
 See: 34 N.J.R. 3991(b), 4226(a).
 Public Notice: Certificate of Need and Acute Care Licensure.
 See: 35 N.J.R. 277(a), 277(b).
 Public Notice: Invitation for Certificate of Need Applications.
 See: 35 N.J.R. 1739(c).
 Public Notice: Certificate of Need: Application and Review Process.
 See: 35 N.J.R. 4789(c), 5444(c).
 Public Notice: Cancellation of Certificate of Need.
 See: 36 N.J.R. 1834(a), 1835(a), 1835(c), 1836(a), 1836(b), 2263(a), 4997(a), 5460(a), 5460(b), 5460(c), 5460(d), 5461(a).
 Public Notice: Cancellation of Certificate of Need Calls.
 See: 37 N.J.R. 4580(a), 4580(b).
 Public Notice: Invitation for Certificate of Need Applications.
 See: 38 N.J.R. 1474(a), 1773(a).
 Public Notice: Cancellation of Certificate of Need Calls.
 See: 38 N.J.R. 5416(a).
 Public Notice: Cancellation of Certificate of Need Calls.
 See: 39 N.J.R. 802(a), 802(b), 802(c), 802(d), 803(a), 803(b), 803(c), 803(d), 804(a), 804(b).
 Public Notice: Cancellation of Certificate of Need Calls.
 See: 40 N.J.R. 6867(b).
 Public Notice: Postponement of Certificate of Need Calls.
 See: 40 N.J.R. 6868(a).
 Public Notice: Cancellation of Certificate of Need Calls.
 See: 41 N.J.R. 1521(a), 1521(b), 4564(a).
 Public Notice: Postponement of Certificate of Need Calls.
 See: 41 N.J.R. 4564(b).
 Public Notice: Cancellation of Certificate of Need Calls.
 See: 42 N.J.R. 1254(a), 1254(b), 1254(c), 1254(d), 1254(e), 1255(a), 1255(b).

Public Notice.

See: 43 N.J.R. 65(a), 65(b), 65(c), 66(a), 209(a), 452(a), 751(a), 1608(a).
 Public Notice: Cancellation of Certificate of Need Calls.
 See: 45 N.J.R. 70(a), 70(b), 70(c), 954(b), 954(c), 955(a), 2507(a), 2507(b).
 Public Notice: Postponement of Certificate of Need Calls.
 See: 45 N.J.R. 70(d), 2507(c).
 Public Notice: Invitation for Certificate of Need Applications.
 See: 46 N.J.R. 647(b).
 Public Notice: Cancellation of Certificate of Need Calls.
 See: 47 N.J.R. 232(a), 232(b), 232(c), 233(a).

Case Notes

N.J.A.C. 8:33-4.1, with its regularized schedule allowing providers to submit certificate of need applications for maternal and child health needs, provided ample basis for the determination by the Commissioner of the New Jersey Department of Health and Senior Services to accept and process a hospital's application seeking a change in classification to a regional perinatal center, even though the published call notice did not include an explicit reference to a "change in designation." In re Virtua-West Jersey Hosp. Voorhees, 194 N.J. 413, 945 A.2d 692, 2008 N.J. LEXIS 410 (2008).

Commissioner of Health failed to comply with procedural requirements in granting certificate of need. Matter of Bloomingdale Convalescent Center, 233 N.J.Super. 46, 558 A.2d 19 (A.D.1989).

Reliance on ranking of local advisory board to approve application for certificate of need with highest priority was not unreasonable. Application of Staff Builders Services, 95 N.J.A.R.2d (HLT) 30.

8:33-4.2 Development of applications

(a) Application for a certificate of need shall be made to the Department, in accordance with the requirements of this chapter, and shall be in such form and contain such information as the Department may prescribe.

(b) The certificate of need application forms are available through the following methods:

1. Electronically at the Department's "Forms" webpage at <http://nj.gov/health/forms>;
2. Attached at the end of this chapter as Appendices B through E, which are incorporated herein by reference;

3. Upon written request to:

Director
Office of Certificate of Need and Healthcare
Facility Licensure
New Jersey Department of Health and Senior
Services
PO Box 358
Trenton, New Jersey 08625-0358

(c) Before filing an application, applicants are encouraged to contact the Department to examine the relationship of the proposed project to the applicable plans, guidelines, and criteria.

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

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

Rewrote (b) and deleted (c).

Amended by R.2008 d.23, effective January 22, 2008.

See: 39 N.J.R. 2709(a), 40 N.J.R. 620(b).

Added new (b); and recodified former (b) as (c).

8:33-4.3 Submission of applications

(a) Thirty-five copies of the application shall be submitted to:

Office of Certificate of Need and Healthcare
Facility Licensure
New Jersey State Department of Health and
Senior Services
PO Box 358
Trenton, New Jersey 08625-0358
(609) 292-6552 and 292-7228

(b) Below is the schedule of fees, based on total project costs, required when submitting any application for a certificate of need for the expedited, direct, or full review process. Fees shall be paid in full at the time applications are filed. Failure to pay the appropriate application filing fee in full shall cause the application not to be accepted for processing. Certified checks, cashiers' checks or money orders must be made payable to Treasurer, State of New Jersey. No cash or personal checks will be accepted. The certificate of need application fee shall be non-returnable, except that, if an application is submitted in the incorrect batch, is unresponsive to the notice issued by the Commissioner or inappropriately requests expedited review, it may be declared not acceptable for processing by the Department, in which case the filing fee will be returned.

1. Establishment of a facility or service; Change in the capacity of an existing facility or service; Acquisition of major moveable equipment:

<u>Total Project Cost (TPC)</u>	<u>Fee Required</u>
\$1,000,000 or less	\$7,500
Greater than \$1,000,000	\$7,500 + 0.25% of TPC
2. Change in scope	\$7,500
3. Change in cost for	0.25% of additional project
\$1,000,000 or more:	cost over \$1,000,000
4. Extension of time:	\$7,500

Total Project Cost (TPC) Fee Required

5. Transfer of ownership \$7,500 + 0.25% of total
(general hospitals only): acquisition cost.

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.

Amended by R.2008 d.23, effective January 22, 2008.

See: 39 N.J.R. 2709(a), 40 N.J.R. 620(b).

In the address in (a), substituted "Office of Certificate of Need and Healthcare Facility Licensure" for "Certificate of Need and Acute Care Licensure Program" and "358" for "360, Room 403", deleted "Health-Agriculture Building" and "John Fitch Plaza" preceding "Trenton" and substituted "0358" for "0360"; in (b)1 through (b)5, updated fee amounts; in (b)3 and (b)4, inserted colons; and in (b)5, inserted "(general hospitals only):".

8:33-4.4 Certificate of need filing requirements

(a) An applicant shall document in the application that he or she owns the site where the facility, service, or equipment will be located, or has an ownership or lease option for such site, which option is valid at least through the certificate of need processing period. A duly executed copy of the deed, option or lease agreement for the site shall be submitted with the certificate of need application and include identification of site, terms of agreement, date of execution and signature of all parties to the transaction. If the site is optioned or leased by the applicant, a copy of the deed held by the current owner shall be required at the time of filing.

(b) One hundred percent of the operation of the proposed facility, service or equipment shall be accounted for in the certificate of need application. Each and every principal involved in the proposal shall be identified by name, home address and percentage of interest, except that, if the operation is a publicly held corporation, each and every principal who has a 10 percent or greater interest in the corporation shall be identified by name, home address and percentage of interest. Where a listed principal has an operating interest in another health care facility, in this or any other state, identification of the principal(s), the health care facilities in which they have an operating interest, and the nature and amount of each interest shall be specified.

(c) If the applicant is a registered corporation, the name and address of the registered agent shall be identified in the application.

(d) The operator of the proposed facility, service, or equipment shall file and sign the application. In the case of transfer of ownership the proposed owner/operator is considered to be the applicant. However, both the current owner/operator and proposed owner/operator shall file and sign the application.

(e) If the applicant does not comply with all of the provisions in (a) through (d) above, the Department shall determine the application to be not acceptable for processing.

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.

8:33-4.5 Review for completeness

(a) Only complete applications shall be processed. The Department alone shall make the determination of the completeness status of applications. The Department shall make a decision on the completeness status of an application after the applicant has been given the opportunity to supplement the application within a specified timeframe in response to specific questions by the Department. The Department shall then make a decision on the completeness of the application. The Department shall notify the applicant of its determination. Upon issuing a determination that an application is complete, copies thereof shall be referred by the Department to the State Health Planning Board for review. If an application has been determined to be incomplete, the Department shall notify the applicant in writing citing the specific deficiencies in the application. The filing fee shall not be returned. The applicant may file a new application in the next appropriate cycle with the appropriate information.

(b) An application which is unresponsive to the notice issued by the Commissioner, or inappropriately requests expedited review may be declared not acceptable for processing by the Department, based on the standards contained in the chapter and the applicable service-specific chapter. The Department shall notify the applicant of this decision and the filing fee shall be returned.

(c) Once an application has been submitted to the Department, no subsequent submission of information shall be accepted, unless specifically requested in writing by the Department. Responses to all questions shall be forwarded to the Department for dissemination to the State Health Planning Board.

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

Public Notice: Invitation for Certificate of Need Applications.

See: 38 N.J.R. 1474(b).

Amended by R.2008 d.23, effective January 22, 2008.

See: 39 N.J.R. 2709(a), 40 N.J.R. 620(b).

In (c), deleted the former second sentence.

Case Notes

Although N.J.A.C. 8:33-4.5(b) establishes the New Jersey Department of Health and Senior Services' discretion not to review certificate of need (CN) applications that are unresponsive to the notices sent out by the Commissioner of the Department, it does not require the Department to reject aspects of CN applications that go beyond the specific needs identified in the call but relate to it. In re Virtua-West Jersey Hosp. Voorhees, 390 N.J. Super. 444, 915 A.2d 1074, 2007 N.J. Super. LEXIS 42 (App.Div. 2007).

Denial of application for certificate of need to operate medical center hospice was not unreasonable when based on lack of area need. Matter of Community Medical Center/HHP, 95 N.J.A.R.2d (HLT) 27.

8:33-4.6 Modification of applications

(a) Unless accepted by the Department in response to completeness questions as set forth at N.J.A.C. 8:33-4.5(a), under no circumstances shall an application be modified or altered

to change the number or category of inpatient beds, proposed services, equipment subject to a planning regulation, proposed operator, or change in site after the application submission deadline date. An applicant desiring to make such a modification or alteration shall be required to withdraw the application from the current cycle and submit a new application for the next cycle.

(b) Modifications not specified in (a) above, such as changes in square footage and change in cost, shall be permitted if such changes are in response to completeness questions from the Department and made prior to submission of the application to the review process.

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

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

In (a), inserted "proposed operator," following "planning regulation,".

Amended by R.2008 d.23, effective January 22, 2008.

See: 39 N.J.R. 2709(a), 40 N.J.R. 620(b).

In (a), substituted "Unless accepted by the Department in response to completeness questions as set forth at N.J.A.C. 8:33-4.5(a), under" for "Under".

8:33-4.7 Deferral of applications

(a) An applicant may request in writing a deferral for up to a total of six months for an individual application that is not competitive or comparatively reviewed. If the applicant fails to notify the Department in writing to reactivate the application within this time frame, a new application shall be required. An applicant may not defer an application submitted in a competitive or comparatively reviewed batch. If the applicant does not wish to proceed in the review process, the application shall be withdrawn.

(b) The State Health Planning Board or the Department may defer an individual certificate of need application where the application is not competitive or comparatively reviewed with other applications. Where projects are competitive or comparatively reviewed, the State Health Planning Board or the Department may defer the entire batch or only those projects which are competitive or comparatively reviewed. The basis for any deferral shall be specified in writing to the applicant. The period of deferral of an individual certificate of need application, all projects in a batch which are competitive or comparatively reviewed, or an entire batch of certificate of need applications may not exceed six months.

(c) An applicant may revise the deferred project costs to account for inflation and may be requested by the Department to submit additional updated information prior to reactivation of the application.

1. Reactivated applications with no changes or with only a change in cost may continue in the review process from the point of deferral.

2. Reactivated applications with any change in project scope shall be treated as a new application and shall follow the review process beginning with submission of the application to the Department, except that if the application is

modified in a non-substantive way, that is, if the modification were proposed separately, it would either not require certificate of need review or would require only an expedited review, the application may continue from the point of deferral.

(d) The Department shall not accept any requests for a deferral from the applicant once the State Health Planning Board has made its recommendation.

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.

8:33-4.8 Withdrawal of applications

An applicant may submit a written request for withdrawal of its application prior to final action by the Commissioner.

The certificate of need filing fee shall not be returned in the event of a withdrawn application. Once an action has been taken by the Commissioner, the application shall not be withdrawn.

8:33-4.9 General criteria for review

(a) No certificate of need shall be issued unless the action proposed in the application for such certificate is necessary to provide required health care in the area to be served, can be financially accomplished and licensed in accordance with applicable licensure regulations, will not have an adverse impact on access to health care services in the region or State-wide, and shall contribute to the orderly development of adequate and effective health care services. In making such determinations there shall be taken into consideration:

(c) When conditions are included in the Commissioner's approval letter, the applicant shall file a progress report on meeting such conditions with the Certificate of Need and Acute Care Licensure Program at least 12 months from the date of approval and annually for the first two years after project implementation and at any other time requested by the Department in writing. Failure to file such reports may be taken into consideration in the review of subsequent certificate of need applications, result in fines and penalties imposed through licensure action and/or result in the nullification of the unimplemented certificate of need.

(d) Where an applicant has failed to meet conditions of approval of previously approved certificates of need, it may form an adequate basis for the Department to bar the applicant from filing any subsequent certificate of need until the conditions in question are satisfied.

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.2002 d.243, effective August 5, 2002.

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

In (a), deleted "and local advisory board" following "Planning Board"; in (c), rewrote the last sentence.

8. Establishment of demonstration projects in accordance with applicable planning rules;

9. Establishment of a cardiac catheterization program or emergency or primary coronary angioplasty (PTCA) services with off-site cardiac surgery backup in accordance with N.J.A.C. 8:33E;

10. Establishment of a special hospital providing long term acute care services in accordance with the Department's licensure standards at N.J.A.C. 8:43G-38;

11. The relocation of a portion of a health care facility's licensed beds or an entire service from one licensed facility (sending facility) to another (receiving facility) located within the same planning region, unless the beds or service at issue are otherwise exempt from the certificate of need requirement; and

12. The relocation of an entire licensed health care facility that is subject to the certificate of need requirement, except for general hospitals, within the same planning region.

(b) The expedited review process may also be used in lieu of the full review process, or in the following limited situations:

1. Emergency situations which demand rapid action; or
2. When the project has minimal impact on the health care system as a whole.

Amended by R.1998 d.303, effective June 15, 1998.

See: 30 N.J.R. 303(a), 30 N.J.R. 2270(b).

In (a), inserted 1 through 23 and 25; and added (b).

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), inserted a new 24, and recodified former 24 and 25 as 25 and 26.

Amended by R.1999 d.272, effective August 16, 1999.

See: 31 N.J.R. 950(a), 31 N.J.R. 2375(a).

Inserted (a)27.

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 5. EXPEDITED REVIEW PROCESS

8:33-5.1 Statement of purpose

(a) The expedited review process shall be used for the following types of applications:

1. Establishment of a Statewide restricted admissions facility or increase in bed capacity of a Statewide restricted admissions facility;
2. Change in scope to an unimplemented certificate of need;
3. Establishment of or increase in the bed capacity of comprehensive personal care homes;
4. Establishment of or increase in the capacity of assisted living residences;
5. Establishment of assisted living programs;
6. Extension of time to an unimplemented certificate of need;
7. Conversion of existing, on-site, licensed residential health care beds to long-term care beds for long-term care facilities located in Newark, Jersey City, Paterson, Atlantic City, Camden, Elizabeth, Trenton, Irvington, East Orange or Union City that were issued a certificate of need between January 20, 1987 and September 8, 1992 pursuant to the methodology contained in then existing N.J.A.C. 8:33H-3.3(b)3 and were licensed on or before August 17, 1998;

8:33-5.2 Process

(a) The expedited review process shall include 12 review cycles, where permitted by applicable planning regulations. The beginning of each cycle shall be the first business day of each month and a decision shall be rendered by the Commissioner no later than 90 days after the application has been accepted for processing.

(b) The determination of whether or not a project is accepted for processing under the expedited review process shall be made by the Department.

(c) Applications shall be reviewed to determine whether they are acceptable for processing. An original and nine copies of a signed and dated application, completely and accurately filled out shall be accompanied by the correct application fee and 10 copies of out-of-State track record reports. Applications not meeting these requirements shall not

be accepted for processing. The Department shall notify the applicant of this decision and the filing fee shall be returned. The applicant may file a new application with the appropriate information in the next appropriate application submission cycle.

(d) Certificate of need applications subject to expedited review shall be reviewed in accordance with the requirements of this chapter, the Department's licensing rules and applicable health planning rules.

(e) Certificate of need application forms for expedited review may be obtained from the Department at the address listed below. Applicants should contact staff of the Office of Certificate of Need and Healthcare Facility Licensure before filing an application to be certain that they have a copy of the most recent version of the Department's application. An original and nine copies of the application shall be filed with:

Office of Certificate of Need and Healthcare
Facility Licensure
New Jersey State Department of Health and
Senior Services
PO Box 358
Trenton, New Jersey 08625-0358
(609) 292-6552, or 292-7228

(f) Applications shall be reviewed by appropriate Department staff for the purpose of providing information to assist the Commissioner in making the final decision.

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.

Amended by R.2008 d.23, effective January 22, 2008.

See: 39 N.J.R. 2709(a), 40 N.J.R. 620(b).

In the introductory paragraph of (e), substituted "Office of Certificate of Need and Healthcare Facility Licensure" for "Certificate of Need and Acute Care Licensure Program" and deleted the former third sentence, and in the address in (e), substituted "Office of Certificate of Need and Healthcare Facility Licensure" for "Certificate of Need and Acute Care Licensure Program" and "358" for "360, Room 403", deleted "Health-Agriculture Building" and "John Fitch Plaza" preceding "Trenton" and substituted "0358" for "0360".

8:33-5.3 General requirements

(a) Minimum information required for all expedited review projects shall consist of:

1. Project description, including changes in beds, total project cost, services affected, equipment involved, source of funds, utilization statistics, both inpatient and outpatient, and justification for the proposed project;

2. The extent to which all residents of the area shall have access to services, particularly the medically underserved;

3. Applicants for all services proposed for expedited review at N.J.A.C. 8:33-5.1(a), shall document that the following criteria shall be met:

- i. Appropriate licensing and construction standards; and

- ii. Licensure track record requirements (N.J.A.C. 8:33-4.10(d));

4. Additionally, cardiac catheterization program and emergency or primary angioplasty applicants shall comply with all relevant sections of N.J.A.C. 8:33E; and

5. Long-term acute care hospital applicants shall comply with all relevant sections of N.J.A.C. 8:33F and 8:43G-38.

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.

Amended by R.2008 d.23, effective January 22, 2008.

See: 39 N.J.R. 2709(a), 40 N.J.R. 620(b).

In (a)2 and (a)3ii, deleted "and" from the end; in (a)4, inserted "and emergency or primary angioplasty" and substituted "and" for a period at the end; and added (a)5.

8:33-5.4 Specific requirements

(a) In addition to the requirements of N.J.A.C. 8:33-5.3, the following information shall be provided, as appropriate, for all expedited review projects:

1. For an applicant who applies under the expedited review process to convert existing, on-site, licensed residential health care beds to long-term care beds in accordance with N.J.A.C. 8:33-5.1(a)7:

- i. A commitment that they will accept as a condition of certificate of need approval to maintain a minimum of 50 percent bed occupancy by direct Medicaid-eligible patients, of which 10 percent shall be discharged psychiatric patients from State and county hospitals. The aforesaid 50 percent and 10 percent bed minimums shall be calculated using the entire licensed bed capacity for the facility, shall be achieved no later than one year from approval, and shall be maintained at all times thereafter.

- ii. A commitment that they will accept as a condition of certificate of need approval that the conversion of residential health care beds to long-term care beds shall occur within the city limits of the city identified in the application and the applicant shall not relocate all or any portion of the facility's total licensed long-term care capacity outside of the city limits.

2. For the relocation of a portion of a health care facility's licensed beds or an entire service from one licensed facility (sending facility) to another (receiving facility) located within the same planning region, applicants shall document compliance with the requirements set forth at N.J.A.C. 8:33-3.4(a)3.

APPENDIX B

INSTRUCTIONS FOR COMPLETION OF

FULL REVIEW CERTIFICATE OF NEED APPLICATION FOR LONG TERM CARE FACILITIES:
GENERAL LONG TERM CARE BEDS; SPECIALIZED LONG TERM CARE BEDS

SECTION I. GENERAL REQUIREMENTS

1. CERTIFICATE OF NEED

- A.** Application for general and/or specialized long term care beds may only be submitted in response to a Certificate of Need call issued by the Department and published in the New Jersey Register.

B. SUBMISSION - NEW JERSEY DEPARTMENT OF HEALTH AND SENIOR SERVICES

Submit 35 copies of the application forms and all required documentation to:

Mailing Address:

New Jersey Department of Health and Senior Services
Office of Certificate of Need and Healthcare Facility Licensure
P. O. Box 358
Trenton, NJ 08625-0358

Overnight Services (DHL, FedEx, UPS):

New Jersey Department of Health and Senior Services
Office of Certificate of Need and Healthcare Facility Licensure
171 Jersey Street, Building 5, 1st Floor
Trenton, NJ 08611-2425

C. SIGNATURE

All applications must be signed by the applicant, that is, the current or proposed licensed operator of the health care facility.

D. FILING FEE

All applications must be accompanied by a certified check, cashier's check, or money order made payable to "Treasurer, State of New Jersey." Failure to submit the appropriate fee at the time of filing will result in the application not being accepted for processing.

FEE SCHEDULE:

<u>Total Project Cost (TPC)</u>	<u>Fee Required</u>
\$1,000,000 or Less	\$7,500
Greater Than \$1,000,000	\$7,500 + 0.25% of TPC

E. COMPLETENESS

- ALL QUESTIONS REQUIRE AN ANSWER AND ALL SCHEDULES MUST BE COMPLETELY FILLED OUT.
- Certificate of Need forms must be filed in sequential order. Do not renumber pages.
- Identify each response in Section II by question number and respond in sequential order. All additional supporting documentation must be attached to the back of the Certificate of Need Application form after the exhibits, in a Section titled "Appendix."
- All exhibits required in Section III (Required Documents) must be identified as

noted herein and attached to the back of the Certificate of Need Application form and referenced to the corresponding item in Section III.

5. Only complete applications will be processed [N.J.A.C. 8:33-4.5(a)]. Failure to submit all required information and documentation and/or to follow the steps outlined herein when the Certificate of Need is filed may result in a determination that the application is incomplete and, as such, may not be accepted for processing.
6. All cost estimates for new construction and/or renovations should be submitted in those dollars which would be needed to complete the project over the anticipated period of construction, assuming that construction was to begin at the time of your Certificate of Need submission.

F. MODIFICATION

No application may be altered or modified by an applicant after the deadline date for application submission. Additional information shall be permitted only in direct response to written questions submitted to the applicant by the New Jersey Department of Health and Senior Services.

2. STATE HEALTH PLANNING

- A. Applicants should contact the New Jersey Department of Health and Senior Services, Office of Certificate of Need and Healthcare Facility Licensure (609-292-5960) to obtain need projections for long-term care. Such projections are also contained in the Call Notice published in the New Jersey Register.
- B. The Long Term Care Policy Manual (N.J.A.C. 8:33H) may be obtained from the Department's website at www.state.nj.us/health/ltc/formspub.htm.

3. LICENSING

Licensing manuals for long term care facilities may be obtained from the New Jersey Department of Health and Senior Services, Office of Certificate of Need and Healthcare Facility Licensure (609-633-9042) or obtained from the Department's website at www.state.nj.us/health/ltc/formspub.htm.

4. FINANCIAL

Applicants should contact the New Jersey Department of Health and Senior Services, Office of Certificate of Need and Healthcare Facility Licensure (609-633-9042) with any questions with regard to completing the financial requirements portions of the application.

5. CONSTRUCTION

Applicants should contact the New Jersey Department of Community Affairs (609-633-8151) to obtain information regarding construction requirements.

SECTION II. REQUIREMENTS FOR COMPLETION OF CERTIFICATE OF NEED APPLICATION**1. STATE CERTIFICATE OF NEED REQUIREMENTS - Provide in Section L, Narrative****A. DESCRIPTION**

Provide a brief description of the programs, services and physical environment that will be offered at the proposed facility, highlighting any unique aspects of the project.

B. ETHNIC MIX

Describe the ethnic mix of the service area within which the proposed facility will be located, and identify any population sub-groups that are underserved with regard to long term care and related services. Explain how access to care for ethnic minorities and underserved groups will be improved by the proposed project and how the unique needs of individuals from these groups will be accommodated at this facility.

C. LONG TERM CARE POLICY MANUAL

Address all applicable certificate of need requirements contained in the Long Term Care Policy Manual (N.J.A.C. 8:33H). Indicate how the proposed project will comply with each applicable requirement, or provide a justification for why the project does not comply with one or more of the requirements.

In completing the Project Narrative, it is only necessary to address those requirements that are applicable to your application. While it is the applicant's responsibility to assure that all pertinent requirements are addressed, applicants for the following types of projects should take special note of these specific sections of the Policy Manual and address applicable sections:

<u>Type of Project</u>	<u>Policy Manual Requirements</u>
General Long Term Care Facility	N.J.A.C. 8:33H 1.1, 1.9, 1.13-1.18
Specialized Long Term Care Facility	N.J.A.C. 8:33H 1.1, 1.5, 1.6, 1.9, 1.13-1.18
Restricted Admission Facility	N.J.A.C. 8:33H 1.1, 1.11, 1.13-1.18

D. ACREAGE AND ZONING

Specify the acreage and zoning status of the proposed site. If the facility is an existing structure, describe the building's layout and indicate its age. Identify all land use/zoning approvals that must be obtained before this project can be implemented, if approved. Provide a timetable for obtaining these approvals.

E. STATUTORY CRITERIA

In Section L, each applicant must address the following statutory criteria (see N.J.S.A. 26:2H-8):

1. The availability of facilities or services which may serve as alternatives or substitutes.
2. The need for special equipment and services in the area.
3. The possible economics and improvements in services to be anticipated from the operation of joint central services.
4. The adequacy of financial resources and sources of present and future revenues.
5. The availability of sufficient manpower in the several professional disciplines.

2. CONSTRUCTION REQUIREMENTS

- A.** All cost estimates for new construction and/or renovations, should be submitted in those dollars which would be needed to complete the project over the anticipated period of construction, assuming that construction was to begin at the time of your Certificate of Need submission. Please provide in Section B of the application.
- B.** Provide proposed total "building gross square footage" of new construction. Indicate building's proposed design, number of stories and construction type. Please provide in Section A6. Submit architectural sketches if available.
- C.** Projects involving complete demolition of a structure(s) should indicate structure's total cubic feet, number of stories, gross square footage per floor and construction type. Identify demolition cost estimate as a separate line item in Section L, Narrative.
- D.** Provide total square footage of area proposed for renovations in Section A6. Indicate the current or most recent use and physical layout of the space. Provide a summary description of the renovations proposed and/or required, acknowledging all applicable construction trades.
- E.** Provide description and/or listing of equipment items inclusive of the "fixed equipment not in construction contracts" line item(s) cost estimates.
- F.** Projects with more than one area affected by renovations must complete Schedule A. Utilize a separate line item for each area on a given floor/wing and for any change in use of an existing area. Square footage and renovation hard cost totals of this form should reconcile with those amounts indicated on pages 2, 3, 8 and 9 of the Certificate of Need Application. Account for all displaced areas, relocations and vacated areas, even if there are no associated renovation costs. Indicate how this information was established.
- G.** Any applicant who is proposing a vertical expansion (additional floor(s) to an existing building) shall submit a certification, from an appropriate design professional, that the existing structure/affected building shall comply with the current code requirements for increase in size (floor area and/or height) and earthquake loads.

3. LICENSING REQUIREMENTS

- A.** One hundred percent of the ownership and operation of the proposed facility, service or equipment must be accounted for in the certificate of need application. Each and every principal involved in the proposal must be identified by name, home address and percentage of interest, except that if the ownership and operation is a publicly held corporation, each and every principal who has a ten percent or greater interest in the corporation must be identified by name, home address and percentage of interest. Where a listed principal has an ownership or operating interest in another health care facility, in this or any other state, identification of the principal(s), the health care facilities in which they have an ownership or operating interest, and the nature and amount of each interest must be specified. Please provide this information in Sections A10 and A11.
- B.** If the applicant is a registered corporation, the name and address of the registered agent must be identified in the application. Please provide in Section A12.
- C.** If a management company will be hired, the name and address of all principals in the management company must be identified and, if the certificate of need is approved, prior to licensure, a copy of the management agreement must be submitted to the Certificate of Need and Acute Care Licensure Program and the Division of Long Term Care Systems. Any change in management subsequent to certificate of need approval must be reported to the Division of Long Term Care Systems.
- D.** The proposed licensed operator of the proposed facility, service, or equipment shall file and sign the application.

4. CERTIFICATE OF NEED REQUIREMENTS - OWNERSHIP, TRACK RECORD AND ACCESS ISSUES.

- A.** In accordance with 8:33-4.4(a), an applicant must document in the application that he/she owns the site where the facility, service, or equipment will be located, or has an ownership or lease option for such site, which option is valid at least through the certificate of need processing period. A duly executed copy of the deed, option or lease agreement for the site must be submitted with the certificate of need application and include identification of site, terms of agreement, date of execution and signature of all parties to the transaction. If the site is optioned or leased by the applicant, a copy of the deed held by the current owner is required at the time of filing.
- B.** In accordance with 8:33-4.10(d), each applicant for certificate of need shall demonstrate character and competence, quality of care, and an acceptable track record of past and current compliance with State licensure requirements in all states in which the applicant is licensed to operate, applicable Federal requirements, and New Jersey certificate of need requirements. Track record reports from other states must be on the letterhead of the other states and must accompany the Certificate of Need application. The report must indicate compliance with both Federal Certification and State Licensure requirements, as applicable. Additionally, in Section A8, indicate the performance of the applicant in meeting its obligation under any previously approved certificate of need in New Jersey, including full compliance with the cost and scope as approved, as well as all conditions of approval.
- C.** The certificate of need criteria at N.J.A.C. 8:33-4.9 and 4.10 must be specifically addressed.
- D.** If the facility is an existing licensed health care facility, the name of the facility as it appears on the license must be used in the certificate of need application.

SECTION III. REQUIRED DOCUMENTS**1. CERTIFICATE OF NEED****A. PROOF OF INCORPORATION**

If the owner and/or operator is a corporation, the corporation must be an existing registered corporation and proof of incorporation must be submitted with the application.

B. PARTNERSHIP AGREEMENT

If the owner and/or operator is a partnership, a copy of any executed partnership agreement must be submitted with the application.

C. Only complete applications will be processed [N.J.A.C. 8:33-4.5(a)]. Failure to meet the certificate of need filing requirements identified in N.J.A.C. 8:33 and this application form will result in the application being declared incomplete and removed from the review process. There will be no exceptions to this requirement.**2. FINANCIAL****A. FEASIBILITY**

1. If any studies (i.e., Financial Feasibility Study or Facility Planning Studies) were done to help the facility determine its need and/or financial feasibility, and are referenced in the application, a copy must be included as part of the application for review. However, such studies are not required.
2. If financial resources for the project are monies from a grant, provide the Department with a copy of the budget submitted when the grant application was made. The status of the grant, as of the date of Certificate of Need application, must be reported on the forms.
3. If financial resources for the project and/or monies for the operational budget are to be provided by a governmental agency, a statement indicating the intention of the agency to provide the funds must accompany the Certificate of Need application.
4. If financial resources for the project and/or monies for the operational budget are to be a secondary responsibility of a parent or a separate corporation that has a controlling interest, a letter must accompany the Certificate of Need application stating the intention of the corporation to underwrite the financial resources and/or operating budget.
5. The specific source and documentation verifying the availability of the cash equity contribution must be submitted with the application. Acceptable forms of verification include savings statements, a letter from a bank officer stating sufficient funds have been escrowed for the equity contribution, land appraisal if the appraised value of land is included in the project cost and the land is not subject to any liens.

B. CERTIFIED FINANCIAL STATEMENT

All applications from existing providers must be accompanied by a copy of the latest certified financial statements. The certified report must include the following:

1. Balance Sheet
2. Statement of Income and Expenses, with supporting schedules
3. Statement of Changes in Financial Position
4. Notes to the Statements

5. Auditor's Letter

If an existing provider applicant does not normally engage outside auditors to certify its financial statements, it may provide, in lieu of the above:

1. Unaudited financial statements from an independent source to include the items listed above for a certified statement; and/or
2. In-house financial statements drawn up and including the items listed above for a certified statement.

C. OTHER

1. All applications must address the financial requirements identified at 8:33-4:10(b). Use additional sheets if necessary.
2. Report all expense and revenue data in current dollars (dollars of year certificate of need is submitted).
3. Include an estimate of fringe benefits in all salary projections.
4. If the project is to be financed, provide a "source and uses of funds" statement. This statement must be from an investment banker or accountant.
5. The schedule of estimated charges and income information provided in items 2 and 3 of Sections E through H (pages 10 through 13 of the application) should be based on the estimated revenue to be collected for each payer.

3. PLANNING**COMMUNITY SUPPORT**

Where a facility initiates a new program or service or expands an existing one, it may support its application for a Certificate of Need by providing written documentation of existing working relationships or of plans to develop working relationships with other providers in the area.

4. MEDICAID REIMBURSEMENT

Please be advised that Certificate of Need approval of general and/or specialized long term care beds shall not be construed to imply that the approved applicant will subsequently be approved as a Medicaid provider or to participate in the Medicaid Program in any manner. Any applicant approved for participation in the Medicaid Program for long term care services shall also simultaneously become Medicare Certified (for all long term care bed categories for which the facility is licensed) and shall maintain such dual certification for as long as the facility participates in the Medicaid Program. Additionally, all approved applicants shall admit all individuals for whom they have the ability to provide care regardless of payer source. Each applicant is required to acknowledge this in the Narrative section of this application.

New Jersey Department of Health and Senior Services
APPLICATION - FULL REVIEW CERTIFICATE OF NEED
LONG TERM CARE FACILITIES: GENERAL LONG TERM CARE BEDS;
SPECIALIZED LONG TERM CARE BEDS

FOR STATE USE ONLY		
Cycle	Application Number	
Fee: Amount Due	Fee: Amount Received	Date Received
Name of Facility		
Telephone Number		
Street Address of Facility		
Municipality/Township		
County	Zip Code	
Name of Owner/Applicant (Operator/License Holder)	Type of Ownership	
Name of Responsible Officer		
Street Address of Owner/Applicant		
City, State, Zip Code		
Telephone Number		
Business: Home:		
Name of Facility Representative	Telephone Number	
Street Address of Facility Representative		
City, State, Zip Code		
Name of Consultant	Telephone Number	
Street Address of Consultant		
City, State, Zip Code		

**FULL REVIEW CERTIFICATE OF NEED APPLICATION FOR
LONG TERM CARE FACILITIES: GENERAL LONG TERM CARE BEDS; SPECIALIZED LONG TERM CARE BEDS
(Continued)**

Name of Facility

A. Project Summary

1. Construction (check all that apply):

- ☐ New Construction
☐ Modernization/Renovation
☐ Addition

3. Health Care Services (check all that apply):

- ☐ New Service
☐ Expansion of Service

2. Beds (check all that apply):

- ☐ New Bed-Related Facility
☐ Addition
☐ Deletion of Beds Within Category
☐ Conversion
☐ Reduction
☐ No Change in Beds

4. Summary of Project Cost:

Capital Cost _____
Financing Cost _____
Total Project Cost _____
Equity Contribution (in dollars) _____
Equity Contribution as a _____
Percent of Total Project Costs _____
Method of Financing _____

5. Number of Licensed and Proposed Beds and/or Units:

Bed Category	Licensed Beds	CN App'd But Not Licensed Beds	Proposed New Beds	Proposed Decrease In Beds	Total Beds After Project Completion
General Long Term Care	_____	_____	_____	_____	_____
Specialized Long Term Care (Ventilator)	_____	_____	_____	_____	_____
Specialized Long Term Care (Behavior Management)	_____	_____	_____	_____	_____
Specialized Long Term Care (Pediatric)	_____	_____	_____	_____	_____
Totals	_____	_____	_____	_____	_____

6. Summary of Construction/Lease Cost:

Type:	Gross Square Feet	Construction Cost	Construction Cost/Square Foot	Construction Cost/Bed
<u>New Construction</u>				
General Long Term Care	_____	_____	_____	_____
Specialized Long Term Care (Ventilator)	_____	_____	_____	_____
Specialized Long Term Care (Behavior Management)	_____	_____	_____	_____
Specialized Long Term Care (Pediatric)	_____	_____	_____	_____
Total New Construction	_____	_____	_____	_____

**FULL REVIEW CERTIFICATE OF NEED APPLICATION FOR
LONG TERM CARE FACILITIES: GENERAL LONG TERM CARE BEDS; SPECIALIZED LONG TERM CARE BEDS
(Continued)**

Name of Facility

6. Summary of Construction/Lease Cost, Continued:

Renovation

General Long Term Care	_____	_____	_____	_____
Specialized Long Term Care (Ventilator)	_____	_____	_____	_____
Specialized Long Term Care (Behavior Management)	_____	_____	_____	_____
Specialized Long Term Care (Pediatric)	_____	_____	_____	_____
Total Renovation	_____	_____	_____	_____
Total New and Renovation	_____	_____	_____	_____

7. Identify other health care facilities owned, operated or managed (in any state) by each of the principals of the ownership/operation entity. If out-of-state facilities are included, a track record request (see Appendix A for an example of a request letter) from the state agency which licenses those facilities must be filed with the certificate of need application. This report must include any enforcement action taken against the facility(ies) within the year proceeding application submission. If none, so state.

Name of Facility	Location	Number of Beds
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

8. If any licensed facilities have been identified by the applicant in response to Item A. 7., provide a description of how each facility is complying with its conditions of certificate of need approval for any facilities licensed in New Jersey (e.g., Medicaid utilization requirements). If any facility is not in compliance with its conditions of certificate of need approval, so state and provide an explanation. (If necessary, attach a separate page and identify as Item A. 8.).

9. Does the applicant for the proposed project possess any Certificate of Need for health care facilities or portions thereof that are not yet constructed, licensed or operational? If yes, please identify by Certificate of Need number. Include a detailed account of the status. Provide a description of the progress that is being made toward implementing these projects. If the applicant does not intend to implement any previously approved project or any portion thereof, please explain why. (If necessary, attach a separate page and identify as Item A. 9.).

Name of Facility

- [illegible]

- [illegible]

- Supp. 1-22-08

**FULL REVIEW CERTIFICATE OF NEED APPLICATION FOR
LONG TERM CARE FACILITIES: GENERAL LONG TERM CARE BEDS; SPECIALIZED LONG TERM CARE BEDS
(Continued)**

Name of Facility
PROJECT SUMMARY <p>A written summary of your project is required. Please do so on Pages 5 through 7 of the Certificate of Need Application form. The summary must be comprehensive and not exceed three pages.</p>

**FULL REVIEW CERTIFICATE OF NEED APPLICATION FOR
LONG TERM CARE FACILITIES: GENERAL LONG TERM CARE BEDS; SPECIALIZED LONG TERM CARE BEDS
(Continued)**

Name of Facility

PROJECT SUMMARY, Continued

**FULL REVIEW CERTIFICATE OF NEED APPLICATION FOR
LONG TERM CARE FACILITIES: GENERAL LONG TERM CARE BEDS; SPECIALIZED LONG TERM CARE BEDS
(Continued)**

Name of Facility
PROJECT SUMMARY, Continued

**FULL REVIEW CERTIFICATE OF NEED APPLICATION FOR
LONG TERM CARE FACILITIES: GENERAL LONG TERM CARE BEDS; SPECIALIZED LONG TERM CARE BEDS
(Continued)**

Name of Facility

B. DETAILED PROJECT COSTS

Project costs should be submitted in those dollars which would be needed to complete the project over the anticipated period of construction if construction were to begin at the time of submission of the Certificate of Need proposal to the Department.

	General Long Term Care	Specialized Long-Term Care (Ventilator)	Specialized Long-Term Care (Behavior Management)	Specialized Long-Term Care (Pediatric)
1. Capital Costs				
All Studies and Surveys				
Architect and Engineer Fees				
Demolition				
Renovations				
New Construction				
Fixed Equipment Not in Construction Contracts				
Major Movable Equipment				
Purchase of Land				
Purchase of Building(s)				
Other (Specify):				
Total Capital Costs				
2. Financing Costs *				
Capitalized Interest				
Debt Service Reserve Funds				
Other Financing Costs**				
Total Financing Costs				
Total Project Cost (1 plus 2)				

*Provide details of financing in Section D.

**Include fees assessed by any financing agency, bond counsel fees, trustees bank fees and/or other costs related to sale of bonds)

**FULL REVIEW CERTIFICATE OF NEED APPLICATION FOR
LONG TERM CARE FACILITIES: GENERAL LONG TERM CARE BEDS; SPECIALIZED LONG TERM CARE BEDS
(Continued)**

Name of Facility

C. PROPOSED METHOD OF FINANCING THE TOTAL PROJECT COST:

For purposes of Certificate of Need review, equity shall mean a non-operating asset contribution which will reduce the size of the total debt. It may include cash, other liquid assets, and the fair appraised market value of land owned by an applicant which is the viable site for the proposed project. A minimum of ten percent (10%) of the total project cost, including all financing and carrying costs, must be available in the form of equity, as required at N.J.A.C. 8:34H-1.16(f).

- | | |
|--|----------|
| 1. Available Cash (provide verification) | \$ _____ |
| 2. Land | |
| 3. Other (Specify): | |
| | |
| Total | \$ _____ |

D. MORTGAGE/LOANS/LEASE ARRANGEMENTS FOR THE PROJECT:

<u>Lender/Lending Institution</u>	<u>Amount</u>	<u>Rate of Interest</u>	<u>Annual Payment</u>	<u>Maturity Date</u>
_____	\$ _____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	\$ _____	_____	_____	_____

**FULL REVIEW CERTIFICATE OF NEED APPLICATION FOR
LONG TERM CARE FACILITIES: GENERAL LONG TERM CARE BEDS; SPECIALIZED LONG TERM CARE BEDS
(Continued)**

Name of Facility

- E. 1. Statistics - General Long Term Care Beds
(Projections on all schedules are for the first two years of operation):

<u>Item</u>	<u>Current *</u>	<u>1st Year Projections</u> 200__	<u>2nd Year Projections</u> 200__
Number of Licensed Beds	_____	_____	_____
Percent of Occupancy	_____	_____	_____
Number of Patient Days	_____	_____	_____
Average Charge Per Patient Day	_____	_____	_____

2. Schedule of Estimated Charges – General Long Term Care Beds:

<u>Bed Accommodation</u>	<u>Rate</u>	<u>Number of Beds</u> <u>In This Category</u>
Single \$ _____ per _____	_____	_____
Double \$ _____ per _____	_____	_____
Three-Bed \$ _____ per _____	_____	_____
Four-Bed \$ _____ per _____	_____	_____

3. Revenue - General Long Term Care (use current dollars):

<u>Revenue</u> <u>(Based on Above Statistics)</u>	<u>Patient Mix</u>	<u>1st Year Projection</u> 200__	<u>2nd Year Projection</u> 200__
Room, Board and Routine			
Self-Pay	_____	_____	_____
Medicare	_____	_____	_____
Medicaid	_____	_____	_____
Other (Specify):	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Sub-Total		_____	_____
Less: Allowance for Bad Debts		_____	_____
Total		_____	_____

* Last full year prior to application submission; if project changes the number of General Long Term Care beds, this page must be completed.

**FULL REVIEW CERTIFICATE OF NEED APPLICATION FOR
LONG TERM CARE FACILITIES: GENERAL LONG TERM CARE BEDS; SPECIALIZED LONG TERM CARE BEDS
(Continued)**

Name of Facility

- F. 1. Statistics – Specialized Long Term Care (Ventilator) Beds
(Projections on all schedules are for the first two years of operation):

<u>Item</u>	<u>Current *</u>	<u>1st Year Projections</u> 200__	<u>2nd Year Projections</u> 200__
Number of Licensed Beds	_____	_____	_____
Percent of Occupancy	_____	_____	_____
Number of Patient Days	_____	_____	_____
Average Charge Per Patient Day	_____	_____	_____

2. Schedule of Estimated Charges – Specialized Long Term Care (Ventilator) Beds:

<u>Bed Accommodation</u>	<u>Rate</u>	<u>Number of Beds</u> <u>In This Category</u>
Single \$ _____ per _____	_____	_____
Double \$ _____ per _____	_____	_____
Three-Bed \$ _____ per _____	_____	_____
Four-Bed \$ _____ per _____	_____	_____

3. Revenue – Specialized Long Term Care (Ventilator) (use current dollars):

<u>Revenue</u> <u>(Based on Above Statistics)</u>	<u>Patient Mix</u>	<u>1st Year Projection</u> 200__	<u>2nd Year Projection</u> 200__
Room, Board and Routine			
Self-Pay	_____	_____	_____
Medicare	_____	_____	_____
Medicaid	_____	_____	_____
Other (Specify):	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Sub-Total		_____	_____
Less: Allowance for Bad Debts		_____	_____
Total		_____	_____

* Last full year prior to application submission; if project changes the number of Specialized Long Term Care (Ventilator) Beds, this page must be completed.

**FULL REVIEW CERTIFICATE OF NEED APPLICATION FOR
LONG TERM CARE FACILITIES: GENERAL LONG TERM CARE BEDS; SPECIALIZED LONG TERM CARE BEDS
(Continued)**

Name of Facility

- G. 1. Statistics - Specialized Long Term Care (Behavior Management) Beds
(Projections on all schedules are for the first two years of operation):

<u>Item</u>	<u>Current *</u>	<u>1st Year Projections</u> 200__	<u>2nd Year Projections</u> 200__
Number of Licensed Beds	_____	_____	_____
Percent of Occupancy	_____	_____	_____
Number of Patient Days	_____	_____	_____
Average Charge Per Patient Day	_____	_____	_____

2. Schedule of Estimated Charges – Specialized Long Term Care (Behavior Management) Beds:

<u>Bed Accommodation</u>	<u>Rate</u>	<u>Number of Beds</u> <u>In This Category</u>
Single \$ _____ per _____	_____	_____
Double \$ _____ per _____	_____	_____
Three-Bed \$ _____ per _____	_____	_____
Four-Bed \$ _____ per _____	_____	_____

3. Revenue - Specialized Long Term Care (Behavior Management) (use current dollars):

<u>Revenue</u> <u>(Based on Above Statistics)</u>	<u>Patient Mix</u>	<u>1st Year Projection</u> 200__	<u>2nd Year Projection</u> 200__
Room, Board and Routine			
Self-Pay	_____	_____	_____
Medicare	_____	_____	_____
Medicaid	_____	_____	_____
Other (Specify):	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Sub-Total		_____	_____
Less: Allowance for Bad Debts		_____	_____
Total		_____	_____

* Last full year prior to application submission; if project changes the number of Specialized Long Term Care (Behavior Management) Beds, this page must be completed.

**FULL REVIEW CERTIFICATE OF NEED APPLICATION FOR
LONG TERM CARE FACILITIES: GENERAL LONG TERM CARE BEDS; SPECIALIZED LONG TERM CARE BEDS
(Continued)**

Name of Facility

- H. 1. Statistics - Specialized Long Term Care (Pediatric) Beds
(Projections on all schedules are for the first two years of operation):

<u>Item</u>	<u>Current *</u>	<u>1st Year Projections</u> 200__	<u>2nd Year Projections</u> 200__
Number of Licensed Beds	_____	_____	_____
Percent of Occupancy	_____	_____	_____
Number of Patient Days	_____	_____	_____
Average Charge Per Patient Day	_____	_____	_____

2. Schedule of Estimated Charges – Specialized Long Term Care (Pediatric) Beds:

<u>Bed Accommodation</u>	<u>Rate</u>	<u>Number of Beds</u> <u>In This Category</u>
Single \$ _____ per _____	_____	_____
Double \$ _____ per _____	_____	_____
Three-Bed \$ _____ per _____	_____	_____
Four-Bed \$ _____ per _____	_____	_____

3. Revenue - Specialized Long Term Care (Pediatric) (use current dollars):

<u>Revenue</u> <u>(Based on Above Statistics)</u>	<u>Patient Mix</u>	<u>1st Year Projection</u> 200__	<u>2nd Year Projection</u> 200__
Room, Board and Routine			
Self-Pay	_____	_____	_____
Medicare	_____	_____	_____
Medicaid	_____	_____	_____
Other (Specify):	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Sub-Total		_____	_____
Less: Allowance for Bad Debts		_____	_____
Total		_____	_____

* Last full year prior to application submission; if project changes the number of Specialized Long Term Care (Pediatric) Beds, this page must be completed.

**FULL REVIEW CERTIFICATE OF NEED APPLICATION FOR
LONG TERM CARE FACILITIES: GENERAL LONG TERM CARE BEDS; SPECIALIZED LONG TERM CARE BEDS
(Continued)**

Name of Facility

I. Operating Budget * - Projections for the first two full years of operation.

1. All facilities must prepare the budget projections for the operating expenses and for the statistics used to measure any or all expenses. The proposed budget must cover the first two full years of operation after the completion of the project. For example:

Current Year	Project Completion Date	Projection	
		First Year	Second Year
2003	March, 2004	2005	2006

2. If an operating loss is projected in the second year after project implementation, please explain how the operating loss will be covered.
3. Projections also must include all prior Certificate of Need applications which have either been approved or for which approval is anticipated. Identify by Certificate of Need Number, the Certificates of Need included in the projected expenditures and statistics.
4. Projections must include increases due to projects because of any or all of the following:
- a) Salaries
 - b) Supplies and Expenses
 - c) Leases
 - d) Debt Obligations (Interest and Depreciation)
5. If there are to be any cost savings to the facility as a result of this project, attach a schedule of these savings.
6. Use current dollars and omit 000's.

* This shall include all licensed long term care beds at the site the project proposed in this application will be implemented and shall include all long term care beds proposed in this application.

**FULL REVIEW CERTIFICATE OF NEED APPLICATION FOR
LONG TERM CARE FACILITIES: GENERAL LONG TERM CARE BEDS; SPECIALIZED LONG TERM CARE BEDS
(Continued)**

Name of Facility	General Long Term Care		Specialized Long-Term Care	
	Year Ending 200__	Year Ending 200__	Year Ending 200__	Year Ending 200__
Revenue				
Total Revenue				
Expenses (operating and non-operating)				
Administration				
Health Care Services (Total)				
Salaries				
Professional Fees				
Rental of Equipment				
Supplies				
Drugs				
Other (specify and explain):				

Dietary				
Laundry and Linen				
Housekeeping				
Plant Operation and Maintenance				
Miscellaneous (specify and explain):				

Total Expenses				
Total Resident Days				
Cost Per Resident Day				
Net Income/Loss	\$ _____	\$ _____	\$ _____	\$ _____

**FULL REVIEW CERTIFICATE OF NEED APPLICATION FOR
LONG TERM CARE FACILITIES: GENERAL LONG TERM CARE BEDS; SPECIALIZED LONG TERM CARE BEDS
(Continued)**

Name of Facility

J. APPLICANT'S COMMITMENT TO ASSURING ACCESS TO CARE FOR LOW INCOME AND FORMER PSYCHIATRIC PATIENTS AND/OR RESIDENTS:

As a condition of certificate of need approval, I agree to the following commitments to assure access to long-term care services for low income and former psychiatric patients and/or residents:

	General Long Term Care	Specialized Long Term Care (Ventilator)	Specialized Long Term Care (Behavior Management)	Specialized Long Term Care (Pediatric)
% Direct Medicaid Occupancy				
% Overall Medicaid Occupancy				
% Supplemental Security Income Recipient Occupancy				
% Discharged Psychiatric Patients				

NOTE: The percentages stated by the applicant in Section J above must be utilized in the revenue statistics in Sections E, F, G and H.

K. PROJECTED STAFFING LEVELS:

1. Provide a list of the type, number of Full Time Equivalents (FTE's) and estimated annual salary of the personnel required to staff the new or expanded facility and identify the sources from which you intend to obtain the required personnel. Submit a separate page for each health care component.

[illegible]

2. What strategies will be employed to recruit and retain health care staff? (Attach an additional page and identify it as Item K. 2., if necessary.)

**FULL REVIEW CERTIFICATE OF NEED APPLICATION FOR
LONG TERM CARE FACILITIES: GENERAL LONG TERM CARE BEDS; SPECIALIZED LONG TERM CARE BEDS
(Continued)**

Name of Facility

L. PROJECT NARRATIVE

Respond to all statements specified in Section II referenced to the corresponding items in Section II.

M. REQUIRED DOCUMENTS

Submit all required documents specified in Section III referenced to the corresponding items in Section III.

N. ASSURANCES:

By signing this application, the applicant gives assurance that:

1. The attached statements and schedules are complete and correct to the best of the applicant's knowledge and belief.
2. If approved, the applicant will submit to the Commissioner of Health and Senior Services of the State of New Jersey for prior approval changes in scope of work, cost, or function.
3. If acquisition is by construction of a facility, the applicant will obtain the approval of the State of New Jersey, Department of Health and Senior Services of the final working drawings and specifications, which shall conform to the general standards of construction and equipment, prior to the making of contracts. The applicant will also provide and maintain competent and adequate supervision and inspection to ensure that the completed work is in conformance with the application and approved plans and specifications.
4. The facility will be operated and maintained in accordance with the standards prescribed by law for the maintenance and operation of such facilities.

Name of Applicant (Operator/License Holder) (Print or Type)		
Name of Responsible Officer (Print or Type)		Title
Signature		Date

**FULL REVIEW CERTIFICATE OF NEED APPLICATION FOR
LONG TERM CARE FACILITIES: GENERAL LONG TERM CARE BEDS; SPECIALIZED LONG TERM CARE BEDS
(Continued)**

Name of Facility

APPLICANT CHECKLIST

- ☐ Application fee in the amount of \$ _____
- ☐ Track record report for all out-of- state facilities included.
- ☐ All applicable pages of the application completed.
- ☐ Copy of Certified Financial Statement included.
- ☐ All applicable statutory and regulatory criteria addressed.
- ☐ Application signed and dated by applicant.

APPENDIX A

Name and Address of
Out of State Agency

Re: (Name of Project)

Dear Sir:

(Name of Applicant) is submitting a Certificate of Need (CN) application in the State of New Jersey to (project description). This application requires us to identify all health care facilities which we own, operate or manage. In (State) we listed the following facility(ies):

As part of its review process, the New Jersey Department of Health and Senior Services is requesting information regarding the licensing status of the facility(ies) and any enforcement action against the facility(ies) within the last year. In addition, the Department would like to know, based on your experience with this corporation, if you can recommend the owners as responsible operators. A brief statement supporting your recommendation should also be included.

Please reference our proposed New Jersey project in your response, and forward the response to me. (Name of applicant) will be submitting this CN application to the State of New Jersey on (date). Track record information must accompany the CN application. Therefore, (name of applicant) will appreciate receiving your response by (date).

Thank you for your cooperation.

Sincerely,

cc: NJDHSS

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SCHEDULE A

Page ____ of ____ Pages.

Name of Facility			Certificate of Need Number		Date	
Location (Building/Wing/Floor)	Project Description *	Current Problem Code **	Areas		Gross Square Feet	Construction Cost Breakdown
			Current Use	Proposed Use		

* Identify Renovation (REN) or Demolition (DEM). Following the identification of Renovations (REN), indicate the associated scope of work as Minor (MIN), Moderate (MOD), or Major (MAJ). (For example, use REN-MIN, or REN-MAJ.)

** Problem Codes:

- 1 – Life Safety Code Deficiencies (per NFPA 101 Life Safety Code)
- 2 – Undersized/Non-Compliant Area [per current Licensure Standards and AIA Guidelines for Construction and Equipment of Hospital and Medical Facilities (current Edition in effect)]

- 3 – Non-Compliant Functional Design Layout
- 4 – Overall Physical Plant Age Obsolescence
- 5 – Other – Specify
- 6 – Uniform Fire Code, State of New Jersey

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New Rule, R.2008 d.23, effective January 22, 2008.
See: 39 N.J.R. 2709(a), 40 N.J.R. 620(b).

APPENDIX C

New Jersey Department of Health and Senior Services

CERTIFICATE OF NEED APPLICATIONS
FOR HOSPITAL-RELATED PROJECTS

SECTION I. GENERAL REQUIREMENTS

1. CERTIFICATE OF NEED

A. PRE-SUBMISSION

Prior to the preparation of the application materials, it is strongly recommended that the applicant discuss the proposed project with the local advisory board in the service area presently served or anticipated and staff of the New Jersey Department of Health and Senior Services.

B. SUBMISSION - NEW JERSEY DEPARTMENT OF HEALTH AND SENIOR SERVICES

Submit thirty-five (35) copies of the application forms and all required documentation to:

Mailing Address:

New Jersey Department of Health and Senior Services
Office of Certificate of Need and Healthcare Facility Licensure
P. O. Box 358
Trenton, NJ 08625-0358

Overnight Services (DHL, FedEx, UPS):

New Jersey Department of Health and Senior Services
Office of Certificate of Need and Healthcare Facility Licensure
171 Jersey Street, Building 5, 1st Floor
Trenton, NJ 08611-2425

C. SIGNATURE

All applications must be signed by the current Chief Administrative Officer or Board Chairman of the Hospital.

D. FILING FEE

All applications must be accompanied by a certified check, cashier's check, or money order made payable to "Treasurer, State of New Jersey." Failure to submit the appropriate fee at the time of filing may result in rejection of the application.

FEE SCHEDULE:

<u>Total Project Cost (TPC)</u>	<u>Fee Required</u>
\$1,000,000 or Less	\$7,500
Greater Than \$1,000,000	\$7,500 + 0.25% of TPC
Transfer of Ownership	\$7,500
Change in Scope or Location	\$7,500 + 0.25% of cost in excess of approved TPC, where excess is \$1,000,000 or more
C. Change in Cost	No Certificate of Need required; 0.25% of cost in excess of approved TPC, where excess is \$1,000,000 or more, shall be remitted prior to licensure

E. COMPLETENESS

1. ALL QUESTIONS REQUIRE AN ANSWER AND ALL SCHEDULES MUST BE COMPLETELY FILLED OUT.
2. Certificate of Need forms must be filed in sequential order. Do not renumber pages.
3. All exhibits must be identified as noted herein and attached to the back of the Certificate of Need Application form and referenced to the corresponding item in the appropriate section.
4. Identify each response in the narrative section by question number and respond in sequential order. All additional supporting documentation must be attached to the back of the Certificate of Need Application form after the

exhibits, in a Section titled "Appendix."

5. Only complete applications will be processed (NJAC 8:33-4.5). Failure to submit all required information and documentation and/or to follow the steps outlined herein when the Certificate of Need is filed may result in a determination that the application is incomplete and, as such, may not be accepted for processing.
6. All cost estimates for new construction and/or renovations, should be submitted in those dollars which would be needed to complete the project over the anticipated period of construction, assuming that construction was to begin at the time of your Certificate of Need submission.
7. Change in cost/scope applications shall request in writing a construction cost allowance prior to submission of the change in cost/scope application.
8. All applications must be signed and dated by the applicant, accompanied by the correct application fee, accompanied by out-of-state track records reports (if applicable), and completely and accurately filled out (i.e., no partial or unresponsive answers). APPLICATIONS NOT MEETING THESE REQUIREMENTS WILL NOT BE ACCEPTED FOR PROCESSING.

F. MODIFICATION

1. Under no circumstances may an application be modified or altered to change the number or category of inpatient beds, proposed services, equipment subject to a planning regulation, or change in site after the application submission deadline date. An applicant desiring to make such a modification or alteration shall be required to withdraw the application from the current cycle and submit a new application for the next cycle.
2. Modifications not specified in (1) above such as changes in square footage and change in cost will be permitted if such changes are in response to completeness questions from the Department and made prior to submission of the application to the review process.

2. LICENSING

Licensing manuals for hospital-based services may be obtained from the New Jersey Department of Health and Senior Services, Office of Certificate of Need and Healthcare Facility Licensure (609-292-5960).

3. FINANCIAL

Information with regard to financial requirements may be obtained from the New Jersey Department of Health and Senior Services, Office of Certificate of Need and Healthcare Facility Licensure (609-292-5960).

4. CONSTRUCTION

Information regarding construction requirements may be obtained from the New Jersey Department of Community Affairs, Division of Codes and Standards, Health Care Plan Review (609 633-8153).

**SECTION II. REQUIREMENTS FOR COMPLETION OF NARRATIVE SECTION (F AND M) OF
CERTIFICATE OF NEED APPLICATION****1. STATE HEALTH PLANNING REQUIREMENTS****A. DESCRIPTION / PROJECT NARRATIVE**

1. Provide an executive summary of the project (Section F). This shall be limited to 3 pages.
2. Describe the proposed project, in detail, and relate it to existing services such as changes in square footage, changes in equipment, deficiencies corrected, effect on length of stay, improved patient care, reduced cost, and improved patient safety.
3. Provide historical hospital volume data incorporating the last three complete calendar years preceding the date of filing the certificate of need application, as well as year-to-date data for the current year, and at a minimum include the following data components:
 - a. Inpatient admissions by licensed bed category and total hospital (exclude same day surgery);
 - b. Adjusted admissions by total hospital;
 - c. Patient days by licensed bed category and total hospital;
 - d. Outpatient visits by department or service;
 - e. Emergency room visits;
 - f. Inpatient surgical procedures;
 - g. Outpatient surgical procedures;
 - h. Same day surgery;
 - i. Same day medical admissions;
 - j. Births;
 - k. Year-to-date B-2 forms showing inpatient utilization for current year.
4. Provide an estimate of projected volume in all categories as listed in #3 above for each year inclusive from the time of application to that year which is two complete calendar years beyond estimated project completion. This estimate must be based upon historical data found in #3 above. using at a minimum, a straight-line projection and one or more of the following methodologies:
 - a. Linear regression modeling;
 - b. Constant volume;
 - c. Official county-based volume projections and market share statistics published by the Department, if available;
 - d. A methodology chosen by the applicant, but in each instance the assumptions utilized in making the projections must be clearly substantiated in the application.
5. Describe the present and anticipated need for the project in the hospital's service area using the historical and projected volume data provided in questions #3 and #4.
6. List all other institutions in your service area that provide similar services. Indicate the anticipated impact of this project on these other institutions.
7. Document the institution's past and current history in providing care to the indigent and how the proposed project will affect the applicant's ability to provide care for the indigent.
8. In the case of a reduction, elimination or relocation of a facility or service, describe the need that the population presently has for the service; as well as the extent to which that need will be met after the change, including alternative arrangements. Describe the effect of any reduction, elimination, or relocation on the ability of low income persons, racial and ethnic minorities, women, handicapped persons, and other underserved groups to obtain needed health care.

9. Identify alternative approaches to the project which were considered and demonstrate in specific terms how the option selected, relative to all other alternatives, most effectively benefits the health care system through achieving capital and operating savings, increasing access, and/or improving quality of care.
10. Efficient design is encouraged to promote significant life cycle operational cost savings. If the project involves new construction please identify operational cost savings which may result from such construction.
11. Indicate the conformance of the proposed project, if applicable, with appropriate State guidelines and regulations. In the case of regional services (e.g., cardiac diagnostic and surgical services, perinatal services, organ transplantation services, etc.) each provision of the applicable rule must be addressed.
12. Attach a map of your patient service area including the location of your institution. Identify major service areas based on patient origin studies for inpatients and/or outpatients.
13. Provide a breakdown of total project costs into costs associated with each programmatic or functional component: i.e., by service, department, medical specialty, licensed bed category, or other logical category; and by floor or unit if possible (See Schedule A).
14. The certificate of need criteria identified in N.J.A.C. 8:33-4.9 and N.J.A.C. 8:33-4.10 must be addressed.
15. Identify (by certificate of need number and project description) all previously approved certificates of need which have not been completed and indicate the current status of each project.
16. Identify (by certificate of need number) any conditions of certificate of need approval which have not been met and explain.

2. CONSTRUCTION REQUIREMENTS

- A. All cost estimates for new construction and/or renovations, should be submitted in those dollars which would be needed to complete the project over the anticipated period of construction, assuming that construction was to begin at the time of your Certificate of Need submission.
- B. Provide proposed total "building gross square footage" of new construction. Indicate building's proposed design, number of stories and construction type. (Also see "H" if multiple areas are involved.)
- C. Projects involving complete demolition of a structure(s) should indicate structure's total cubic feet, number of stories, gross square footage per floor and construction type. Identify demolition cost estimate as a separate line item.
- D. Provide total square footage of area proposed for renovations. Indicate the current or most recent use and physical layout of the space. Provide a summary description of the renovations proposed and/or required, acknowledging all applicable construction trades. (Also see "H" if multiple areas are involved.)
- E. Indicate any anticipated construction related circumstances and/or conditions (e.g., asbestos, wetlands, CAFRA, fire suppression system) that may explain your new construction and/or renovation cost estimate being over or under an average estimate. Identify the associated cost effect anticipated.
- F. Renovation projects involving asbestos abatement should provide the associated cost estimate as a separate line item, identifying the areas and total square/linear footage involved.
- G. Provide description and/or listing of equipment items inclusive of the "fixed equipment not in construction contracts" line item(s) cost estimates (See pages 4, 5 and 6).
- H. Projects with more than one department service area affected by new construction or renovations must complete Schedule A. Utilize a separate line item for each service area on a given floor/wing and for any change in use of an existing area. Square footage and construction/renovation hard cost totals of this form should reconcile with those amounts indicated on pages 1 and 2 of the Certificate of Need Application. Account for all displaced department service areas, relocations and vacated areas, even if there are no associated construction/renovation costs. (Change in cost/scope applicants are to provide update of space allocation forms previously submitted.) Indicate how this information was established.
- I. Any applicant who is proposing a vertical expansion (additional floor(s) to an existing building) shall submit a certification, from an appropriate design professional, that the existing structure/affected building shall comply with the current code requirements for increase in size (floor area and/or height) and earthquake loads.
- J. In addition to the fire suppression system(s) that may be required by the State Uniform Construction Code, the proposed scope of work shall include those systems, as appropriate, after a review of N.J.A.C. 5:23-2.4 and 2.5, and in consideration that the Uniform Fire Code State of New Jersey will require that all hospitals be fully suppressed. Installation of compliant suppression system(s) and related construction cost(s) shall be included in the proposed project.

- K. The following architectural prints shall be submitted to visually indicate the entire scope of work as described in the written narrative:
- Site plan showing building footprint(s) (graphically differentiating existing structures to remain, those to be demolished and new construction) and compass orientation.
 - Floor Plan(s)-Projects \$15 million and over:
(At 1/8" scale, single line showing door openings and windows, rooms/areas to be labeled to indicate use/service and numbered, new construction/renovation work to be graphically differentiated from existing work to remain).
 - Projects under \$15 million, 1/16" scale sketch.
- L. Change in cost/scope applications, for which the project is already under construction, must submit a copy of the signed contract with the Contractor and Architect (if not previously submitted to the New Jersey Department of Community Affairs). A copy of the most recent Contractor Requisition for Payment (Form AIA-G702) must be submitted with cost/scope application in addition to a reconciliation summary statement of same to agree with the total construction/renovation cost requested in the cost/scope application, acknowledging all incurred and anticipated change orders.
- M. For change in cost/scope applications, applicants are to itemize and explain all construction/ renovation related cost changes (increases and/or decreases), noting those that are attributed to additional expanded project scope which were not in original Certificate of Need, those attributed to overruns (broken down as unanticipated-unforeseen and/or unanticipated due to initial underestimate) and those related to deletion of any portion of the original approved project scope.

SECTION III. REQUIRED DOCUMENTS

1. CERTIFICATE OF NEED

A. SITE OPTION/LEASE

1. If the site is optioned by the applicant, a copy of the deed held by the current owner and option agreement for the site must be submitted.
2. If the real property will be leased by the license holder, provide a copy of the deed held by the current owner and executed lease agreement or lease option.

The deed and option must include identification of the site, terms of the agreement, date of execution and signatures of all parties to the transaction.

B. MANAGEMENT AGREEMENT

If a management company will be hired, a copy of the management agreement must be submitted with the application.

2. FINANCIAL FEASIBILITY STUDY

- A. Financial feasibility study and facility planning studies must be submitted.
- B. If financial resources for the project are monies from a grant, provide the Department with a copy of the operating budget submitted with supporting pages from the grant application when the grant application was made. The status of the grant, as of the date of Certificate of Need application, must be reported on the forms.
- C. If financial resources for the project and/or monies for the operating budget are to be provided by a governmental agency, a statement indicating the intention of the agency to provide the funds must accompany the Certificate of Need application.
- D. If financial resources for the project and/or monies for the operating budget are to be a secondary responsibility of a parent or a separate corporation that has a controlling interest, a letter must accompany the Certificate of Need application stating the intention of the corporation to underwrite the financial resources and/or operating budget.
- E. Independent third-party verification of the availability of the cash equity contribution must be submitted with the application. Provide the specific source and any available documentation demonstrating the availability of the cash equity contribution. Acceptable forms of verification include letters from banks, CPA's or stockbrokers, past history of fund-raising activity, and documented pledges.
- F. For projects exceeding \$15,000,000 in cost, institutions must submit to the Department independently verified historical and projected financial and utilization information as identified in N.J.A.C. 8:33-4.10(b) (1-6). This information should be in the format required by the New Jersey Health Care Facilities Financing Authority so that only revisions to update the information will be required at the time of financing.

3. CONSTRUCTION

A construction cost and space breakdown report must be submitted with any application involving construction. The report must be in the same format as Schedule A.

New Jersey Department of Health and Senior Services

APPLICATION - CERTIFICATE OF NEED
FOR HOSPITAL-RELATED PROJECTS

Name of Hospital	FOR STATE USE ONLY Appl. No. _____ Review Cycle _____ Type of C/N: <input type="checkbox"/> Change in Bed Capacity <input type="checkbox"/> New Health Care Service <input type="checkbox"/> Modernization/Renovation <input type="checkbox"/> Major Movable Equipment <input type="checkbox"/> Construction/Acquisition Date Received: _____
Street Address	
City State Zip Code	
County	
Type of Hospital	
Name of Chief Executive Officer	
Name of Contact Person	
Title	
Telephone Number	

A. Project Cost:

1. Total Capital Cost: _____
2. Financing Cost: _____ Method of Financing: _____
3. Total Project Cost (1 + 2): _____
4. Equity Contribution: _____
5. Construction Cost: _____

Type	Square Feet	Construction/ Capital Lease Cost	Construction/ Capital Lease Cost Per Square Foot
New Construction			
Renovation			
Lease			

6. Will this project result in any permanent change in licensed or planning bed category or capacity of the existing facility?

☐ Yes ☐ No

7. Provide a brief (50 words) description of the project:

B. PROJECT COST

Project costs should be submitted in those dollars which would be needed to complete the project over the anticipated period of construction if construction were to begin at the time of submission of the Certificate of Need proposal to the Department.

Do not include contingency. The Department will calculate a construction cost allowance for the project in lieu of providing a contingency factor for the time period from Certificate of Need submission to the start of construction.

1.	Capital Costs		
	Studies and/or Surveys	_____	
	Site Survey and Soil Investigation	_____	
	Architect and Engineer Fees	_____	
	Legal and Other Special Services	_____	
	Plans and Specifications	_____	
	Demolition	_____	
	Renovations	_____	
	Asbestos Abatement	_____	
	New Construction	_____	
	Fixed Equipment Not in Construction Contracts (New Construction)	_____	
	Fixed Equipment Not in Construction Contracts (Renovations)	_____	
	Major Movable Equipment	_____	
	Supervision and Inspection of Site and Building(s)	_____	
	Purchase of Land	_____	
	Purchase of Building(s)	_____	
	Capital Value of Lease (true operating leases should be included in operating budget and details identified)	_____	
	Developmental and/or Start-Up Costs	_____	
	Department of Health and Senior Services Approved Construction Cost Allowance	_____	
	Other (Specify) (Do NOT include contingency)	_____	
	_____	_____	
	_____	_____	
	_____	_____	
	Total Capital Costs		_____
2.	Financing Costs		
	Capitalized Interest	_____	
	Debt Service Reserve Fund	_____	
	Other Financing Costs (Include fees assessed by any financing agency, bond counsel fees, trustees bank fees and/or other costs related to sale of bonds)	_____	
	Total Financing Costs		_____
	Total Project Cost		_____

C. PROPOSED METHOD OF FINANCING THE TOTAL PROJECT COST:

For purposes of Certificate of Need review, equity shall mean a non-operating asset contribution which will reduce the size of the total debt. It may include cash, other liquid assets, and the fair appraised market value of land owned by an applicant which is the viable site for the proposed project. A minimum of fifteen percent (15%) of the total project cost, including all financing and carrying costs, must be available in the form of equity.

1. Available Cash (include source of contribution in D-1) \$ _____
 2. Mortgage (provide details in D-2) _____
 3. Loans (provide details in D-2) _____
 4. Capital Leases (provide details in D-2) _____
 5. Net fund raising (include documentation) _____
 6. Other (Specify) _____
- _____
- _____
- _____
- Total \$ _____

D. EQUITY CONTRIBUTION

1. Indicate source of equity contribution:

2. Mortgages/Loans/Capital Lease Agreements - Attach a copy of any mortgage, loan or capital lease agreements.

Lender/Lending Institution	Amount	Rate of Interest	Annual Payment	Maturity Date
New Construction				
Renovation				
Lease				

1. Major Moveable Equipment

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2. Fixed Equipment

[illegible]

3. Minor Moveable Equipment (For information purposes only; do not include in project cost.)

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F. PROJECT SUMMARY

(A written summary of your project is required. Please do so on Pages 7 through 9 of the Certificate of Need Application form. The summary must be comprehensive and not exceed three pages.

F. PROJECT SUMMARY, Continued

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F. PROJECT SUMMARY, Continued

G. GRANTS

Attach a copy of grant budget submitted.

Source	Amount	Current Status of Grant
TOTAL		

H. VOLUME OF ACTIVITY IN COST CENTERS RELATED TO PROJECT

1. Admissions or Cases

Routine and Emergency Service	Current Year	Projected Year 1	Projected Year 2
Medical/Surgical Admissions *			
Same Day Surgery Admissions			
Pediatric			
Acute Psychiatric			
Long-Term Psychiatric			
Obstetric			
Burn Unit			
Intensive Care Unit			
Neonatal Intensive Care			
Coronary Care Unit			
Newborn Nursery			
TOTAL			

*Exclude Same Day Surgery Admissions.

2. Visits

Cost Center	Current Year	Projected Year 1	Projected Year 2
Emergency Room			
Clinic			
Private Outpatient			

I. OPERATING PROJECTIONS

1. Revenues (Report in 000's):

Category	2 Most Recent Actual Years Ended (Audited)		Current Year Projection	Projected Years Ending (Through Second Year After Project Completion)			
Inpatient Services							
Outpatient Services							
Total Patient Service Revenues							
Allowance for Charity Care							
Contractual Allowances							
Net Patient Service Revenues							
Other Operating Revenues							
Total Net Operating Revenues							

2. Expenses (Report in 000's):

Category	2 Most Recent Actual Years Ended (Audited)		Current Year Projection	Projected Years Ending (Through Second Year After Project Completion)			
Salaries, Wages & Professional Fees (Including Contracted Services and Fringe Benefits)							
Interest:	////////	////////	////////	////////	////////	////////	////////
a. Current Interest							
b. Project Interest							
c. Total Interest							
Depreciation:	////////	////////	////////	////////	////////	////////	////////
a. Current Depreciation							
b. Project Depreciation							
c. Total Depreciation							
Bad Debt Provision							
Supplies and Other Expenses							
Total Operating Expenses							
Net Income From Operation							
Non-Operating Income							
Surplus (or Deficit)							

3. Patient Mix by Sources of Revenue (Report in 000's):

Category	2 Most Recent Actual Years Ended (Audited)		Current Year Projection	Projected Years Ending (Through Second Year After Project Completion)			
Medicare							
Medicaid							
Blue Cross							
Commercial Insurance							
Self-Pay							
Indigent							
Other							
Total Patient Service Revenue	100%	100%	100%	100%	100%	100%	100%

J. PROJECTED STAFFING LEVELS

Provide a list of the type, number of Full-Time Equivalents (FTE's) and estimated annual salary of the personnel required to staff the new or expanded facility and identify the source from which you intend to obtain the required personnel. (Compute FTE based on 2,080 annual hours per employee.)

Personnel Category		Estimated Annual Salary	Number of FTE's	Sources of Personnel	Additional Personnel To Be Hired
Department	Job Title				

K. ACCESS TO SERVICES

1. Was your facility, or a portion thereof, constructed with Hill-Burton funds?
☐ Yes ☐ No
2. Indicate the percentage of uncompensated care provided annually for inpatient and outpatient services:
 - a. Inpatient Mortgage (provide details in D-2) _____ %
 - b. Outpatient _____ %
3. What is the number of physicians with admitting privileges at your facility?

4. What is the number of physicians with admitting privileges who admit Medicaid patients to your facility?

5. Does your facility require a pre-admission deposit?
☐ Yes ☐ No
 - a. If Yes, explain: _____

6. Clinic Services (Exclude Private Outpatient Visits):

Type	Hours/Days Per Week of Operation	Patient Visits/Week
General Medical		
Surgery		
Cardiac		
Prenatal		
Pediatric		
Psychiatric		
Post-Partum		
Other:		

L. BED AND SERVICE INVENTORIES

1. Bed Inventory:

Bed Complement	Licensed Beds	C/N Approved But Not Licensed Beds	Proposed New Beds	Proposed Decrease in Beds	Total Beds After Project Completion
Medical/Surgical					
ICU/CCU					
Obstetric					
Pediatric					
Psychiatric (All categories)					
Comprehensive Rehabilitation					
Long Term Care					
Other:					

2. Psychiatric Beds by Category:

Bed Category	Existing Beds	Increase	Decrease	Total Beds After Project Completion
Adult Open Acute				
Adult Closed Acute				
Adult Closed Acute				
Adult Intermediate				
Adult Special				
Adult MICA				
Adult Geriatric				
Adult Eating Disorder				
Child and Adolescent Acute				
Child and Adolescent Intermediate				
Undesignated				
Total				

3. Service Inventory:

Cardiac Services	Number Existing	C/N Approved But Not Implemented	Total After Project Completion
Cardiac Diagnostic Services - Catheterization Labs - Adult			
Cardiac Diagnostic Services - Catheterization Labs - Pediatric			
Cardiac Diagnostic Services - E.P.S. Labs			
Cardiac Surgery Operating Rooms			

Renal Services	Number of Existing Stations	C/N Approved But Not Implemented	Total After Project Completion
Acute Stations			
ESRD Chronic Hemodialysis Stations			
Peritoneal Stations			
Isolation Stations			
Training Stations			

Surgical Services	Number of Existing Operating Rooms	C/N Approved But Not Implemented	Total After Project Completion
Dedicated Inpatient Operating Rooms			
Dedicated SDS			
Mixed Inpatient / SDS			
Cardiac			

Trauma Services
<input type="checkbox"/> Level I
<input type="checkbox"/> Level II
<input type="checkbox"/> None

3. Service Inventory, Continued:

Perinatal Services	Existing	Proposed
Regional Perinatal Center - Normal Newborn Bassinets		
Regional Perinatal Center - Intermediate Neonatal Bassinets		
Regional Perinatal Center - Intensive Neonatal Bassinets		
Community Perinatal Center - Birthing Center Bassinets		
Community Perinatal Center - Normal Bassinets		
Community Perinatal Center - Intermediate Bassinets		
Community Perinatal Center - Intensive Bassinets		
Obstetric Bed Categories - LDR		
Obstetric Bed Categories - LDRP		
Obstetric Bed Categories - Post Partum		

M. PROJECT NARRATIVE

Respond to all statements specified in Section II referenced to the corresponding items in Section II.

N. REQUIRED DOCUMENTS

Submit all required documents specified in Section III referenced to the corresponding items in Section III.

O. ASSURANCES

The applicant gives assurance that the attached statements and tables are complete and correct to the best of the applicant's knowledge and belief.

Name of Responsible Officer	Title	
Signature		Date

SCHEDULE A

Page ____ of ____ Pages.

Name of Facility			Certificate of Need Number		Date		
Location (Building/Wing/Floor)	Project Description *	Current Problem Code **	Department or Service Areas		Gross Square Feet ***	Construction Cost Breakdown	Total Project Cost
			Current Use	Proposed Use			

* Identify as New Construction (NEW), Renovation (REN), or Demolition (DEM). Following the identification of Renovations (REN), indicate the associated scope of work as Minor (MIN), Moderate (MOD), or Major (MAJ). (For example, use REN-MIN, REN-MOD, or REN-MAJ.)

** Problem Codes:

- 1 - Life Safety Code Deficiencies (per NFPA 101 Life Safety Code)
- 2 - Undersized/Non-Compliant Area [per current Licensure Standards and AIA Guidelines for Construction and Equipment of Hospital and Medical Facilities (current Edition in effect)]

- 3 - Non-Compliant Functional Design Layout
- 4 - Overall Physical Plant Age Obsolescence
- 5 - Other - Specify
- 6 - Uniform Fire Code, State of New Jersey

*** For new construction, provide breakdown in terms of proposed Building Gross Square Feet.

New Rule, R.2008 d.23, effective January 22, 2008.
See: 39 N.J.R. 2709(a), 40 N.J.R. 620(b).

APPENDIX D

**INSTRUCTIONS FOR
COMPLETION OF CERTIFICATE OF NEED APPLICATION
FOR DESIGNATION AS A PERINATAL FACILITY**

SECTION I. GENERAL REQUIREMENTS**1. CERTIFICATE OF NEED****A. PRE-SUBMISSION**

Prior to the preparation of the application materials, it is strongly recommended that the applicant discuss the proposed designation with the Maternal and Child Health Consortium for the region, and staff of the New Jersey Department of Health and Senior Services. All information provided on the application shall be in accordance with N.J.A.C. 8:33, N.J.A.C. 8:33C and N.J.A.C. 8:43G.

B. SUBMISSION - NEW JERSEY DEPARTMENT OF HEALTH AND SENIOR SERVICES

Submit thirty-five (35) copies (no binders please) of the application forms and all required documentation to:

Mailing Address:

New Jersey Department of Health and Senior Services
Office of Certificate of Need and Healthcare Facility Licensure
P. O. Box 358
Trenton, NJ 08625-0358

Overnight Services (DHL, FedEx, UPS):

New Jersey Department of Health and Senior Services
Office of Certificate of Need and Healthcare Facility Licensure
171 Jersey Street, Building 5, 1st Floor
Trenton, NJ 08611-2425

Applications must be submitted in conjunction with all other regional applications for facilities in accordance with the provisions set forth at N.J.A.C. 8:33C-1.1 et seq.

C. SIGNATURE

All applications must be signed by the current Chief Administrative Officer or Board Chairman of the Hospital.

D. FILING FEE

All applications must be accompanied by a certified check, cashier's check, or money order made payable to "Treasurer, State of New Jersey." Failure to submit the appropriate fee at the time of filing may result in rejection of the application.

Application Fee:

\$7,500 (Projects \$1,000,000 or less)
\$7,500 + 0.25% of Total Project Cost (Projects greater than \$1,000,000)

E. COMPLETENESS

1. ALL QUESTIONS REQUIRE AN ANSWER AND MUST BE COMPLETELY FILLED OUT.

2. Certificate of Need forms must be filed in sequential order. Do not re-number pages.
3. All exhibits must be identified as noted herein and attached to the back of the Certificate of Need Application form and referenced to the corresponding item in the appropriate section.
4. Identify each response in the narrative section by question number and respond in sequential order. All additional supporting documentation must be attached to the back of the Certificate of Need form after the exhibits, in Section titled "Appendix".
5. Only complete applications will be processed [N.J.A.C. 8:33-4.5(a)]. Failure to submit all required information and documentation and/or to follow the steps outlined herein when the Certificate of Need is filed may result in a determination that the application is incomplete and, as such, may not be accepted for processing.

F. MODIFICATION

No application may be altered or modified by an applicant after the deadline date for application submission. Additional information shall be permitted only in direct response to written questions submitted to the applicant by the New Jersey Department of Health and Senior Services.

2. MATERNAL AND CHILD HEALTH SERVICES

Application for perinatal designation will result in on-site verification of services and documentation. Questions regarding service delivery, site visits, and designation process should be directed to:

New Jersey Department of Health and Senior Services
Maternal, Child and Community Health Services
PO Box 364
Trenton, NJ 08625-0364
609-292-5616

3. STATE HEALTH PLANNING

Need projections are based on bed need formulas contained in N.J.A.C. 8:33C and are published in the relevant CN call.

4. LICENSING

Licensing manuals for hospital-based services may be obtained from the New Jersey Department of Health and Senior Services, Office of Certificate of Need and Healthcare Facility Licensure (609-292-8773) or online at the Department website at www.nj.gov/health.

5. FINANCIAL

Applicants should contact the New Jersey Department of Health and Senior Services, Health Care Financing Systems (609-984-6298) to obtain information with regard to financial requirements.

6. CONSTRUCTION

Applicants should contact the New Jersey Department of Community Affairs, Health Plans Review Program (609-633-8153) to obtain information regarding construction requirements.

APPLICATION FOR CERTIFICATE OF NEED FOR DESIGNATION AS A PERINATAL FACILITY

All applicants must complete SECTION I, which begins on Page 1 and continues through Page 6, and SECTION VI, which begins on Page 15. Applicants for the following designations must ALSO complete the appropriate Section indicated:

SECTION I					
Name of Facility				Date of Application	
Location Address			Mailing Address, If Different		
Name of Contact Person					
Telephone Number		Fax Number		Email Address	
Name of Consortium of Which Facility is a Member			Source of Data <input type="checkbox"/> 3-Year Trend <input type="checkbox"/> 1-Year		
Previously Approved Designation					
Designation Requested <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Community Perinatal Center-Birthing <input type="checkbox"/> Community Perinatal Center-Basic <input type="checkbox"/> Community Perinatal Center-Intermediate </div> <div> <input type="checkbox"/> Community Perinatal Center-Intensive <input type="checkbox"/> Regional Perinatal Center <input type="checkbox"/> Specialty Acute Care Children's Hospital </div> </div>					
Number of Licensed Beds (Entire Facility) _____			Type of Hospital <input type="checkbox"/> Public <input type="checkbox"/> Private		
Description of the Service Area (include a copy of a map showing the service area): 					
Services Provided <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> Medical/Surgical <input type="checkbox"/> Obstetrics/Gynecology </div> <div style="width: 50%;"> <input type="checkbox"/> Pediatrics <input type="checkbox"/> Psychiatric </div> <div style="width: 50%;"> <input type="checkbox"/> Critical Care (Adult) <input type="checkbox"/> Critical Care (Pediatric) </div> <div style="width: 50%;"> <input type="checkbox"/> Critical Care (Neonatal) </div> </div>					

**APPLICATION FOR CERTIFICATE OF NEED FOR DESIGNATION AS A PERINATAL FACILITY
(Continued)**

Name of Facility	Date of Application
Population Served for Perinatal/Obstetric Service:	
Race Breakdown:	
White:	
Black:	
Asian:	
Native American:	
Other:	
Ethnicity Breakdown:	
Hispanic:	
Non-Hispanic:	
Percent of Payer Mix:	
Private Insurance:	
Managed Care Program (e.g., HMO/PPO):	
Medicaid:	
Self-Pay:	
Charity Care:	
Age by Percent:	
Less than 5 Years:	
5 - 18 Years:	
19 - 44 Years:	
45 - 65 Years:	
65+ Years	
Sex by Percent:	
Male:	
Female:	
Describe any other unique population characteristics in your regional area:	
OUTPATIENT DATA	
Healthstart Participation:	
	<u>PEDIATRIC</u>
a. Is Hospital a Healthstart Provider?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. If Yes, Provider Number:	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. If No, is Application Pending?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. If Yes, Date of Application *	<input type="checkbox"/> Yes <input type="checkbox"/> No
(* Provide copy of Healthstart Application with CN Application)	

**APPLICATION FOR CERTIFICATE OF NEED FOR DESIGNATION AS A PERINATAL FACILITY
(Continued)**

Name of Facility	Date of Application
AMBULATORY SERVICES	
Prenatal and Postpartum Services:	
Days of Operation: _____	
Hours of Operation: _____	
Staffing (Number of FTE's):	
RN's:	_____
LPN's:	_____
Social Service Personnel:	_____
Nutritionists:	_____
Nurse Practitioners:	_____
Certified Nurse Midwives:	_____
Family Practice Physicians:	_____
Obstetricians:	_____
Location: <input type="checkbox"/> On-Site <input type="checkbox"/> Satellite	
Location, If Off Site:	_____
Number of Unduplicated Patients Served:	_____
% of Referrals:	_____
To Home Follow-Up:	_____
To WIC:	_____
To High-Risk OB:	_____
To Family Planning:	_____
% Returning for Postpartum Services:	_____
Number of Visits:	_____
Percent of Payer Mix:	
Private Insurance:	_____
Managed Care Programs (e.g., HMO/PPO):	_____
Medicaid:	_____
% Healthstart:	_____
Self-Pay:	_____
Charity Care:	_____
High-Risk Consultation/Services Available (describe where located, name of provider, and hours available for consultation):	

**APPLICATION FOR CERTIFICATE OF NEED FOR DESIGNATION AS A PERINATAL FACILITY
(Continued)**

Name of Facility	Date of Application																												
AMBULATORY SERVICES, CONTINUED																													
Pediatric Services: Days of Operation: _____ Hours of Operation: _____ Staffing (Number of FTE's): RN's: _____ LPN's: _____ Social Service Personnel: _____ Nutritionists: _____ Nurse Practitioners: _____ Pediatricians: _____ Family Practice Physicians: _____ Location: <input type="checkbox"/> On-Site <input type="checkbox"/> Satellite Location, If Off Site: _____ Number of Unduplicated Patients Served: _____ % of Referrals: _____ To Home Visit: _____ To WIC: _____ To Early Intervention: _____ Number of Visits: _____ Percent of Payer Mix: Private Insurance: _____ Managed Care Programs (e.g., HMO/PPO): _____ Medicaid: _____ % Healthstart: _____ Self-Pay: _____ Charity Care: _____ High-Risk Consultation/Services Available (describe where located, name of provider, and hours available for consultation): _____																													
CONSULTANT SERVICES																													
Consultant Services Available: <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:40%;"></th> <th style="width:10%; text-align: center;">On-Site</th> <th style="width:10%; text-align: center;">By Phone</th> <th style="width:10%; text-align: center;">24-Hour</th> </tr> </thead> <tbody> <tr> <td>Registered Dietician/Nutritionist</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>Geneticists/Genetic Counselors</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>Social Workers</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>Public Health Nurses</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>Physician Specialists</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>Lactation Consultants</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> </tbody> </table>			On-Site	By Phone	24-Hour	Registered Dietician/Nutritionist	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Geneticists/Genetic Counselors	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Social Workers	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Public Health Nurses	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Physician Specialists	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Lactation Consultants	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Social Workers	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No																										
Public Health Nurses	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No																										
Physician Specialists	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No																										
Lactation Consultants	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No																										

**APPLICATION FOR CERTIFICATE OF NEED FOR DESIGNATION AS A PERINATAL FACILITY
(Continued)**

Name of Facility					Date of Application			
INPATIENT DATA * (Report Previous Two (2) Years Separately)								
Number of Deliveries Per Year: _____					Number of Pediatric Admissions: _____			
Unit	Number of Licensed/ Approved Beds/ Bassinets	Patient Days	Occupancy Rate	Average Daily Census	Transfer In	Transfer Out	Total Number of Beds/ Bassinets Requested	Number of Increase/ Decrease In Unit Size
Labor								
Delivery								
Recovery								
LDR								
Postpartum								
LDRP								
Newborn								
Intermediate								
Intensive Unit								
* If Certificate of Need is for relocation of beds in a Health System, provide above data for each site separately.								
<p>Have any construction Certificates of Need been approved for your facility for the above services?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, include copies of blueprints.</p> <p>a. Is construction underway or to commence shortly?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>b. Specify: _____</p> <p>_____</p> <p>_____</p> <p>Are any construction Certificates of Need pending approval for your facility for the above services?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>a. Specify: _____</p> <p>_____</p> <p>_____</p> <p>Will the designation requested in this application require any new construction which will require a Certificate of Need?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Does the facility currently meet all construction standards for the designation being requested?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Will the requested bassinets be accommodated in existing space without physical plant/space waivers?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A – No bassinets requested</p>								

**APPLICATION FOR CERTIFICATE OF NEED FOR DESIGNATION AS A PERINATAL FACILITY
(Continued)**

Name of Facility	Date of Application
RESIDENCY PROGRAMS	
Does your facility have residency programs in the following areas:	
Obstetrics:	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Number of Current Residents: _____
Pediatrics:	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Number of Current Residents: _____
Family Practice:	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Number of Current Residents: _____
Description of Physical Plant for the Above-Mentioned Units and Surgical Suite for C-Sections.	
Are all staffing requirements met for the type of designation for which you are applying?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
a. If No, explain:	

**APPLICATION FOR CERTIFICATE OF NEED FOR DESIGNATION AS A PERINATAL FACILITY
(Continued)**

Name of Facility	Date of Application
SECTION II TO BE COMPLETED BY FACILITIES APPLYING FOR DESIGNATION AS A COMMUNITY PERINATAL CENTER -INTERMEDIATE	
Number of Maternal-Fetal Transports Made: <div style="text-align: center;">_____</div>	Number of Neonatal Transports Made: <div style="text-align: center;">_____</div>
Staff Requirements (available on a 24-hour basis and able to arrive within 30 minutes or in hospital):	
Obstetrician or Obstetric Resident with Three (3) Years of Training	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pediatrician with Training and Experience in Neonatal Medicine	<input type="checkbox"/> Yes <input type="checkbox"/> No
Anesthesiologist/Nurse Anesthetist	<input type="checkbox"/> Yes <input type="checkbox"/> No
Registered Nurse (clinical responsibility)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Registered Nurse Staff Ratio:	
Newborn (Includes Licensed Nurses) 1:8	<input type="checkbox"/> Yes <input type="checkbox"/> No
Intermediate 1:4	<input type="checkbox"/> Yes <input type="checkbox"/> No
Attach copies of the following documentation:	
1. Copy of Perinatal Record Utilized by Providers 2. Copy of Criteria for Transfer 3. Copy of Letters of Agreement with Maternal-Fetal and Neonatal Transports 4. Copy of Contracts with All Required Staff, Including Written Policy for Arrival Time	
Describe home follow-up services for women and infants:	
Describe family planning services:	

**APPLICATION FOR CERTIFICATE OF NEED FOR DESIGNATION AS A PERINATAL FACILITY
(Continued)**

Name of Facility	Date of Application
<p align="center">SECTION III, CONTINUED TO BE COMPLETED BY FACILITIES APPLYING FOR DESIGNATION AS A COMMUNITY PERINATAL CENTER -INTENSIVE</p>	
Describe home follow-up services for women and infants:	
Describe family planning services:	
Describe provision or arrangements for high-risk infant screening and tracking program:	

**APPLICATION FOR CERTIFICATE OF NEED FOR DESIGNATION AS A PERINATAL FACILITY
(Continued)**

Name of Facility	Date of Application																											
SECTION IV, CONTINUED TO BE COMPLETED BY FACILITIES APPLYING FOR DESIGNATION AS A REGIONAL PERINATAL CENTER																												
Describe family planning services:																												
Describe high risk infant screening and tracking program:																												
Staff Requirements Available on a 24-hour basis and able to arrive within 30 minutes: <table style="width: 100%; margin-top: 5px;"> <tr> <td style="width: 50%;">Perinatologist</td> <td style="width: 25%;"><input type="checkbox"/> Yes</td> <td style="width: 25%;"><input type="checkbox"/> No</td> </tr> <tr> <td>Neonatologist</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> </tr> <tr> <td>Anesthesiologist with Special Training in Care of Neonates</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> </tr> <tr> <td>Perinatal Clinical Specialist (with Master's in MCH)</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> </tr> </table> Available on a 24-hour basis, present in hospital: <table style="width: 100%; margin-top: 5px;"> <tr> <td style="width: 50%;">Obstetrician</td> <td style="width: 25%;"><input type="checkbox"/> Yes</td> <td style="width: 25%;"><input type="checkbox"/> No</td> </tr> <tr> <td>Neonatologist, Neonatal Fellow or Pediatrician with Training in Neonatal Medicine</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> </tr> </table> Registered Nurse Staff Ratio: <table style="width: 100%; margin-top: 5px;"> <tr> <td style="width: 50%;">Newborn (Includes Licensed Nurses) 1:8</td> <td style="width: 25%;"><input type="checkbox"/> Yes</td> <td style="width: 25%;"><input type="checkbox"/> No</td> </tr> <tr> <td>Intermediate 1:4</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> </tr> <tr> <td>Intensive 1:2</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> </tr> </table>		Perinatologist	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Neonatologist	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Anesthesiologist with Special Training in Care of Neonates	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Perinatal Clinical Specialist (with Master's in MCH)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Obstetrician	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Neonatologist, Neonatal Fellow or Pediatrician with Training in Neonatal Medicine	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Newborn (Includes Licensed Nurses) 1:8	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Intermediate 1:4	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Intensive 1:2	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Perinatologist	<input type="checkbox"/> Yes	<input type="checkbox"/> No																										
Neonatologist	<input type="checkbox"/> Yes	<input type="checkbox"/> No																										
Anesthesiologist with Special Training in Care of Neonates	<input type="checkbox"/> Yes	<input type="checkbox"/> No																										
Perinatal Clinical Specialist (with Master's in MCH)	<input type="checkbox"/> Yes	<input type="checkbox"/> No																										
Obstetrician	<input type="checkbox"/> Yes	<input type="checkbox"/> No																										
Neonatologist, Neonatal Fellow or Pediatrician with Training in Neonatal Medicine	<input type="checkbox"/> Yes	<input type="checkbox"/> No																										
Newborn (Includes Licensed Nurses) 1:8	<input type="checkbox"/> Yes	<input type="checkbox"/> No																										
Intermediate 1:4	<input type="checkbox"/> Yes	<input type="checkbox"/> No																										
Intensive 1:2	<input type="checkbox"/> Yes	<input type="checkbox"/> No																										

**APPLICATION FOR CERTIFICATE OF NEED FOR DESIGNATION AS A PERINATAL FACILITY
(Continued)**

Name of Facility	Date of Application
SECTION IV, CONTINUED TO BE COMPLETED BY FACILITIES APPLYING FOR DESIGNATION AS A REGIONAL PERINATAL CENTER	
How long has the board certified perinatologist been on staff? <div style="text-align: right; margin-right: 50px;">_____ Years</div> <div style="text-align: right;">_____ Months</div>	
Does your facility have 24-hour consultation capabilities with subspecialists? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does your facility have antenatal testing capability? <input type="checkbox"/> Yes <input type="checkbox"/> No a. If yes, describe all components and follow-up procedures: 	
Does your facility have a high-risk prenatal clinic under the direction of a board certified perinatologist? <input type="checkbox"/> Yes <input type="checkbox"/> No a. If yes, give location: 	
Does your facility have a maternal-fetal transport team? <input type="checkbox"/> Yes <input type="checkbox"/> No a. If yes, describe team members and vehicle used: b. Describe reasons for any maternal-fetal transports out of your facility: 	
Does your facility have a neonatal transport team? <input type="checkbox"/> Yes <input type="checkbox"/> No a. If yes, describe team members and vehicle used: b. Describe reasons for any neonatal transports out of your facility: 	

**APPLICATION FOR CERTIFICATE OF NEED FOR DESIGNATION AS A PERINATAL FACILITY
(Continued)**

Name of Facility		Date of Application															
SECTION V TO BE COMPLETED BY FACILITIES APPLYING FOR DESIGNATION OF NEONATAL SERVICES AS PART OF A SPECIALTY ACUTE CARE CHILDREN'S HOSPITAL																	
Number of Low Birthweight Infants (<2500 grams) Managed in Past 2 Years: _____	Number of Very Low Birthweight Infants (<1500 grams) Managed in Past 2 Years: _____	Number of Neonatal Transports Accepted: _____															
Attach copies of the following documentation: <ol style="list-style-type: none"> 1. Copy of Contracts with All Required Staff, Including Written Policy for Arrival Time 2. Copy of Letters of Agreement with Regional Perinatal Centers and All Acceptable Community Perinatal Centers Within the Region 3. Copy of Contracts with Subspecialists, Including Written Policy for Arrival Time 																	
Staff Requirements <table style="width:100%; border: none;"> <tr> <td style="width: 50%;">Board Certified Neonatologist (available on a 24-hour basis, present in the hospital)</td> <td style="width: 25%; text-align: center;"><input type="checkbox"/> Yes</td> <td style="width: 25%; text-align: center;"><input type="checkbox"/> No</td> </tr> <tr> <td>Perinatal Clinical Nurse Specialist</td> <td style="text-align: center;"><input type="checkbox"/> Yes</td> <td style="text-align: center;"><input type="checkbox"/> No</td> </tr> <tr> <td>Registered Nurse (clinical responsibility)</td> <td style="text-align: center;"><input type="checkbox"/> Yes</td> <td style="text-align: center;"><input type="checkbox"/> No</td> </tr> </table> Registered Nurse Staff Ratio: <table style="width:100%; border: none;"> <tr> <td style="width: 50%;">Intermediate 1:4</td> <td style="width: 25%; text-align: center;"><input type="checkbox"/> Yes</td> <td style="width: 25%; text-align: center;"><input type="checkbox"/> No</td> </tr> <tr> <td>Intensive 1:2</td> <td style="text-align: center;"><input type="checkbox"/> Yes</td> <td style="text-align: center;"><input type="checkbox"/> No</td> </tr> </table>			Board Certified Neonatologist (available on a 24-hour basis, present in the hospital)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Perinatal Clinical Nurse Specialist	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Registered Nurse (clinical responsibility)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Intermediate 1:4	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Intensive 1:2	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Perinatal Clinical Nurse Specialist	<input type="checkbox"/> Yes	<input type="checkbox"/> No															
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Intermediate 1:4	<input type="checkbox"/> Yes	<input type="checkbox"/> No															
Intensive 1:2	<input type="checkbox"/> Yes	<input type="checkbox"/> No															
Does your facility have a neonatal transport team? <input type="checkbox"/> Yes <input type="checkbox"/> No a. If yes, describe team members and vehicle used: <div style="border: 1px solid black; height: 150px; margin-top: 10px;"></div>																	

APPLICATION FOR CERTIFICATE OF NEED FOR DESIGNATION AS A PERINATAL FACILITY
(Continued)

Name of Facility	Date of Application
<p style="text-align: center;">SECTION V, CONTINUED TO BE COMPLETED BY FACILITIES APPLYING FOR DESIGNATION OF NEONATAL SERVICES AS PART OF A SPECIALTY ACUTE CARE CHILDREN'S HOSPITAL</p>	
Describe outreach and educational activities to professionals within the region (attach additional documentation if needed):	
Describe high-risk infant screening and tracking program:	
Describe subspecialty services available for neonates (e.g., ECMO, transplant surgery, etc.):	

**APPLICATION FOR CERTIFICATE OF NEED FOR DESIGNATION AS A PERINATAL FACILITY
(Continued)**

Name of Facility	Date of Application
SECTION VI TO BE COMPLETED BY ALL APPLICANTS	
CERTIFICATION BY APPLICANT	
<p><i>I certify that by applying for the perinatal designation specified above in this application, all of the information provided in this application is true and correct to the best of my knowledge and ability.</i></p> <p><i>I further certify that I have read and understand all the requirements of this designation as specified in N.J.A.C. 8:33C and N.J.A.C. 8:43G and that this facility meets all of those requirements for service.</i></p>	
Name of Individual Completing Form	Title
Signature	Date

New Rule, R.2008 d.23, effective January 22, 2008.
See: 39 N.J.R. 2709(a), 40 N.J.R. 620(b).

APPENDIX E

New Jersey Department of Health and Senior Services

**CERTIFICATE OF NEED APPLICATION - EXPEDITED REVIEW
FOR FACILITIES AND SERVICES IDENTIFIED AT N.J.A.C. 8:33-5.1(a)**

GENERAL INFORMATION

1. Applications shall be accepted on the first business day of the month. Applications submitted after the first business day of the month shall be processed in the next cycle (e.g., an application submitted on February 4, 1997, would be processed in the March 3, 1997 cycle; the 90-day review period would not begin to run until March 3, 1997). Requests for exceptions to this policy will not be entertained.
2. All applicants must complete Sections I, II and VI. In addition, applicants for a change in cost or financing must complete Section III, applicants seeking to establish or change the operating room capacity of an ambulatory surgery facility must complete Section IV, and applicants seeking an extension of time must complete Section V.
3. All applications must be accompanied by an application fee, consistent with the fee schedule below. The application fee must be in the form of a certified check, cashier's check or money order, and should be made payable to "*Treasurer, State of New Jersey.*"

FEE SCHEDULE:**Fee Required**

- | | |
|--|---|
| A. Establishment of a facility or service (except hospital sub-acute care units); change in the capacity of an existing facility or service (except hospital sub-acute care units); acquisition or replacement or major moveable equipment with a Total Project Cost (TPC) of: | |
| \$1,000,000 or Less | \$7,500 |
| Greater than \$1,000,000 | \$7,500 + 0.25% of Total Project Cost |
| B. Change in Scope or Location | \$7,500 + 0.25% of cost in excess of approved TPC, where excess is \$1,000,000 or more |
| C. Change in Cost | No Certificate of Need required; 0.25% of cost in excess of approved TPC, where excess is \$1,000,000 or more, shall be remitted prior to licensure |
| D. Extension of Time | \$7,500 |
| E. Transfer of Ownership (General Hospital) | \$7,500 |
4. All applications must be signed and dated by the applicant, accompanied by the correct application fee, accompanied by out-of-state track record reports (if applicable), and completely and accurately filled out (i.e., no partial or unresponsive answers). APPLICATIONS NOT MEETING THESE REQUIREMENTS WILL NOT BE ACCEPTED FOR PROCESSING. APPLICANTS WHOSE APPLICATIONS HAVE NOT BEEN ACCEPTED FOR PROCESSING MAY SUBMIT A NEW APPLICATION IN ANY SUBSEQUENT REVIEW CYCLE.
 5. Applications may not be altered or modified by an applicant unless such alteration or modification is solicited by Department of Health and Senior Services staff.

**CERTIFICATE OF NEED APPLICATION - EXPEDITED REVIEW
FOR FACILITIES AND SERVICES IDENTIFIED AT N.J.A.C. 8:33-5.1(a)**

**GENERAL INFORMATION
(Continued)**

6. An original and ten (10) copies of the application and supporting documentation, along with the appropriate application fee, should be submitted to:

Mailing Address:

New Jersey Department of Health and Senior Services
Office of Certificate of Need and Healthcare Facility Licensure
P. O. Box 358
Trenton, NJ 08625-0358

Overnight Services (DHL, FedEx, UPS):

New Jersey Department of Health and Senior Services
Office of Certificate of Need and Healthcare Facility Licensure
171 Jersey Street, Building 5, 1st Floor
Trenton, NJ 08611-2425

7. Regulations governing the expedited review process may be found at N.J.A.C. 8:33-5.1 through 5.4. Applicants requiring additional information or assistance should contact Department staff at (609) 292-5960 or (609) 292-6552.
8. If new construction and/or renovations ARE required subsequent to certificate of need approval, architectural plans must be submitted to the Department of Community Affairs, Division of Codes and Standards, Health Care Plan Review, PO Box 815, Trenton, NJ 08625-0815. You may not proceed with any construction or renovations until you have received final construction plans approval.
9. If new construction and/or renovations ARE NOT required, a floor plan of the facility must be submitted WITH THE CERTIFICATE OF NEED APPLICATION. This plan shall indicate the dimensions and use of each room, door swing direction, corridor widths, exit locations, and locations of all toilets and sinks. You must also note whether the bathrooms and premises are handicapped accessible, in accordance with the latest ADA requirements. You must also submit documentation that the existing unit complies with applicable fire signaling systems and egress requirements and note locations of pull stations, emergency fixtures, and fire extinguisher locations on the plan.
10. For all applications to relocate nursing home beds from one county to another, you must complete Section V "Long Term Care Bed Relocation" questions.

New Jersey Department of Health and Senior Services

**CERTIFICATE OF NEED APPLICATION - EXPEDITED REVIEW
FOR FACILITIES AND SERVICES IDENTIFIED AT N.J.A.C. 8:33-5.1(a)**

FOR STATE USE ONLY			
Date Received	Application Fee	Cycle	Application Number

Project Category (Check only one)	
<input type="checkbox"/> Establishment of a facility or service <input type="checkbox"/> Change in the capacity of an existing facility or service <input type="checkbox"/> Extension of time (CN# _____) <input type="checkbox"/> Acquisition or replacement of major movable equipment <input type="checkbox"/> Change in cost, scope or financing (CN# _____)	
Type of Facility or Service (Check only one)	
<i>PLEASE NOTE that, with the exception noted below (*), applications for facilities or services not specifically identified at N.J.A.C. 8:33-5.1(a) will not be accepted for processing.</i> <input type="checkbox"/> Assisted Living Program * <input type="checkbox"/> Assisted Living Residence <input type="checkbox"/> Comprehensive Personal Care Home <input type="checkbox"/> Hyperbaric Chamber Service <input type="checkbox"/> Statewide Restricted Admissions Facility	
SECTION I	
Name of Applicant	<input type="checkbox"/> Profit <input type="checkbox"/> Non-Profit
Name of Applicant's Authorized Representative (if applicable)	Title of Authorized Representative
Street Address	Telephone Number ()
City, State, Zip Code	Fax Number ()
Name of Contact Person	Telephone Number (if different from above) ()
Name of Facility or Proposed Facility	
Facility Address	Telephone Number ()
City, State, Zip Code	Fax Number ()
County	Municipality/Township
Lot and Block Number	

**CERTIFICATE OF NEED APPLICATION - EXPEDITED REVIEW
FOR FACILITIES AND SERVICES IDENTIFIED AT N.J.A.C. 8:33-5.1(a)
(Continued)**

SECTION II																							
<p>1. If the applicant is a for-profit entity, identify 100% of the ownership of the facility or service, identifying each principal by name, address and percentage of ownership. If the facility or service is owned by a publicly held corporation, please identify each principal who holds a 10% or greater interest. Attach additional sheets as necessary. If the applicant is a not-for-profit entity, proceed to Question 2.</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%; text-align: center;">Name of Principal</th> <th style="width: 40%; text-align: center;">Address</th> <th style="width: 20%; text-align: center;">% of Interest</th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> </tbody> </table>				Name of Principal	Address	% of Interest	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____					
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<p>2. Identify all licensed health care facilities, both in New Jersey and in any other state, which are owned, operated or managed by the applicant or any corporate entity related to the applicant (e.g., parent or subsidiaries). Identify the complete name of the facility, the city and state in which the facility is located, and the Medicare Provider Number. If licensed out-of-state facilities are listed, please submit track record reports, for the preceding 12 months, from the respective state agencies responsible for licensed health care facilities, proceed to Question 4.</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%; text-align: center;">Name of Facility</th> <th style="width: 30%; text-align: center;">Address (City and State)</th> <th style="width: 30%; text-align: center;">Medicare Provider Number</th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> </tbody> </table>				Name of Facility	Address (City and State)	Medicare Provider Number	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____					
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_____	_____	_____																					
<p>3. If New Jersey facilities are identified in Question 2 above, indicate whether each facility is in compliance with certificate of need conditions of approval. If any facility is not in compliance, please attach a detailed explanation.</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%; text-align: center;">Name of Facility</th> <th style="width: 30%; text-align: center;">Certificate of Need Number</th> <th style="width: 10%; text-align: center;">Yes</th> <th style="width: 10%; text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> </tr> <tr> <td>_____</td> <td>_____</td> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> </tr> <tr> <td>_____</td> <td>_____</td> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> </tr> <tr> <td>_____</td> <td>_____</td> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> </tr> </tbody> </table>				Name of Facility	Certificate of Need Number	Yes	No	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
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_____	_____	<input type="checkbox"/>	<input type="checkbox"/>																				
<p>4. Identify the total project cost and the project funding source(s).</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; border-bottom: 1px solid black;"></td> <td style="width: 70%;">Funding Sources: 1) _____</td> </tr> <tr> <td></td> <td>2) _____</td> </tr> <tr> <td></td> <td>3) _____</td> </tr> <tr> <td></td> <td>4) _____</td> </tr> </table>					Funding Sources: 1) _____		2) _____		3) _____		4) _____												
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<p>5. For the 12-month period immediately following licensure of the proposed facility or service, please provide estimates of:</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">a. Total Operating Costs</td> <td style="width: 10%;">\$</td> <td style="width: 60%;">_____</td> </tr> <tr> <td>b. Total Revenues</td> <td>\$</td> <td>_____</td> </tr> <tr> <td colspan="3">c. Utilization Statistics (Attach as Appendix A)</td> </tr> </table>				a. Total Operating Costs	\$	_____	b. Total Revenues	\$	_____	c. Utilization Statistics (Attach as Appendix A)													
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**CERTIFICATE OF NEED APPLICATION - EXPEDITED REVIEW
FOR FACILITIES AND SERVICES IDENTIFIED AT N.J.A.C. 8:33-5.1(a)
(Continued)**

SECTION II, Continued														
6.	<p>Briefly describe the proposed facility or service (e.g., "This project involves the addition of one same day surgery room to the XYZ Ambulatory Surgical Facility, which is presently licensed to operate one same day surgery room."), being certain to identify any changes in square footage and/or equipment.</p> <hr/> <hr/> <hr/> <hr/> <hr/> <p>If the proposed project involves beds, please specify the number and type of beds to be established, added and/or reduced.</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 35%;"></th> <th style="width: 30%; text-align: center;">Number</th> <th style="width: 35%; text-align: center;">Type</th> </tr> </thead> <tbody> <tr> <td>a. Newly Established:</td> <td><hr/></td> <td><hr/></td> </tr> <tr> <td>b. Addition to Existing:</td> <td><hr/></td> <td><hr/></td> </tr> <tr> <td>c. Reduction to Existing:</td> <td><hr/></td> <td><hr/></td> </tr> </tbody> </table>			Number	Type	a. Newly Established:	<hr/>	<hr/>	b. Addition to Existing:	<hr/>	<hr/>	c. Reduction to Existing:	<hr/>	<hr/>
	Number	Type												
a. Newly Established:	<hr/>	<hr/>												
b. Addition to Existing:	<hr/>	<hr/>												
c. Reduction to Existing:	<hr/>	<hr/>												
7.	<p>Identify all components of the proposed project by which you intend to ensure that residents of the surrounding area, particularly the medically underserved, will have access to the proposed facility or service.</p> <hr/> <hr/> <hr/> <hr/> <hr/>													
8.	<p>Explain why the applicant believes that this facility or service is justified.</p> <hr/> <hr/> <hr/> <hr/> <hr/>													
9.	<p>Identify those area services which may be affected, both positively and negatively, by the approval of this application.</p> <hr/> <hr/> <hr/>													
10.	<p>Provide copies of last available project financial statements, balance sheets, income statements and cash flow statements. If a loss is projected in the first 12 months, please provide a second year income statement. Attach as "Appendix B."</p>													

**CERTIFICATE OF NEED APPLICATION - EXPEDITED REVIEW
FOR FACILITIES AND SERVICES IDENTIFIED AT N.J.A.C. 8:33-5.1(a)
(Continued)**

SECTION III (FOR CHANGE IN COST OR FINANCING APPLICANTS ONLY)			
1.	Original Total Project Cost	\$ _____	Revised Total Project Cost: \$ _____
2.	Additional Capital Costs:		
	a. Construction		
	(1) New Construction	\$ _____	
	(2) Demolition	_____	
	(3) Renovations	_____	
	(4) Asbestos Abatement	_____	
	(5) Architect and Engineer Fees	_____	
	b. Major Moveable Equipment	_____	
	c. All Other Capital Costs	_____	
	TOTAL NEW CAPITAL COSTS		_____
	c. Utilization Statistics (Attach as Appendix A)		
3.	Additional Financing Costs:		
	a. Capitalized Interest	_____	
	b. Debt Service Reserve Fund	_____	
	c. All Other Fees and/or Costs	_____	
	TOTAL ADDITIONAL FINANCING COSTS:		_____
	TOTAL ADDITIONAL PROJECT COSTS (2 & 3):		_____
4.	Revised Total Project Financing Alignment:		
	a. Equity Contributions	_____	
	b. Financing	_____	

**CERTIFICATE OF NEED APPLICATION - EXPEDITED REVIEW
FOR FACILITIES AND SERVICES IDENTIFIED AT N.J.A.C. 8:33-5.1(a)
(Continued)**

SECTION IV (FOR EXTENSION OF TIME APPLICANTS ONLY)		
1	<p>Describe, in detail, the facts and circumstances which you believe constitute "extraordinary unforeseeable circumstances beyond the control of the applicant," as required pursuant to <u>N.J.A.C. 8:33-3.10(a)4</u>, which would justify the grant of an extension of time. Include documentation regarding current status of the project, as well as reasons for delays and proposed detailed time frame identifying the remaining time needed for completion of the project. Attach additional sheets as necessary.</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	
SECTION V (FOR LONG TERM CARE BED RELOCATION APPLICANTS ONLY)		
<p>Before the Department of Health and Senior Services may proceed with the review of your certificate of need, the questions listed below need to be addressed. Please be advised that an application will not be deemed complete unless this required information is provided.</p>		
	County of Sending Facility	County of Receiving Facility
1.	*Current (<i>identify year</i>): _____ 65 and Over Population	_____
2.	*Projected 65 and Over Population in 3 Years	_____
3.	*Rate of 65 and Over Population Growth	_____
* Identify data source.		
4.	Based on above, identify and discuss issues of access to long-term care beds for the 65 and over population in both counties:	
5.	Please describe in detail how the project cost is sufficient to implement the beds at the new site:	
Name of Person Completing this Section of the Application		Date

**CERTIFICATE OF NEED APPLICATION - EXPEDITED REVIEW
FOR FACILITIES AND SERVICES IDENTIFIED AT N.J.A.C. 8:33-5.1(a)
(Continued)**

SECTION VI	
<p>I hereby certify that, to the best of my knowledge, the above information is accurate. I understand that if the information supplied is knowingly inaccurate or fraudulent, any certificate of need or subsequent license granted as a result of the information contained herein may be revoked. In addition, I hereby acknowledge that the facility or service which is the subject of this certificate of need application must meet licensing and construction standards prior to a license being issued by the Department of Health and Senior Services.</p>	
Name of Applicant or Applicant's Authorized Representative (type or print)	
Signature	Date

ATTACHMENTS CHECKLIST (OPTIONAL)
<p><input type="checkbox"/> Application fee in the amount of \$ _____</p> <p><input type="checkbox"/> Track record reports for all out-of-state facilities listed in Section II.</p> <p><input type="checkbox"/> Utilization estimates for the 12-month period immediately following licensure (Appendix A).</p> <p><input type="checkbox"/> Copies of audited financial statements and income statement (Appendix B).</p> <p><input type="checkbox"/> Application signed and dated by the applicant.</p>

New Rule, R.2008 d.23, effective January 22, 2008.
See: 39 N.J.R. 2709(a), 40 N.J.R. 620(b).