

(c) The facility shall implement all conditions imposed by the Commissioner as specified in the certificate of need approval letter. Failure to implement the conditions may result in the imposition of sanctions in accordance with N.J.S.A. 26:2H-1 et seq., and amendments thereto.

**Case Notes**

Certificate of need requirement for ambulatory care facilities compared to certificate requirement for drug rehabilitation centers; zoning ordinance liberally construed. *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).

**8:43A-2.2 Application for licensure**

(a) Following receipt of a certificate of need or a determination that a certificate of need is not required, any person, organization, or corporation desiring to operate an ambulatory care facility shall make application to the Commissioner for a license on forms prescribed by the Department. Such forms may be obtained from:

Director  
 Licensing, Certification and Standards  
 Division of Health Facilities Evaluation and Licensing  
 New Jersey State Department of Health  
 PO Box 367  
 Trenton, New Jersey 08625-0367

(b) The Department shall charge separate nonrefundable fees for the filing of an application for licensure, and for each annual licensure renewal of an ambulatory care facility in accordance with the following schedule:

Service	Application	Renewal
1. Chronic dialysis	\$2,500	\$2,500
2. Ambulatory surgery	\$2,500	\$2,500
3. Magnetic resonance imaging	\$2,000	\$1,000
4. Computerized tomography	\$2,000	\$1,000
5. Family planning (principal)	\$1,200	\$ 200
6. Family planning (satellite)	\$ 600	\$ 100
7. Abortion	\$1,750	\$ 750
8. Birth	\$1,750	\$ 750
9. ESWL	\$1,750	\$ 750
10. Comprehensive rehabilitation	\$1,750	\$ 750
11. Drug abuse treatment	\$1,750	\$ 750
12. Primary care (principal)	\$1,750	\$ 750
13. Primary care (satellite)	\$ 875	\$ 375
14. Megavoltage radiation oncology	\$2,500	\$2,500

(c) The total application fee shall be calculated by adding together the individual fees, as set forth in (b) above, for each service sought to be included on the facility's license. The total application fee shall not exceed the maximum cap set forth at N.J.S.A. 26:2H-12, as may be amended from time to time.

(d) The total annual renewal fee shall be calculated by adding together the individual fees, as set forth in (b) above, for each service included on the facility's license. The total annual renewal fee shall not exceed the maximum cap set

forth at N.J.S.A. 26:2H-12, as may be amended from time to time.

(e) In the event that an ambulatory care facility is at any time approved by the Commissioner to provide a service other than those specifically listed in this section, the application and license renewal fees for such service shall be \$1,750 and \$750.00, respectively, unless the Commissioner, by regulation, specifically designates some other fee(s).

(f) Only those ambulatory care facilities which provide family planning or primary care services shall be eligible to file an application for licensure of a satellite facility.

1. Each satellite facility shall be separately licensed.
2. A satellite facility shall be licensed to provide only family planning and/or primary care services.

(g) The Department shall charge a nonrefundable fee for the filing of an application to add services to an existing ambulatory care or satellite facility. The application fee for each service to be added shall correspond with the fee for that service as set forth in (b) above. The total application fee for the addition of services shall not exceed the maximum cap set forth at N.J.S.A. 26:2H-12, as may be amended from time to time.

(h) The Department shall charge a nonrefundable fee of \$250.00 for the filing of an application to reduce services at an existing ambulatory care or satellite facility.

(i) The Department shall charge a nonrefundable fee of \$1,000 for the filing of an application for the transfer of ownership of an ambulatory care or satellite facility.

(j) The Department shall charge a nonrefundable fee of \$250.00 for the filing of an application for the relocation of an ambulatory care or satellite facility.

(k) Each applicant for a license to operate a facility shall complete all information requested on the licensure application. An appointment for a preliminary conference shall be requested with the Licensing, Certification and Standards Program to review the conditions for licensure and operation.

(l) All applicants must demonstrate that they have the capacity to operate an ambulatory care facility in accordance with the rules in this chapter. An application for a license may be denied if the applicant cannot demonstrate that the premises, equipment, personnel, including principals and management, finances, rules and bylaws, and standards of health care are fit and adequate and that there is reasonable assurance that the health care facility will be operated in accordance with the standards required by these rules. The Department may consider an applicant's prior history in operating a health care facility either in New Jersey or in other states in making this determination. Any evidence of licensure violations representing a serious risk of harm to

patients may be considered by the Department, as well as any record of criminal convictions representing a risk of harm to the safety or welfare of patients.

(m) Each ambulatory care facility shall be assessed a biennial inspection fee in accordance with the schedule set forth below. This fee shall be assessed in the year the facility will be inspected, along with the annual licensure fee for that year. The fee shall be added to the initial licensure fee for new facilities. Failure to pay the inspection fee shall result in non-renewal of the license for existing facilities and the refusal to issue an initial license for new facilities. This fee shall be imposed only every other year even if inspections occur more frequently and only for the inspection required to either issue an initial license or to renew an existing license. This fee shall not be imposed for any other type of inspection.

Service	Inspection Fee
1. Chronic dialysis	\$2,000
2. Ambulatory surgery	\$2,000
3. Magnetic resonance imaging	\$1,000
4. Computerized tomography	\$1,000
5. Family planning (principal)	\$200
6. Family planning (satellite)	\$200
7. Abortion	\$1,000
8. Birth	\$200
9. ESWL	\$1,000
10. Comprehensive outpatient rehabilitation	\$1,000
11. Drug abuse treatment (outpatient)	\$300
12. Primary care (principal)	\$200
13. Primary care (satellite)	\$200
14. Megavoltage radiation oncology	\$2,500

**8:43A-2.3 Types of services requiring a license**

(a) None of the following services or centers shall be provided by an ambulatory care facility unless the facility license indicates that the service is provided by the facility:

1. Ambulatory surgery facility;
2. Family planning services;
3. Birth center;
4. Chronic dialysis services;
5. Diagnostic radiological center and/or magnetic resonance imaging services;
6. Extracorporeal shock wave lithotripsy services;
7. Drug abuse treatment services;
8. Primary care services, including family practice, pediatric, and/or prenatal, postpartum, or gynecological services;
9. Comprehensive outpatient rehabilitation facility; and
10. Abortion facility.

(b) The license issued by the Department shall specify the services which the facility is licensed to provide. The facility shall obtain a determination of the applicability of Certificate of Need rules prior to requesting that any service be added to the license. The facility shall provide only those services for which it is licensed or authorized to provide by the Department.

(c) Any person, organization, or corporation applying for a license to operate an ambulatory care facility shall specify on the application the services to be provided.

(d) As of the effective date of this chapter, each facility shall specify, upon annual renewal of its license, the types of services to be provided, if the facility wishes to change the specification of services on the facility license.

(e) If a facility wishes to add any health care service during the annual licensure period, including any health care service not listed in (a) above, the facility shall obtain the authorization of the Licensing, Certification, and Standards Program of the Department prior to providing the additional service. Such authorization shall be based upon compliance with this chapter, and may be contingent upon an on-site inspection by representatives of the Department. This rule applies regardless of whether or not it is determined that a Certificate of Need is required.

**8:43A-2.4 Newly constructed or expanded facilities**

(a) Any ambulatory care facility which intends to undertake any alteration, renovation, or new construction of the physical plant, whether a Certificate of Need is required or not, shall submit plans to the Health Facilities Construction Services of the Department for review and approval prior to the initiation of any work, in accordance with N.J.A.C. 8:43A-19.

(b) The licensure application for a newly constructed or expanded facility shall include written approval of final construction of the physical plant by:

Health Facilities Construction Services  
 Division of Health Facilities Evaluation and Licensing  
 New Jersey State Department of Health  
 PO Box 367  
 Trenton, New Jersey 08625-0367

(c) An on-site inspection of the construction of the physical plant shall be made by representatives of Health Facilities Construction Services to verify that the building has been constructed in accordance with the architectural plans approved by the Department.

**8:43A-2.5 Surveys and temporary license**

(a) When the written application for licensure is approved and the building is ready for occupancy, a survey of the facility by representatives of the Health Facilities Inspection Program of the Department shall be conducted to determine if the facility complies with the rules in this chapter.